



Worker's Compensation Carrier Certification Form

Member Name (First Name, Middle Initial, Last Name)

CalPERS ID

This form is to be completed by the worker's compensation carrier that provides temporary disability benefits. If the member had more than one temporary disability leave period, a separate certification form must be completed for each leave period.

Workers Compensation Carrier Information:

Name of Employer's Disability Center

Carriers Address

Employee's Claim Number

Beginning Date of Temporary Disability Payments (mm/dd/yyyy)

Ending Date of Payments (mm/dd/yyyy)

Effective Date of Permanent Disability Rating (mm/dd/yyyy)

Was there a settlement by Compromise and Release?

- No
- Yes (If yes, you must provide a copy to CalPERS)

Signature of Authorized Worker's Compensation Carrier Representative:

I hereby certify that the information provided is true and correct. I understand that this form provides CalPERS with the information required to determine eligibility and calculate the applicable service credit cost(s).

Carrier Representative Signature

Date (mm/dd/yyyy)

Printed Name

Title

Email

Daytime Phone

Fax

Mail to:

CalPERS Member Account Management Division, P.O. Box 942704, Sacramento, California 94229-2704

888 CalPERS (or **888-225-7377**) • TTY: (877) 249-7442 • Fax: (800) 959-6545

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**).