State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Retiree Questionnaire for CalPERS Disability Re-evaluation

Please complete this questionnaire to the best of your knowledge. Be sure to write your Social Security number or CalPERS ID on each page.

Section 1: Retiree Information

Name of Retiree (First Name, Middle Initial, Last Name) | **CalPERS ID or Social Security Number**

Birth Date (mm/dd/yyyy) | **Daytime Phone**

Address

City | **State** | **ZIP Code**

Section 2: Information About Your Disability

Attach a separate sheet if you are being seen by more than two physicians or you need to include additional information.

1. List the treating and/or examining physician(s) who treated your approved disabling condition(s) for the past year only. **If none, check ☐ No and skip to question 2.**

Physician's Name | **Specialty**

Address | **Phone**

Frequency of Visits Per Month/Year | **Date of Last Visit (mm/dd/yyyy)**

Physician's Name | **Specialty**

Address | **Phone**

Frequency of Visits Per Month/Year | **Date of Last Visit (mm/dd/yyyy)**

2. Since you have retired on disability, has your condition improved? ☐ Yes ☐ No

Please explain:

3. Do you feel you can return to your prior position? ☐ Yes ☐ No

Please explain:

4. Describe what kinds of physical activity you do on an average day.

5. List the current prescribed and/or over-the-counter medication you are presently taking for your disabling condition(s).

Name of Medication **Average Daily Amount**

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6. Provide employment information for any job that you have had since you retired on disability. If you are not employed, check ☐ No. If you are employed or working, attach your comprehensive job duty statement to this form.

Employer **Job Title**

Pay Rate ☐ **Hourly** ☐ **Monthly** **Time Base** ☐ **Part Time** ☐ **Full Time**

Date Started (mm/dd/yyyy) **Date Ended (mm/dd/yyyy)**

Job Duties

Employer **Job Title**

Pay Rate ☐ **Hourly** ☐ **Monthly** **Time Base** ☐ **Part Time** ☐ **Full Time**

Date Started (mm/dd/yyyy) **Date Ended (mm/dd/yyyy)**

Job Duties

Section 3: Retiree's Signature

I hereby certify under penalty of perjury that the above information is true, complete, and correct to the best of my knowledge.

Signature of Retiree **Date (mm/dd/yyyy)**

Send to:

CalPERS Disability & Survivor Benefits Division, P.O. Box 2796, Sacramento, CA 95812-2796

CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888**-225-7377).