



A guide to completing your CalPERS
Disability Retirement Election Application

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INTRODUCTION

CalPERS wants to make your transition into retirement as smooth and easy as possible. This booklet will help you understand the disability retirement benefit options available to you and help you fill out an application and other necessary forms.

You should apply for your disability or industrial disability retirement as soon as you believe you are unable to perform your job because of an illness or injury that is expected to be permanent or expected to last longer than six months. Once your *Disability Retirement Election Application* and other required information are received at CalPERS, we can begin processing your retirement application.

This booklet contains information and the necessary forms for a CalPERS disability or industrial disability retirement. If you think you may be eligible for a Service Retirement, contact CalPERS and request the *Stepping Into Retirement... A Guide to Completing Your Service Retirement Election Application* booklet.

Having the right information is the key to making informed retirement decisions. To help you, CalPERS produces a variety of information on retirement subjects. You can get copies of CalPERS information materials from your employer or by calling us toll free at **888 CalPERS** (or **888-225-7377**).

The CalPERS On-Line Web site (www.calpers.ca.gov) is also an excellent source of information on our programs and services. In addition to viewing the information online, you can also download and print CalPERS publications.

If you are considering disability retirement, you should ask CalPERS to complete a benefit estimate for you by using the *Retirement Allowance Estimate Request* form in this booklet. (Employer-originated applications should be submitted without the “Option Election” and “Tax Withholding” information.)

Before you fill out the application, you should review the general disability retirement information and sections on *Disability Retirement and Industrial Disability Retirement* at the front of this booklet. They will help you determine what type of retirement applies to you, what steps you need to take, and what information CalPERS will need to process your request.

Then use the *Guide To Completing Your Application Package and Checklist For Submitting A Complete Application Package* sections in this booklet to assist you in completing your disability retirement application. Be sure to also review the *Other Things to Consider* section to help you make sure all “bases are covered” for your retirement.

For more information about your retirement benefits, visit CalPERS on the Internet at www.calpers.ca.gov.

EMERGENCY DISABILITY RETIREMENT

CalPERS can expedite retirement processing for those who are facing a terminal illness. If this applies to you, contact CalPERS or your employer immediately to discuss an emergency retirement. We will make every effort to quickly obtain the necessary information and complete our processing. However, please be aware that for any post-retirement death benefits to be paid, you must be living on the effective date of your retirement.

SERVICE RETIREMENT PENDING DISABILITY RETIREMENT

You have the option to apply for a “service” retirement pending your disability or industrial disability retirement — if you qualify for a service retirement. This would allow you to receive a monthly service retirement allowance while awaiting the determination of your disability application.

If you are considering service pending disability retirement and would like to know the benefit amount for each type of retirement, you should ask CalPERS to complete a benefit estimate for you by using the *Retirement Allowance Estimate Request* form in this booklet.

If you are approved for disability or industrial disability retirement but find that a service retirement is more advantageous, you may request that your retirement be changed to a service retirement. This request must be made prior to the effective date of your disability retirement or within 30 days after the date of the letter approving your disability retirement application.

To apply for a “service pending” retirement, check the *Service Pending Disability Retirement or Service Pending Industrial Disability Retirement* box on the *Disability Retirement Election Application* form. Service retirement applications cannot be submitted to CalPERS more than 90 days in advance of your retirement date.

If you want to apply for service retirement only, you will need to contact CalPERS for a copy of the *Stepping Into Retirement... A Guide to Completing Your Service Retirement Election Application* booklet.

Note: If you are currently enrolled in a CalPERS health plan and become employed in another job pending the determination of your disability benefits, your eligibility for CalPERS health benefits may be affected after retirement. Please discuss this with your personnel office.

To be eligible for service retirement, you must be at least age 50 and have a minimum of 5 years of CalPERS-credited service. However, there are some exceptions to the age and 5-year requirement. Call CalPERS toll free at **888 CalPERS** (or **888-225-7377**) to find out if an exception will apply to you.

REFUND OF CONTRIBUTIONS VS. RETIREMENT

Any time prior to the mailing of your first disability retirement check, you may choose to receive a refund of your accumulated member contributions in a lump sum, rather than a retirement allowance. To do so, you need to make this request to CalPERS in writing.

If you take a refund rather than retire, your membership in CalPERS terminates, and you are ineligible for any future CalPERS retirement benefits — unless you later return to work for a CalPERS-covered employer.

If you take a refund rather than retire, your membership in CalPERS terminates, and you are ineligible for any future CalPERS retirement benefits — unless you later return to work for a CalPERS-covered employer.

Your failure or refusal to attend an IME appointment may result in the cancellation of your application.

CANCELING YOUR APPLICATION

Your *Disability Retirement Election Application* can be cancelled any time **before** it is officially approved. To cancel your application after it is determined you are disabled, you will need to provide medical evidence stating you can return to full unrestricted duties before a cancellation can be considered. Your cancellation request must be submitted in writing to CalPERS Headquarters in Sacramento.

CalPERS can cancel your application for any of the following reasons:

- If you fail to provide the information or forms needed to make a determination on your disability retirement; or
- If you fail or refuse to attend an Independent Medical Examination (IME) appointment when requested; or
- If you do not meet the eligibility requirements for disability or industrial disability retirement.

If your employer submitted the application, you cannot cancel the application unless you choose to refund your contributions, or you may opt for service retirement if you meet the eligibility requirements. Taking a refund of your contributions would end your membership with CalPERS. However, your employer may cancel the application at any time before it is approved. Both you and your employer have the right to appeal a CalPERS disability determination.

INDEPENDENT MEDICAL EXAMINATIONS

CalPERS may need to arrange for you to have an Independent Medical Examination (IME) to make a disability determination. During this IME, an independent doctor will evaluate your disability.

If an IME is needed, CalPERS will call you with the date, time, and location of your appointment and secure your agreement to attend the examination. If you are unable to keep this appointment due to unforeseen circumstances, you must notify CalPERS immediately.

CalPERS will pay for the IME. By law, travel expenses are not reimbursable unless you travel a distance of more than 50 miles one way. If you are traveling from out of state, travel expenses are paid only from the California border to the appointment location.

INJURY CAUSED BY A THIRD PARTY

(Subrogation)

Under the law, if someone other than your employer caused an injury that results in disability retirement benefits being paid to you, CalPERS has the right to recover up to one-half of the total retirement benefit costs from the responsible party. This right is known as a “right of subrogation.”

If you pursue a claim against any person for the same injuries that also entitle you to a disability retirement from CalPERS — other than a Workers’ Compensation claim or an uninsured motorist claim — you must inform CalPERS. This is true even if the claim has not yet resulted in a court action. CalPERS has the right to participate in the claim through filing our own action against the responsible party, intervening in your claim, or filing a lien against any judgment you may recover. If you settle such a claim without notifying CalPERS, we may have the right to file a lawsuit against you for recovery under our subrogation rights.

COMMUNITY PROPERTY CLAIM

If you have a community property claim on your retirement account, you must provide CalPERS with a copy of the court order that resolves the claim so we can determine if the order is acceptable to divide your retirement benefits. If the order is not acceptable, a further order will be required, which will delay the release of retirement benefits to all parties. If you are not sure if CalPERS has received an acceptable court order, or if you have questions on your court order or your benefits, please call CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

*If you have an acceptable order that requires you to elect a specific option and name a specific beneficiary at retirement, your retirement application **must be** completed in accordance with these option and beneficiary requirements. Your retirement application will be rejected and supplemental retirement information will be required if you fail to make the correct option and beneficiary designations.*

If you have a community property claim on your retirement account, you must provide CalPERS with a copy of the court order that resolves the claim so we can determine if the order is acceptable to divide your retirement benefits.

DISABILITY AND INDUSTRIAL DISABILITY RETIREMENT

If you have a disabling injury or illness that prevents you from performing your usual job duties with your current employer, you may be eligible for a disability or industrial disability retirement.

To be eligible for disability or industrial disability retirement, you must be incapacitated from performing the usual job duties with your current employer.

You may apply for a disability retirement:

- While you are in CalPERS-covered employment; or
- Within four months of separation from CalPERS-covered employment; or
- At any time, if you “separated” from or left your job because of a disability and you have remained disabled since then; or
- While on military or approved leave.

Eligibility Requirements for Disability Retirement

There is no minimum age requirement for disability retirement. The cause of your disability does not need to be related to your employment. If you retire, you will receive a monthly retirement payment for the rest of your life, or until you recover from your disabling injury or illness.

Vesting Requirements for Disability Retirement

A CalPERS member who has at least five years of service credit is eligible for a disability retirement. However, State Second Tier members must have 10 years of service credit. If you have State Second Tier service and other CalPERS-covered service that gives you a combined total of five years of credited service, you may still qualify. If you think you do not meet these requirements, you may want to contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**) to find out if an exception may apply to you.

If you are employed on a part-time basis and have worked at least five years, you may be eligible to retire with less than the required years of service credit. (It takes 10 months of permanent full-time employment or 1,720 hours to equal one year of CalPERS service credit.) However, the retirement benefit you receive will still be based on your actual service credit amount.

If this is your situation and you are at least age 50, you should complete an application and have CalPERS determine if this “exception” applies to you. Or you can contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**) for assistance.

Eligibility Requirements for Industrial Disability

An industrial disability means that you are unable to perform the usual duties of your job with your current employer because of a job-related injury or illness that is expected to be permanent or last indefinitely. If your application for industrial disability retirement is approved, you will receive a monthly retirement payment for the rest of your life — or until you recover from your disabling injury or illness.

There is no minimum service or age requirement for an industrial disability retirement. However, to qualify for this benefit, you must be employed in one of the CalPERS membership classifications shown below. Carefully review any special limitations that are noted. If you are not sure of your membership classification, check with your personnel office.

State safety, state peace officer/firefighter, state patrol, local safety, and certain state and local miscellaneous members may be eligible for industrial disability retirement if the disability is job related.

Effective September 13, 2006, a new law provides an enhanced industrial disability retirement benefit to “patrol” members in Bargaining Unit 5 of the Department of California Highway Patrol (CHP). A CHP patrol member will be considered for this enhanced benefit based on these two factors:

- The member must have sustained a “serious bodily injury” as the result of a single event, as defined by Assembly Bill 2936.
- A member must be unable to participate in substantial gainful employment (any particular job that is realistically within the member’s physical and mental capabilities).

Additional information regarding this benefit is available on our Web site at www.calpers.ca.gov.

State industrial members must show that your disability resulted from a violent attack by an inmate or parolee of the Department of Corrections, the Youth Authority, or a forensic facility of the Department of Mental Health.

Most state miscellaneous and school members are not eligible for an industrial disability retirement but would qualify for a disability retirement if it is determined you are disabled. There are some limited exceptions to this rule under the law. For more information, contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**). School safety members are eligible for industrial disability if the disability is work related. Local miscellaneous members are eligible only if the employer contracts with CalPERS to provide this benefit.

If your disability is not job related, or if you are a local miscellaneous member and your employer does not contract with CalPERS to provide this benefit, you may be eligible for disability retirement. See the *Eligibility Requirements for Disability Retirement* section of this booklet for more information.

If you applied for industrial disability retirement, but your disability is not job related, you may still be eligible for a disability retirement.

State Safety, State Peace Officer/Firefighter, State Patrol, Local Safety, and certain State and Local Miscellaneous members may be eligible for industrial disability retirement if the disability is job related.

The determination on a disability or industrial disability retirement application of a public agency Local Safety member is made by the local governing body — not CalPERS.

If you are a State member in a bargaining unit that has agreed to be subject to the NextSTEP program, you must show that your illness or injury substantially prevents you from performing any job in State service as determined by the Department of Personnel Administration.

Local Safety Member Determinations

The determination on a disability or industrial disability retirement application of a public agency local safety member is made by the local governing body — not CalPERS. The local agency decision is submitted by “resolution” to CalPERS.

However, you will still submit your application to CalPERS and you are still subject to the same laws regarding application, amount of benefits, and eligibility. The only difference is that when CalPERS receives your application, we will notify your employer, who will determine if you are substantially disabled from your usual job duties. For applications for industrial disability retirement, your employer will also determine if the disability is industrial. Your employer may take up to six months to make the determination after being notified by CalPERS. (You have the right to waive this time limit.)

If it is determined that you are not disabled, you may appeal the decision to the local authority that made the determination — not CalPERS.

NextSTEP Program

If you are a State member injured after January 1, 1993, and before January 1, 2000, and in a bargaining unit that has agreed to be subject to the NextSTEP program, you must show that your illness or injury substantially prevents you from performing any job in State service as determined by the Department of Personnel Administration. You must also show that your disability was either caused by your job or that you were violently attacked by an inmate. Contact your employer to get an application for NextSTEP retirement and to find out if your date of injury or illness makes you eligible for the program.

Your NextSTEP application should be submitted directly to the Department of Personnel Administration.

FIGURING YOUR DISABILITY ALLOWANCE

You can get an idea of what your monthly unmodified disability retirement allowance will be. To do so, you need to know three things:

- How many years of service credit you have; and
- What your benefit factor is (1.8 percent for State First Tier and Public Agency Miscellaneous, 1.125 percent for State Second Tier, or 1.35 percent for the local 1.5 percent at 65 formula); and
- What your final compensation is (and whether it is based on a 12- or 36-month period).

State First Tier

As a State First Tier member, you must have at least five years of service credit to be eligible for disability retirement.

If you have between five and 10 years, or 18.5 or more years of service credit, multiply your years of service by 1.8 percent to determine your percentage of final compensation.

If you have between 10 and 18.5 years of service credit, add to that figure the number of years until you reach age 60 and multiply the total by 1.8 percent to determine your percentage of final compensation. The maximum percentage allowable is 33.333 percent.

..... then

Multiply the percentage of final compensation by your highest consecutive 12-month average monthly salary to find your Unmodified Allowance. If you are *under 60*, your Unmodified Allowance cannot be more than a service retirement at age 60.

State Second Tier

You must have at least 10 years of service credit to be eligible for disability retirement.

If you have between 10 and 29.629 years of service credit, add to that figure the number of years until you will be age 65 and multiply the TOTAL by 1.125 percent. The maximum percentage allowable is 33.333 percent.

If you have 29.629 years or more of service credit, multiply your years of service by 1.125 percent.

..... then

Your disability retirement benefit allowance is based on your years of service credit, your benefit factor, and your final compensation.

Multiply the percentage of final compensation by your highest consecutive 12-month average monthly salary to determine your Unmodified Allowance. If you are *under 65*, your Unmodified Allowance cannot be more than a service retirement at age 65.

Figuring Your Disability Allowance

Years of Service	X	Benefit Factor	=	% of Final Comp.	X	Final Comp.	=	Unmodified Retirement Allowance
	X	%	=	%	X	\$	=	\$

Local Public Agency

If your employer has contracted for the 1.5 percent at 65 formula, you must have five years of service credit to be eligible for disability retirement.

If you have between five and 10 years, or 24.691 or more years of service credit, multiply your years of service by 1.35 percent to determine your percentage of final compensation.

If you have between 10 and 24.691 years of service credit, add to that figure the number of years until you will be age 65 and multiply the total by 1.35 percent. The maximum percentage allowable is 33.333 percent.

..... then

Multiply the percentage of final compensation by your highest consecutive 12-month or 36-month average monthly salary (depending on your employer’s contract) to determine your Unmodified Allowance. If you are *under 65*, your Unmodified Allowance cannot be more than a service retirement at age 65.

Other Formulas

If your employer has contracted for the *improved* disability retirement (Government Code Section 21427), your Unmodified Allowance will be 30 percent of your final compensation for the first five years of service credit, plus 1 percent for each additional year, to a maximum of 50 percent. If you are *under 60*, your Unmodified Allowance cannot be more than a service retirement at age 60.

If a regular disability retirement allowance is greater than the improved disability allowance, CalPERS will pay the greater amount.

REQUESTING A DISABILITY OR INDUSTRIAL DISABILITY RETIREMENT

You — or someone on your behalf such as your employer — may file a *Disability Retirement Election Application* for your retirement. You should apply as soon as you believe you are unable to perform the usual duties of your position with your current employer because of an illness or injury that is expected to be permanent or last longer than six months.

If you have a workers' compensation claim, you should not wait until your condition is "permanent and stationary" under workers' compensation requirements to submit your application.

A workers' compensation award does not automatically entitle you to a CalPERS industrial disability retirement. Medical evidence will be required to show that you meet the CalPERS definition of disability. If you do, your workers' compensation award for the same illness or injury may be used as evidence that your condition is job related.

A Complete Application Package

In order for CalPERS to process your application for disability or industrial disability retirement, we must receive:

- A completed *Disability Retirement Election Application* form;
- Your signed *Authorization to Disclose Protected Health Information* form to release medical and employment information to CalPERS;
- *Physician's Report on Disability* form from a physician who specializes in your disabling condition. The physician must provide a diagnosis on your condition and information about how it prevents you from performing your job duties;
- A description of your job duties and physical requirements of your position from your employer. Do this by submitting the *Employer Information for Disability Retirement* and *Physical Requirements of Position/Occupational Title* forms to your employer; and
- Workers' compensation information and medical reports, if you have a job-related injury. Do this by submitting the *Workers' Compensation Carrier Request* form to the workers' compensation carrier.

Receipt of the above information is considered by CalPERS to be a "complete application package."

All the forms you will need are included in the *Retirement Forms* section of this booklet.

If you have a workers' compensation claim, you should not wait until your condition is "permanent and stationary" under workers' compensation requirements to submit your application for disability or industrial disability retirement.

If you are a State member in a bargaining unit subject to the NextSTEP program, you should apply for industrial disability retirement on a separate application to the Department of Personnel Administration (see your employer). All other members should apply directly to CalPERS.

Important!

For CalPERS to review your application, you must submit a complete application package. Please refer to the *A Complete Application Package* section located on the previous page.

To check the status of your application online, visit www.calpers.ca.gov.

Be sure you use the *Guide to Completing Your Application Package* section of this booklet with the *Checklist for Submitting A Complete Application Package*, so that CalPERS receives complete and accurate information. This will ensure that your request is completed in a timely manner.

What Happens Next?

After you submit your *Disability Retirement Election Application* and it is received at our Sacramento Headquarters, you will receive an “acknowledgment letter” letting you know we have begun processing your request.

When CalPERS receives all of the required documentation and forms, we will review your file to see if the information received is current and complete, and if a determination can be made. If not, it may be necessary to request additional information or an Independent Medical Examination.

Generally, a disability or industrial disability application can be reviewed within three months after CalPERS receives all the required information. However, if additional information is needed, this will extend the determination process. If your application is approved, you will be retired and begin receiving a monthly benefit payment from CalPERS usually within four to six weeks.

A determination may be appealed by you or your employer to the authority that made the initial determination, either CalPERS or the Department of Personnel Administration. Local safety determinations are appealed directly to your employer.

If you were eligible for an industrial disability retirement and it is determined that you are disabled but your disability is not job related, you may appeal this decision to the Workers’ Compensation Appeals Board.

AFTER YOU RETIRE

Employment After Retirement

Before you seek employment after retirement, please obtain and review the *Employment After Retirement* booklet from CalPERS. There are restrictions and limitations to consider that may affect your decision to return to work. Contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**) or visit the CalPERS Web site at www.calpers.ca.gov to request the *Employment After Retirement* booklet.

Reinstatement from Disability or Industrial Disability Retirement

If you recover from the injury or illness that resulted in your disability or industrial disability retirement and you wish to return to work for a CalPERS-covered employer, you must first apply for reinstatement from retirement. If new medical evidence shows that you have recovered, you will be approved for reinstatement from retirement. (State members may have a mandatory right to return to the job classification from which they retired.) Once you are reinstated and return to employment, your retirement allowance will stop, and you will again be an active CalPERS member. You can find out more about reinstatement by reviewing the CalPERS *Reinstatement from Retirement* booklet. Contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**) or visit the CalPERS Web site at www.calpers.ca.gov to request the *Reinstatement After Retirement* booklet.

Re-Evaluation

CalPERS has the authority to periodically re-evaluate your medical condition to determine if you have recovered from your disability — until you reach age 50 (age 55 for State Second Tier and members under the 1.5 percent at 65 formula). For public agency local safety members, your employer also has the right to such re-examination until you reach age 50.

If CalPERS contacts you to re-evaluate your medical condition, you will be required to provide current medical information from your treating physician regarding your disabling condition.

GUIDE TO COMPLETING YOUR APPLICATION PACKAGE

Retirement Allowance Estimate Request

This form can be used to request an estimate of retirement and survivor benefits.

You should use this form to request an estimate of your future disability retirement benefits. Having this information can help you make an informed decision when you are selecting your retirement benefit option.

Disability Retirement Election Application

While the *Disability Retirement Election Application* form is not complex, it does require detailed information. We suggest you remove the application from the *Retirement Forms* section of this booklet so you can follow the step-by-step instructions for each section while you are completing the form.

First, select the appropriate retirement type from the list at the top of the form.

Section 1 — Information About You

This section tells CalPERS about you.

- Enter your full name as it appears on your Social Security card.

If you have changed your name, you must provide CalPERS with a photocopy of the document validating the change (marriage certificate, court order, etc.) Additionally, the IRS requires CalPERS to obtain a photocopy of your Social Security card showing your name change before we can discontinue using your former name. Until we receive a copy of your Social Security card with your name change, we are limited to adding your new last name to the name currently on our records.

- Enter your Social Security number. This is needed for CalPERS to obtain your employment information from our records.
- Enter your mailing address. We need your home address or P.O. Box number, including city, state, ZIP code, and country. Your monthly retirement check will be mailed to this address unless you choose direct deposit of your benefit payments. CalPERS will also use your home address or P.O. Box number to mail your annual tax statement and other information to you. To select direct deposit, please complete the *Direct Deposit Authorization* form in this booklet.
- Your date of birth (month, day, and year) is needed to verify that our records are correct. We want to make sure this is accurate, since your age is one of the components used to determine your retirement benefits.
- Enter if you are male or female.
- Enter your home and work telephone numbers (include area codes), so we can reach you if we have any questions or need more information.

Section 2 — Retirement Information

This section tells us when you want to retire and provides other information needed to determine your benefits.

- Enter the actual retirement date you have chosen (month, day, and year) if you are applying for Service Pending Disability Retirement. Remember, your retirement may be effective any day of the week, Sunday through Saturday. It is usually the day following your last day of work or authorized paid leave of absence. If you are applying for disability or industrial disability retirement, a retirement date is not necessary to process your application. You may select a specific date, leave it blank, or write in “expiration of benefits.”
- Enter the name of your employer. This should be the full name of the CalPERS-covered agency you are currently working for. If you are no longer an active member, list the agency where you last worked.
- Enter your position title. This information should not be abbreviated or be an acronym. Please list the position title in full.
- Your final compensation is the highest average salary during any consecutive one-year or three-year period. Which compensation period we use depends on your employer’s contract with CalPERS. If you are not sure, ask your personnel office.

To calculate the final compensation, we take your last day on payroll and go back 12 or 36 consecutive months, whichever is appropriate. If you have a different period when your compensation may have been higher, enter that information. Otherwise, leave this area blank.

- If you are a member of another California public retirement system (other than Social Security, military, or railroad retirement), check “yes” and provide the requested information. List the complete name of the other California public retirement system. Do not abbreviate. Also enter the dates of service credited and the date of retirement with the other retirement system.

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other retirement system. You must submit retirement applications to each system. Submit your medical records to the retirement system under which you were last employed. For more information, review the *When You Change Retirement Systems* booklet.

Questions?

If you have questions or need assistance with filling out your application, please call the CalPERS Customer Contact Center toll free at **888 CalPERS** (or **888-225-7377**) Monday through Friday, 8:00 a.m. to 5:00 p.m.

Important!

Failure to complete all sections of the application will result in either a rejection of your application or a delay in the determination process.

Local Safety members should not complete Sections 3 and 4 of the *Disability Retirement Election Application*.

Please Note

If you designate someone other than your spouse or registered domestic partner as beneficiary for a lifetime allowance (options 2, 3, 2W, 3W, or 4), your spouse or domestic partner may be entitled to a community property share of the beneficiary's allowance.

Section 3 — Workers' Compensation Information

If you have filed a workers' compensation insurance claim for your current injury or illness, you must complete the workers' compensation information requested on the application. You must also complete a *Workers' Compensation Carrier Request* form located in the *Retirement Forms* section and submit it to your employer's workers' compensation insurance carrier for completion.

- Enter the name of the workers' compensation carrier with which you have filed a claim.
- Provide the full name of the adjuster who is handling your claim.
- Provide the telephone number of the adjuster.
- Enter the address, city, state, and ZIP code of the workers' compensation carrier.
- List the claim number(s) and date(s) of injury.

Section 4 — Disability Information

This section provides CalPERS with information about your disability. Please answer all the questions to the best of your knowledge. If you need additional room, you may attach additional pages with your full name and Social Security number clearly indicated on each page.

- List your specific injury or illness with information on when and how it occurred.
- Enter the name of your treating physician(s).
- Add any appropriate medical record number(s).
- Enter the address, city, state, ZIP code, and phone number of your treating physician(s).
- Describe your specific limitations/preclusions due to your injury or illness.
- Explain how your injury or illness has affected your ability to perform your job.
- Indicate if you are currently working in any capacity.
- Indicate whether a third party (other than a workers' compensation claim or an uninsured motorist claim) caused your injury.

Section 5 — Select Your Retirement Payment Option and Beneficiary

(This section should not be completed by the employer.)

This section will tell CalPERS which retirement allowance option you have chosen. The option chosen will be calculated based on payroll information on file when your application is submitted. The benefit amount at retirement may be adjusted after final payroll information is received.

You need to decide if you want the Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4's. More information on each of these choices is provided here to assist you in making your decision. The retirement estimate you should have received provides you with a projection of the retirement benefits you and your beneficiary would receive for each of these choices. If you have not requested an estimate you should do so prior to completing the *Disability Retirement Election Application* in order to make an informed option election.

Note: If you are married or in a registered domestic partnership but do not name your spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit OR a share of the monthly option death benefit allowance. Their community property interest is 50 percent of the benefit based on the contributions or service credit earned for the period of CalPERS service during which you were married or in a registered partnership. Your non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to your spouse or domestic partner. Your spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.”

Your benefit option choices are:

- Option 1 — Upon your death, any unused member contributions in your account will be paid to your beneficiary in a lump sum. Option 1 does not provide a continuing monthly allowance to a beneficiary.

Note: In most cases, no contributions remain after approximately 10 years of retirement, which means this benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.

You may name more than one person as beneficiary. (Option 1 is not available to members who have all State Second Tier service because you did not make member contributions.) You may change your beneficiary at any time by submitting a *Lump Sum Beneficiary Designation* form.

- Option 2 — The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance (see Section 7) applies and your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. Your retirement allowance will increase back to the Unmodified Allowance Option amount if:
 - Your beneficiary dies; or
 - Your non-spouse beneficiary waives entitlement to the Option 2 benefit; or
 - Your beneficiary is your spouse or domestic partner registered or legally recognized in California, and upon a divorce, legal separation, annulment, or termination of domestic partnership you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits, and you notify CalPERS of the change in status.

Name your Option 2 Individual Lifetime Beneficiary in Section 5a of the application.

Unmodified Allowance

The Unmodified Allowance is the highest amount payable and provides you with a monthly benefit that ends upon your death.

- Option 2W — As an alternative to Option 2, you may elect the slightly higher allowance under Option 2W. However, your allowance will not increase back to the Unmodified Allowance Option amount under the scenarios indicated in Option 2.

Name your Option 2W Individual Lifetime Beneficiary in Section 5a of the application.

- Option 3 — In this option, one-half of your monthly retirement allowance will be paid to your beneficiary for life. If Survivor Continuance applies (see Section 7) and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion.

Your retirement allowance will increase back to the Unmodified Allowance Option amount if:

- Your beneficiary dies; or
- Your non-spouse beneficiary waives entitlement to the Option 3 benefit; or
- Your beneficiary is your spouse or domestic partner registered or legally recognized in California and upon a divorce, legal separation, annulment, or termination of domestic partnership you provide CalPERS with a judgment that awards you the entire interest in your CalPERS benefits; and
- You notify CalPERS of the change.

Name your Option 3 Individual Lifetime Beneficiary in Section 5a of the application.

- Option 3W — As an alternative to Option 3, you may elect to receive the slightly higher allowance under Option 3W. However, your allowance will not increase back to the Unmodified Allowance Option amount under the scenarios indicated in Option 3.

Name your Option 3W Individual Lifetime Beneficiary in Section 5a of the application.

- The Unmodified Allowance Option — This is the highest monthly allowance you can receive. However, it does not provide a continuing allowance to a beneficiary, and there is no return of any unused member contributions after your death.
- Option 4 — Option 4 allows you to choose a more customized benefit, as long as the amount to your beneficiary is not greater than the benefit provided under Option 2W. Request CalPERS publication *Retirement Option 4* for more information about this option. There is no provision under any Option 4 calculation of your allowance to increase back to the Unmodified Allowance Option amount provided in Options 2 and 3.

Name your Option 4 Individual Lifetime Beneficiary in Section 5a of the application.

The following are the types of Option 4 allowances currently available.

- Option 2W & 1 Combined — The retirement allowance you receive will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 2W & 1 Combined Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 5a, you must also name a beneficiary for your Option 1 balance.

Note: In most cases, no contributions remain after approximately 10 years of retirement, which means this benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.

- Option 3W & 1 Combined — One-half of your monthly retirement allowance will be paid to your beneficiary. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your secondary beneficiary. If you elect the 3W & 1 Combined Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 5a, you must also name a beneficiary for your Option 1 balance.

Note: In most cases, no contributions remain after approximately 10 years of retirement, which means this benefit is no longer paid. Therefore, if you have made an election to purchase service credit and the monthly payment period exceeds 120 months, this option may not be beneficial.

Name your Option 1 Balance of Contributions Beneficiary in Section 5d of the application.

- Specific Dollar Amount to Beneficiary — You can specify the dollar amount of your retirement allowance to be paid to your beneficiary upon your death.
- Specific Percentage to Beneficiary — You can specify the percentage of your Unmodified Allowance Option amount to be paid to your beneficiary upon your death.
- Reduced Allowance for Fixed Period of Time — You can elect to receive a specific dollar amount or percentage of your Unmodified Allowance Option for a specific length of time based on your lifetime alone or the joint lifetimes of you and your beneficiary. After this period, you will receive an increased allowance based on the actuarial equivalent of your remaining benefit. The minimum you can elect to receive is 25 percent of your Unmodified Allowance Option or equal to the payable Survivor Continuance, if higher. This amount should allow for any deductions for health and dental benefits to be maintained, if you are eligible for those benefits.

If you have questions about your court order or your benefits, please contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

- **Reduced Allowance Upon Death of Retiree or Beneficiary** — You can specify a minimal reduction to the Unmodified Allowance Option (at least \$1) to provide the highest allowance possible while both you and your beneficiary are alive. Upon the death of either you or your beneficiary the continuing allowance will be significantly reduced for the survivor.
- **Multiple Lifetime Beneficiaries** — Unlike the other options that limit you to one beneficiary, this option allows you to provide a lifetime benefit to more than one beneficiary. You can give each beneficiary an equal share or designate specific dollar amounts or percentages.

Name your Option 4 Multiple Lifetime Beneficiaries in Section 5b of the application.

- **Option 4 — Court Ordered Community Property** — This option only applies to very specific cases in which you are required by court order entered pursuant to Family Code Section 2610 to elect an Option 4 to provide a community property interest in your benefits to your former spouse or domestic partner equal to their community property interest. CalPERS will determine the community property interest at the time of your retirement using the method described in your court order. This option allows you the choice of selecting from one of several different options and gives you the opportunity to name another beneficiary *for your share of the benefit*.
- If you elect Option 4/Unmodified, you are providing only for the Option 4 Court Ordered Beneficiary.

Name your Option 4 Court Ordered Beneficiary in Section 5c of the application.

- If you elect Option 4/1, you are providing for the Option 4 Court Ordered Beneficiary and naming a beneficiary for the Option 1 Balance of Contributions.

Name your Option 4 Court Ordered Beneficiary in Section 5c and your Balance of Contributions Beneficiary in Section 5d of the application.

- If you elect Option 4/2W or Option 4/3W, you are providing for the Option 4 Court Ordered Beneficiary and naming a lifetime beneficiary for your share of your monthly benefit.

Name your Option 4 Court Ordered Beneficiary in Section 5c and your Option 2W or Option 3W Individual Lifetime Beneficiary in Section 5a of the application.

If you have questions about your court order or your benefits, please contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

Section 5a — Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

If you elected Option 2, 2W, 3, 3W or 4, or Court Ordered Community Property Option 4/2W or 4/3W, name your beneficiary here. Enter the name, Social Security number, birthdate, gender, relationship to you, and address of the beneficiary you designate to receive continuing benefits after your death.

Section 5b — Option 4 Multiple Lifetime Beneficiaries

If you elected Option 4 Multiple Lifetime Beneficiaries, name your multiple beneficiaries here. Enter the names, Social Security numbers, birthdates, gender, relationships to you, and address of each beneficiary you designate to receive continuing benefits after your death. If you wish your beneficiaries to receive an equal share of your benefits, do not fill in the specific dollar or specific percent of benefit. If you wish unequal amounts for each beneficiary, specify dollar amount or percent of benefit in the space provided.

Section 5c — Court Ordered Option 4 Community Property Beneficiary

If you are required by court order to name your former spouse or former legally recognized domestic partner as a beneficiary and to provide that person with a community property interest, name that person here. Enter the name, Social Security number, birthdate, gender, relationship to you, and address of the Community Property Beneficiary. If you have questions about your court order or your benefits, please contact CalPERS toll free at 888 CalPERS (or 888-225-7377).

Section 5d — Option 1 Balance of Contributions Beneficiary(ies)

If you elected Option 1, Option 4-2W/1 or 4-3W/1 combined, name your beneficiary(ies) here. Enter the name, Social Security number, birthdate, gender, relationship to you, and address of the beneficiary you designate to receive any lump sum balance of your remaining member contributions after your death.

You can designate any person, corporation, or your estate as beneficiary for these options. If you want to designate a trust as your beneficiary, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Do not designate the trustee by name, since this could change.

If naming someone other than your spouse or domestic partner as the Option 1 beneficiary(ies), your spouse or domestic partner will still receive their community property share of the contributions. The remainder will be paid to their designated beneficiary(ies).

If naming more than three beneficiaries for any of these benefits or naming separate beneficiaries for the Option 1 balance, you will need to complete a ***Lump Sum Beneficiary Designation*** form. Contact CalPERS to request a form and return it with your retirement application.

If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, we will request a guardian be appointed to receive the benefit on the child's behalf if child is not residing with a natural parent. Do not name the guardian of a minor child as your beneficiary.

You may change your beneficiary at any time by submitting a revised *Lump Sum Beneficiary Designation* form. A change in your marital status, domestic partner status, or the birth or adoption of a child after retirement automatically revokes your original designation.

Once you have completed this section, review the *Required Documents Checklist* carefully to determine what beneficiary or survivor documentation to submit with your application.

Section 6 — Retired Death Benefit

The lump sum Retired Death Benefit is payable upon your death, in addition to any payment under the benefit option you select. You can name any person to receive this benefit. The amount payable is based on your employer's contract with CalPERS.

- For State, California State University, or University of California members, the Retired Death Benefit is \$2,000.
- For school members, it is \$2,000, unless your employer has elected a higher amount, up to \$5,000.
- For public agency members, the lump sum death benefit is based on the employer's contract, which can range from \$500 to \$5,000.

To name more than three beneficiaries for the Retired Death Benefit, you must complete the *Lump Sum Beneficiary Designation* form. Contact CalPERS to request a form and return it with your retirement application. You may change your beneficiary at any time by submitting a revised *Lump Sum Beneficiary Designation* form. A change in your marital status, domestic partnership status, or the birth or adoption of a child after retirement automatically revokes your original designation.

Section 7 — Survivor Continuance

The Survivor Continuance benefit is payable to all State members, school members, and public agency members if the former employer contracted to provide it and you have an eligible survivor. Survivor Continuance is an employer-paid monthly benefit paid to an eligible survivor. If you are not sure if you are covered by this benefit, check with your personnel office. Benefits are paid to an eligible survivor in addition to and regardless of which retirement payment option you elect.

Be sure you complete all the boxes in this section that apply to your situation. Eligible survivors are:

- A spouse who was married to you on the effective date of your disability retirement and continuously until your death; or if none,
- A domestic partner registered or legally recognized in California in a partnership that was entered into on or before the effective date of your disability retirement and continuously until your death; or if none,
- A spouse who is married to you or a domestic partner in a legally recognized partnership that was established at least one year prior to your retirement and continuously until your death — if you are applying for a

service retirement pending approval of a disability or industrial disability retirement; or if none,

- Children under age 18 who have never been married, or a disabled child who became disabled prior to age 18 who has never been married and whose continuing disability renders the child incapable of gainful employment; or if none,
- An economically dependent parent.

Payments to children stop at age 18 or upon their marriage, death, or recovery from disability.

The amount of the monthly benefit depends on Social Security coverage.

If your service credit is **not** covered by Social Security, the Survivor Continuance is 50 percent of your Unmodified Allowance based on actual service with an employer that provides this benefit. If your service credit is covered by Social Security, the Survivor Continuance is 25 percent of the Unmodified Allowance.

Section 8 — Last Day on Payroll

- Enter the **last day you were on payroll** (month/day/year). This information is important to ensure your benefit is calculated correctly.

Section 9 — Employer Certification

Your employer must complete this section if you are applying for a service retirement pending approval of a disability or industrial disability retirement and there is less than four months between your separation from a CalPERS-covered agency and your effective date of retirement. (You may want to make a copy of these instructions for your employer's use.)

If you left employment at a CalPERS-covered agency more than four months prior to your retirement date, you are not entitled to service credit for any balance of unused sick leave or educational leave; and your employer is not required to complete this section.

- Enter the employee's last day on payroll, which is the last day your employee will receive pay or paid leave. In most situations, this will be the same day as the separation date.
- Enter the employee's separation date, which is the last day your employee will be considered in employment status. This date cannot be later than one day before the retirement date.
- If your agency contracts for unused sick leave credit, enter the unused sick leave **days** as of the employee's separation date.
- Enter the balance of educational leave **days** as of the employee's separation date.
- The employer signature and date are required.
- Also add the printed name of the person signing the certification.
- Enter the title of the person signing the certification.
- Enter the telephone number of the employer.

If you left employment at a CalPERS-covered agency more than four months prior to your retirement date, you are not entitled to service credit for any balance of unused sick leave or educational leave; and your employer is not required to complete this Section 8.

Any changes to the certified information submitted on the retirement application must be submitted on an **Amended Employer Certification** form. An adjustment will be completed once we receive the amended form. Contact CalPERS for a copy of this form.

Section 10 — Tax Withholding Election

*This section should **not** be filled out by your employer or by you if you are applying for industrial disability.*

This section tells CalPERS how you want to handle your income tax withholding. To assist you in making this decision, talk to your tax advisor. You can change your withholding at any time by completing another CalPERS tax withholding form.

- In each section, federal tax withholding and State of California tax withholding, you can make only one election. Choose one of the following: no withholding, withholding a specific dollar amount, or withholding based on the tax tables.
- If you do not make an election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you were married with three exemptions. If you reside outside of California, your CalPERS pension income is not subject to California State income tax.
- If you are applying for an industrial disability retirement and it is determined your benefits are not totally excluded from taxation, you will receive a tax withholding form before you receive your first retirement check.

Section 11 — Member Signature and Notary

Once the form is completed, your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative at any CalPERS office. If you reside in a foreign country, the U.S. Consulate staff may witness your form.

If you are married or in a legal domestic partnership, your current spouse or domestic partner must sign the application to acknowledge your election of a retirement benefit option. If you are not able to obtain your spouse's or domestic partner's signature, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form and submit it to CalPERS before any retirement benefits can be paid. If you are single, the justification form is not required. Simply mark "No" and indicate "Never Married or in Partnership," "Divorced/Annulled," or "Widowed" in this section.

If you are submitting the application on behalf of the member (and you are not an employer), include your name, relationship, and contact information, and then sign and date the form where indicated.

Section 12 — Employer-Originated Application Information

If your employer is submitting the application, an authorized employer representative must complete this section. Employers should not complete Section 5 — Option Election or Section 9 — Tax Withholding Election.

- Print the name of the authorized employer representative.
- Enter the title of the authorized employer representative.
- The authorized employer representative must sign where indicated.
- Enter the date the application is signed.
- Provide the telephone number of the authorized representative signing this application.

Is My Paperwork in Order?

Use the following information to make sure you have all the necessary documentation to go with the *Disability Retirement Election Application* you need to provide to CalPERS.

- Write your Social Security number in the upper right corner on all documents you submit to CalPERS.
- Never send originals of your documents — CalPERS accepts photocopies of these important papers.
- If all the necessary documents have not been provided to CalPERS at the time of your death, we may have to delay payment of death benefits until the missing documents are received. You can avoid this unnecessary delay and hardship on your beneficiary by providing all necessary documents in advance.

Sections 1 through 4

- No documentation required.

Section 5

If you chose the Unmodified Allowance Option or Option 1:

- No documentation required.

If you chose Option 2, 2W, 3, 3W, or any Option 4:

- Photocopy of your beneficiary's birth certificate required. Do not send originals and always include your Social Security number on all documents.

Section 6

- No documentation required.

Send Photocopies, Not Original Documents

CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only.

Section 7

For the Survivor Continuance benefit:

- Photocopy of your marriage certificate or certificate of domestic partnership or a birth certificate for each eligible survivor. Do not send originals and always write your Social Security number on all documents in the upper right corner.
- If you are unable to obtain these documents, other documents may be acceptable (see below).

Sections 8 and 9

- No documentation required.

Section 10

- If you are not married or not in a registered or legally recognized domestic partnership, just check the “No” box in this section.
- If you are married or have a domestic partner but cannot have your spouse or domestic partner sign, you must complete the *Justification for Absence of Spouse’s or Domestic Partner’s Signature* form and submit the form with your application.
- If you are submitting the application on behalf of the CalPERS member (and you are not an employer representative), be sure to include your name, relationship to the member, and contact information.
- Remember to sign and date the form.
- Don’t forget that your and your spouse’s or domestic partner’s signature must be notarized or witnessed by a CalPERS representative.

Other Acceptable Documentation

(in order of preference)

Send photocopies only and write your Social Security number in the upper right corner on every document.

Birthdate Evidence

- Valid driver’s license or identification card
- Baptismal record showing birthdate, if baptism occurred at early age
- Passport
- Early school record showing birthdate or age at a certain year
- Naturalization or immigration certificate
- Insurance policy, if issued before age 21
- Delayed birth certificate, if based on acceptable evidence, not affidavits
- Early census record
- Family Bible with entries made shortly after birth, showing complete date

Marriage Certificate Evidence

- Your beneficiary's naturalization papers or passport issued in their married name may be used in lieu of a marriage certificate if the document contains the date of marriage or was issued at least one year prior to your retirement date.
- Affidavit of marriage from someone who witnessed your marriage ceremony. The affidavit must be signed by the witness under penalty of perjury, and their signature must be notarized.

Domestic Partner Evidence

- The only acceptable evidence is a legally recognized certificate of domestic partnership.

Your Notification of Retirement Allowance

If your disability application is approved, you will be retired. Before you receive your first retirement benefit check, CalPERS will send you a letter informing you of the date of your first retirement check, the amount you can expect to receive, and important income tax information.

If you have CalPERS health coverage, the letter will also have information regarding these benefits. You may wish to keep the letter, along with other CalPERS information you may have. Check the information carefully and contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**) if any information is not correct.

Information for Local Safety Members

*If you are a local safety member, you are **not** required to submit the following forms:*

- *Employer Information for Disability Retirement*
- *Physical Requirements of Position/Occupational Title*
- *Authorization to Disclose Protected Health Information*
- *Physician's Report on Disability*
- *Workers' Compensation Carrier Request*

If your disability application is approved, CalPERS will send you a letter informing you of the date of your first retirement check, the amount you can expect to receive, and important income tax information.

Justification for Absence of Spouse's or Domestic Partner's Signature

CalPERS requires proof that your spouse or domestic partner is aware of the selection of benefits you have made, by his/her signature on your retirement application.

If you are married or in a legally recognized domestic partnership but are not able to obtain your spouse's or domestic partner's signature on your *Disability Retirement Election Application* form, you must complete the *Justification for Absence of Spouse's or Domestic Partner's Signature* form. Your benefit election cannot be processed without either your spouse's or domestic partner's signature on this form.

Employer Information for Disability Retirement

This form allows your employer to provide CalPERS with required job duty and employment information necessary to make a disability determination. You must sign and date the bottom of the form before sending it to your employer.

Physical Requirements of Position/Occupational Title

This form is to be completed by both you and your employer with information on the physical requirements of your position or occupational title. It is recommended that this form be completed jointly with your employer unless you are physically unable to do so.

Once this form is completed and signed by both you and your employer, the employer should provide you a copy and send the original to CalPERS. You must then attach a copy of this completed form along with your current duty statement or job description to the *Physician's Report on Disability* form and forward it to the physician specializing in your disabling condition. These documents will help your physician provide an informed opinion about the usual duties of your position with your current employer.

Authorization to Disclose Protected Health Information

This form allows your medical providers to release medical information to CalPERS necessary to make a disability determination. You must sign and date the form and attach it to the *Physician's Report on Disability* form prior to sending it to your physician(s).

It is recommended that the *Physical Requirements of the Position/Occupational Title* form be completed jointly with your employer unless you are physically unable to do so.

You should attach a copy of the completed *Physical Requirements of the Position/Occupational Title* form along with your current duty statement or job description to the *Physician's Report on Disability* form and forward it to the physician specializing in your disabling condition.

Physician's Report on Disability

This form is to be completed by the physician specializing in your disabling condition to provide CalPERS with information about your medical condition.

Please note that this form will be considered incomplete if all questions are not answered by your physician, which will delay the determination process of your disability or industrial disability retirement application. Please be sure to provide a completed signed copy of your *Physical Requirements of the Position/Occupational Title* form and job description or duty statement to your physician for review.

Workers' Compensation Carrier Request

This form allows the workers' compensation carrier to release medical and claim information about your work-related illness or injury. You must complete the front page before sending it to your claims adjuster.

It is the member's responsibility to follow up with third parties to ensure that CalPERS was provided with the above information. Your application will not be considered complete and the determination process will not be started until all the required documents and information are received.

Report of Separation and Advance Payroll Information

This form provides CalPERS with the payroll information required to begin disability retirement benefit payments. You must complete the top portion of the form and send it to your employer to provide the requested information.

Direct Deposit Authorization

This form is optional and can be completed at any time before or after retirement.

Direct deposit electronically transfers your monthly retirement allowance directly into your checking or savings account. This can reduce the risk of loss, theft, or forgery; give you immediate and uninterrupted deposits; eliminate the inconvenience of depositing checks; and provide you with a monthly statement of itemized deductions.

To enroll, complete the *Direct Deposit Authorization* form in this booklet. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS. For more information, see the CalPERS *Direct Deposit of Your Monthly Benefit* booklet.

Your physician must answer all questions on the *Physician's Report on Disability* form or the form will be considered incomplete. This could delay the determination process of your disability or industrial disability application.

It is the member's responsibility to follow up with third parties to ensure that CalPERS was provided with the required information. Your application will not be considered complete and the determination process will not be started until all the required documents and information are received.

Direct deposit begins with your first full monthly payment after receipt of the form. If your first payment after disability retirement covers less than or more than one month, it will be mailed to your home address.

Submit A Complete Application Package

This checklist is designed to help you submit all required information completely.

We recommend that as you fill out each retirement form you remove it from this section of the booklet so that you can follow the step-by-step instructions described in the *Guide To Completing Your Application Package* section of this booklet.

Use this *Required Document Checklist* as a reference as you are filling out your retirement forms. It provides helpful information about third parties such as your employer, physician, and workers' compensation carrier who may be required to provide necessary information.

Send all applicable forms and documentation to CalPERS.

REQUIRED DOCUMENT CHECKLIST AND RETIREMENT FORMS

Step 1 — Getting an Estimate

In order to make an informed option election decision, CalPERS suggests getting an estimate prior to completing the retirement application.

- Complete the CalPERS *Retirement Allowance Estimate Request* form and mail to CalPERS.

Failure to provide the following information will delay the determination of your disability retirement application.

Step 2 — Completing the Application

Detailed instructions are included in the *Guide to Completing Your Disability Retirement Election Application Package* section.

- Complete the *Disability Retirement Election Application*

Step 3 — Submitting Documents to CalPERS

- Disability Retirement Election Application* and supporting documents:
 - Copy of Beneficiary's Birth Certificate (if Option 2, 2W, 3, 3W, or 4 was selected)
 - Copy of Marriage Certificate or Birth Certificate for each eligible survivor if Survivor Continuance applies). See page 28 for other documents that may be accepted.
- Authorization to Disclose Protected Health Information* form
- Justification for Absence of Spouse's or Domestic Partner's Signature* form
- Lump Sum Beneficiary Designation* form
- CalPERS Direct Deposit Authorization* form — Optional

Step 4 — Requesting Information from Third Parties

Complete and send the following forms:

To your employer:

- Employer Information for Disability Retirement*
- Physical Requirements of Position/Occupational Title*
- Report of Separation & Advance Payroll Information*

To your physician(s):

- Physician's Report on Disability* form to the treating physician(s) specializing in your disabling condition with a copy of the completed *Physical Requirements of the Position/Occupational Title* form and *Job Description/Duty Statement*.
- Authorization to Disclose Protected Health Information* form

To your workers' compensation carrier:

- Workers' Compensation Carrier Request* form (if you have a work-related illness or injury)



Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts that will assist you with your financial planning. See the back of this form for detailed instructions.

Section 1

Provide the address you would like your estimated retirement allowance sent to.

Information About You

Name of Member (First Name, Middle Initial, Last Name) _____ Social Security Number _____

Birthdate (mm/dd/yyyy) _____ Daytime Phone _____ Evening Phone _____

Address _____

City _____ State _____ ZIP _____

Section 2

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

Retirement Information

Type of estimate for your retirement allowance Service Disability Industrial Disability

Employer _____ Projected Retirement Date (mm/dd/yyyy) _____

Are you a member of another retirement system that has established reciprocity with CalPERS? No Yes

Name of System _____ Estimate Final Compensation Amount _____

Final Compensation Period

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

No Yes, from _____ to _____
Beginning Date (mm/dd/yyyy) Ending Date (mm/dd/yyyy)

Temporary Annuity - Complete the information below to request a Temporary Annuity estimate.

For an additional Temporary Annuity allowance, you elect to reduce your monthly allowance for life. No Yes

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until

age _____ in the amount of \$ _____ per month.
(62 to 70) Dollars

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until

age _____ in the amount of \$ _____ per month.
(59 1/2 or whole age 60 to 68) Dollars

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

Name of Beneficiary _____ Relationship to You _____ Date of Birth (mm/dd/yyyy) _____

Section 4

Information About Your Survivor Continuance

Do you have an eligible survivor? No Yes

Section 5

Your Option 4 Retirement Options

Option 2W & Option 1 combined Option 3W & Option 1 combined

Specific Percentage to Beneficiary _____ % Specific Dollar Amount to Beneficiary \$ _____
Percentage Amount

Reduced Allowance by _____ through _____
Percentage or Dollar Amount Date (mm/yyyy)

Multiple Lifetime Beneficiaries _____
Birthdate (mm/dd/yyyy) Birthdate (mm/dd/yyyy) Birthdate (mm/dd/yyyy)

Reduced Allowance Upon Death of Member or Beneficiary \$ _____
Reduction Amount

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W and Unmodified Allowance. If these do not meet your needs, you may request ONE of the approved Option 4 types listed at right.

Mail to:

CalPERS Member Services Division • P.O. Box 942717, Sacramento, California 94229-2717

Section 1

Information About You

Name: Provide your first name, middle initial, and last name.

Social Security Number: Provide your Social Security Number.

Birthdate: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Section 2

Information About Your Retirement Estimate

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with ten years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the *When You Change Retirement Systems* publication.

Final Compensation Period: Your final compensation is the highest average salary during any consecutive 12 or 36 month period. Which compensation period we use depends on your employer's contract with CalPERS. To calculate the final compensation, CalPERS takes your last day on payroll, and goes back 12 or 36 consecutive months. ONLY enter information for the final compensation period if you wish to specify a period of time other than the last 12 or 36 consecutive months before your estimated retirement date.

Temporary Annuity is an additional monthly income you may choose to augment your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. If your CalPERS membership date is prior to 01/01/2002, you may choose age 59½ or any whole age from 60-68. If your CalPERS membership date is on or after 01/01/2002, age 62-70. You can also name the dollar amount you wish to receive (certain limitations apply, please refer to the Temporary Annuity publication). If your CalPERS membership date is on or after 01/01/2002 the amount of Temporary Annuity cannot exceed the amount expected from Social Security at the age specified, provided you made contributions to Social Security while employed with a CalPERS employer. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the *Temporary Annuity* publication.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W)

A **beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

Relationship to You: A beneficiary can be a spouse, child, friend, etc.

Beneficiary Birthdate: Provide month, day, and complete year.

Section 4

Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible dependent upon your death. To have a dependent who is eligible for Survivor Continuance you must be married or have a domestic partner legally recognized in California on and at least one year prior to your tentative retirement date; have an unmarried child who is under age 18 or disabled; or have a parent dependent on you for at least ½ of their support.

Section 5

Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W). If none of these meets your needs, you may request ONE of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the *Retirement Option 4* publication.



Disability Retirement Election Application

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Employer Information

Check if this is an employer-originated application.

Employer must fill out and sign Section 12 on the last page of this application.

Application Type

Disability Retirement

Industrial Disability Retirement

Service Pending Disability Retirement

Service Pending Industrial Disability Retirement

Section 1

Information About You

Please provide your name as it appears on the Social Security card.

Display all dates in this order: month/day/year.

Name of Member (First Name, Middle Initial, Last Name) | Social Security Number

Address

City | State | ZIP | Country

Birthdate (mm/dd/yyyy) | Male Female | Gender | Home Phone | Work Phone

Section 2

Retirement Information

Please do not abbreviate your employer or position.

Do not list Social Security, military or railroad retirement as a California public retirement system.

Retirement Date (mm/dd/yyyy)

Employer | Position Title

Do you have any final compensation period higher than the last consecutive 12 or 36 months?

No Yes, from Beginning Date (mm/dd/yyyy) to Ending Date (mm/dd/yyyy)

Are you a member of a California public retirement system other than CalPERS? No Yes, provide:

Name of System

Date of Retirement (mm/dd/yyyy) | Beginning Service Credit Date (mm/dd/yyyy) | Ending Service Credit Date (mm/dd/yyyy)

Section 3

Workers' Compensation Information

Local safety members should not complete Sections 3 & 4.

Workers' Compensation Carrier

Name of Adjuster | Phone Number

Address

City | State | ZIP

Claim Number(s) Relating to Alleged Disability | Date of Injury (mm/dd/yyyy)

Put your name and Social Security number at the top of every page.

Your Name _____ Social Security Number _____

Section 4

Disability Information

Please complete all the questions below. If you need additional space, attach separate sheets and be sure to include your name and Social Security number on all sheets.

What is your specific disability; when and how did it occur?

What is the complete name and address of your treating physician(s)?

Name of Treating Physician _____ Medical Record Number _____

Address

City _____ State _____ ZIP _____ Phone Number _____

What are your limitations/preclusions due to your injury or illness?

How has your injury or illness affected your ability to perform your job?

Are you currently working in any capacity (full-time, part-time, or modified work)? If yes, please explain.

Other information you would like to provide.

Did a third party cause your injury? No Yes (If yes, CalPERS has a potential "right of subrogation.")

Section 5

Select Your Retirement Payment Option and Beneficiary

Select only one payment option: Option 1, Option 2, Option 2W, Option 3, Option 3W, the Unmodified Allowance Option, or one of the Option 4 types.

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Once you select a payment option, you cannot change to another option. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 5a-5d. If you choose the Unmodified Allowance Option, you do not need to specify a beneficiary. Please see pages 18 to 22 for more information on this section.

- Option 1 - To complete this option choice, you must also fill out Section 5d, Balance of Contributions Beneficiary(ies).
Option 2 - To complete this option choice, you must also fill out Section 5a, Individual Lifetime Beneficiary.
Option 2W - To complete this option choice, you must also fill out Section 5a, Individual Lifetime Beneficiary.
Option 3 - To complete this option choice, you must also fill out Section 5a, Individual Lifetime Beneficiary.
Option 3W - To complete this option choice, you must also fill out Section 5a, Individual Lifetime Beneficiary.
Unmodified Allowance Option - If you select this option there is no return of your member contributions and no monthly benefits payable upon your death - except the Survivor Continuance benefit, if applicable. There is no beneficiary designation for this option.

These options apply to Option 4 Individual Lifetime Beneficiary only.

- Option 4, Individual Lifetime Beneficiary - If you select this option, you must also select one of the following Individual Lifetime Beneficiary options below.
Option 2W & Option 1 Combined - To complete this option choice, you must also fill out Section 5a Individual Lifetime Beneficiary and Section 5d Balance of Contributions Beneficiary(ies).
Option 3W & Option 1 Combined - To complete this option choice, you must also fill out Section 5a Individual Lifetime Beneficiary and Section 5d Balance of Contributions Beneficiary(ies).
Specific Dollar Amount to Beneficiary - To complete this option choice, you must also fill out Section 5a Individual Lifetime Beneficiary
Specific Percentage to Beneficiary - To complete this option choice, you must also fill out Section 5a Individual Lifetime Beneficiary
Reduced Allowance for Fixed Period of Time through
Reduced Allowance upon death of retiree or beneficiary: reduction amount
If you are naming a beneficiary under this option, you must also fill out Section 5a, Individual Lifetime Beneficiary.

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

- Option 4, Multiple Lifetime Beneficiaries - To complete this option choice, you must also fill out Section 5b Option 4 Multiple Lifetime Beneficiaries.

These options apply to Option 4, Court Ordered Community Property only.

- Option 4, Court Ordered Community Property - If you select this option, you must also complete Section 5c, Court Ordered C.P. Beneficiary and select one of the following Court Ordered Option 4 Community Property options.
Option 4/Unmodified - There is no additional beneficiary designation for this option.
Option 4/1 - To complete this option choice, you must also fill out Section 5d, Balance of Contributions Beneficiary(ies).
Option 4/2W - To complete this option, you must also fill out Section 5a, Individual Lifetime Beneficiary.
Option 4/3W - To complete this option, you must also fill out Section 5a, Individual Lifetime Beneficiary.

Put your name and Social Security number at the top of every page.

_____ Your Name	_____-_____ Social Security Number
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Section 5a

Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Designate one beneficiary and provide all of that person's information including full name.

Complete this section only if you chose either Option 2, 2W, 3, 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property.

_____ Name (First Name, Middle Initial, Last Name)	_____-_____ Social Security Number		
_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You	
_____ Address			
_____ City	_____ State	_____ ZIP	_____ Country

Section 5b

Option 4 Multiple Lifetime Beneficiaries

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries.

_____ Name (First Name, Middle Initial, Last Name)	_____-_____ Social Security Number		
_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You	_____ Dollar/Percent of Benefit
_____ Address			
_____ City	_____ State	_____ ZIP	_____ Country

_____ Name (First Name, Middle Initial, Last Name)	_____-_____ Social Security Number		
_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You	_____ Dollar/Percent of Benefit
_____ Address			
_____ City	_____ State	_____ ZIP	_____ Country

_____ Name (First Name, Middle Initial, Last Name)	_____-_____ Social Security Number		
_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You	_____ Dollar/Percent of Benefit
_____ Address			
_____ City	_____ State	_____ ZIP	_____ Country

Section 5c

Court Ordered Option 4 Community Property Beneficiary

List only the Option 4 beneficiary that is required by your court order.

Complete this section only if you selected Option 4 Court Ordered Community Property.

_____ Name (First Name, Middle Initial, Last Name)	_____-_____ Social Security Number		
_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You	
_____ Address			
_____ City	_____ State	_____ ZIP	_____ Country

Put your name and Social Security number at the top of every page.

Your Name _____ Social Security Number _____

Section 5d

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries. See page 23 for information on completing the Lump Sum Beneficiary Designation form.

Option 1 Balance of Contributions Beneficiary(ies)

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to pages 23 and 24 of this booklet.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number _____
Birthdate (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number _____
Birthdate (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Name (First Name, Middle Initial, Last Name) _____ Social Security Number _____
Birthdate (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 6

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

Retired Death Benefit

This section designates the person who will receive your lump sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. For detailed information and instructions please refer to page 24 of this booklet.

Name (First Name, Middle Initial, Last Name) _____ Social Security Number _____
Birthdate (mm/dd/yyyy) _____ Gender Male Female Relationship to You _____

Address _____

City _____ State _____ ZIP _____ Country _____

Section 6 continues on page 6

Put your name and Social Security number at the top of every page.

_____ Your Name	_____ Social Security Number
--------------------	---------------------------------

Section 6, continued

Retired Death Benefit

All Applicants must complete this section.

Designate your beneficiary to receive your lump sum Retired Death Benefit.

_____ Name (First Name, Middle Initial, Last Name)	_____ Social Security Number
-------------------------------------------------------	---------------------------------

_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You
---------------------------------	-------------------------------------------------------------------------	------------------------------

_____ Address			
------------------	--	--	--

_____ City	_____ State	_____ ZIP	_____ Country
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_____ Name (First Name, Middle Initial, Last Name)	_____ Social Security Number
-------------------------------------------------------	---------------------------------

_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Relationship to You
---------------------------------	-------------------------------------------------------------------------	------------------------------

_____ Address			
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_____ City	_____ State	_____ ZIP	_____ Country
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Section 7

Survivor Continuance

Please answer all five questions and complete the information in each section where you answered "Yes."

Please see pages 24 and 25 for more information on this section.

1. Will you be married on, and at least one year prior to, your retirement date? No Yes, provide:

_____ Name of Spouse (First Name, Middle Initial, Last Name)	_____ Social Security Number
-----------------------------------------------------------------	---------------------------------

_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Date of Marriage
---------------------------------	-------------------------------------------------------------------------	---------------------------

2. Will you be registered with the California Secretary of State as being in a domestic partnership on and at least one year prior to your retirement date? No Yes, provide:

_____ Name of Domestic Partner (First Name, Middle Initial, Last Name)	_____ Social Security Number
---------------------------------------------------------------------------	---------------------------------

_____ Birthdate (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	_____ Date of Registered Partnership (mm/dd/yyyy)
---------------------------------	-------------------------------------------------------------------------	------------------------------------------------------

3. Do you have any natural or adopted children under age 18 who have never been married? No Yes, provide:

_____ Name of Child (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
----------------------------------------------------------------	---------------------------------	---------------------------------

_____ Name of Child (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
----------------------------------------------------------------	---------------------------------	---------------------------------

4. Do you have any children who have never been married and were disabled prior to their 18th birthday and who are still disabled? No Yes, provide:

_____ Name of Child (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
----------------------------------------------------------------	---------------------------------	---------------------------------

_____ Name of Child (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
----------------------------------------------------------------	---------------------------------	---------------------------------

5. Are your parents dependent upon you for one-half of their support? No Yes, provide:

_____ Name of Parent (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
-----------------------------------------------------------------	---------------------------------	---------------------------------

_____ Name of Parent (First Name, Middle Initial, Last Name)	_____ Social Security Number	_____ Birthdate (mm/dd/yyyy)
-----------------------------------------------------------------	---------------------------------	---------------------------------

Put your name and Social Security number at the top of every page.

Your Name

Social Security Number

Section 8

Last Day on Payroll

Please enter the last day you received compensation. Last Day on Payroll (mm/dd/yyyy)

Section 9

Employer Certification (For service pending applications only)

Have your employer complete this section.

Please see page 25 for more information on this section.

Do not detach from application.

This certification is not required if you were separated from employment more than four months ago.

Employee's Last Day on Payroll (mm/dd/yyyy) Employee's Separation Date (mm/dd/yyyy)

Balance of unused sick leave hours on employee's date of separation Hours ÷ 8 = Days

Balance of educational leave hours on employee's date of separation Hours ÷ 8 = Days

By signing below, you hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of your knowledge. Any changes to this information must be submitted on an Amended Employer Certification form.

Signature of Employer Print Name (First Name, Middle Initial, Last Name)

Position Title of Employer Phone Number of Employer Date (mm/dd/yyyy)

Section 10

Tax Withholding Election

Do not complete for industrial disability retirement.

Federal Income Tax information. Please see page 26 for more information on this section.

Please choose one only.

- Do not withhold federal income tax.
Withhold federal income tax in the amount of \$ per month.
Withhold federal income tax based on the tax tables for:
A married individual with tax withholding exemptions.
A single individual with tax withholding exemptions.

In addition to the amount withheld based on the tax tables, withhold \$ per month.

State withholding is optional for out-of-state residents.

State Income Tax information. Please see page 26 for more information on this section.

- Do not withhold State of California income tax.
Withhold State of California income tax in the amount of \$ per month.
Withhold State of California income tax based on the tax tables for:
A married individual with tax withholding exemptions.
A single individual with tax withholding exemptions.
In addition to the amount withheld based on the tax tables, withhold \$ per month.
Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount.

Put your name and Social Security number at the top of every page.

Your Name

Social Security Number

Section 11

Member Signature and Notary

This section must be completed or your application will be returned.

If your spouse's or domestic partner's signature is not available, see page 30 for instructions on completing the Justification for Absence of Signature form.

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first full monthly retirement allowance check.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary, they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit OR a share of the monthly option death benefit allowance. Their community property interest is 50 percent of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership. My non-spouse or non-partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner. I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable, if they so desire.

See page 26 for more information on this section.

Are you legally married or do you have a legal domestic partner? Yes No

If yes, your spouse or domestic partner must sign this election.

If no, please indicate: Never Married/or in Partnership Divorced/Annulled or Termination Widowed of Domestic Partnership

Signature of Member

Date (mm/dd/yyyy)

Signature of Spouse or Domestic Partner

Date (mm/dd/yyyy)

State of California, County of _____ On _____ before me,

_____ personally appeared _____, name and title of the officer

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Witness my hand and official seal or authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative

Position Title

Date (mm/dd/yyyy)

Print Name

CalPERS Office (if applicable)

If this is an employer originated application, employer must fill out Section 12.

Section 12

Employer-Originated Applications

To be completed if the employer is submitting the application on behalf of the member.

Signature of Employer

Print Name of Employer

Position Title of Employer

Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Justification for Absence of Spouse's or Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

This form is to be used with Retirement Election Application

Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

Member Information

Name of Member (First Name, Middle Initial, Last Name) _____ Social Security Number _____

Pursuant to Government Code Section 21261, the member's current spouse or legally recognized domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of: a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

If a spouse or domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member and submitted with the application for retirement.

Select either 1 or 2 and indicate specifics:

1. By checking this box, you indicate that you are not legally married or in a legal domestic partnership because:
 - Never married or never in legal domestic partnership.
 - Divorced/marriage annulled or domestic partnership terminated. _____ Date (mm/dd/yyyy)
 - Widowed. _____ Date (mm/dd/yyyy)

2. By checking this box, you indicate that you are married or have a domestic partner, but your spouse or domestic partner did not sign this form because:
 - You do not know and have taken all reasonable steps to determine the whereabouts of your spouse or domestic partner.
 - Your spouse or domestic partner has been advised of the application and has refused to sign the acknowledgment.
 - Your spouse or domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
 - Your spouse or domestic partner has no identifiable community property interest in the benefit.
 - Your spouse or domestic partner and you have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

Section 2

Information Certification

You hereby certify under the penalty of perjury that the foregoing information is true and correct.

Signature of Member _____ Date (mm/dd/yyyy) _____

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Employer Information for Disability Retirement

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

Member Information

To Member:
Complete this form, sign, date and forward to your employer.

To Employer:
Use this form as a cover sheet for the employee's job description and other documents you submit to CalPERS.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number
Position/Occupational Title	Name of Employer/Agency	

I have submitted an application for disability retirement with the California Public Employees' Retirement System (CalPERS). I am submitting this letter to you (my employer) on behalf of CalPERS. CalPERS is seeking information to substantiate my disability.

As soon as possible, please send CalPERS the duty statement/job description for the position I held. Please include a copy of all accident reports, medical reports, and personnel actions filed within the past five years. These documents must be identified with my name and Social Security number. If you have additional comments, please submit them.

CalPERS requires the physical requirements of my position/occupational title. I will be contacting you so we can complete the Physical Requirements of Position/Occupational Title form for my position. At that time, a copy of my duty statement/job description that you send to CalPERS must be provided to me. Both the duty statement/job description and the Physical Requirements of Position/Occupational Title form will be presented to my physician to assist in the evaluation of my disability retirement.

When the CalPERS determination of disability is completed, they will inform you. When you are notified of their determination, you will have the right to appeal the approval/denial of the application for disability retirement for the medical condition stated, in accordance with Section 555.3, Title II, California Code of Regulations by filing a written request with CalPERS within 30 days of the mailing of the determination letter. An appeal, if filed, should set forth the factual basis and legal authorities for such appeal.

Under the law, if a person (other than my employer) caused an injury that results in certain CalPERS benefits being paid, CalPERS has the right to recover from the responsible party up to one-half of the total retirement benefit costs payable. This right is known as a "right of subrogation" (Government Code Section 20250, et seq.).

Please advise CalPERS if you are aware of any claim (other than a workers' compensation claim) against any person or entity for the same injuries that also entitle me to a disability retirement from CalPERS.

Section 2

Authorization to Release Information

Mail signed authorization to your employer, not CalPERS.

The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law, pursuant to Government Code Section 20128, and for no other purpose. This authorization will be valid for four years from the date shown below. A photocopy of this authorization shall be as valid as the original.

Signature of Member	Date (mm/dd/yyyy)
---------------------	-------------------

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Physical Requirements of Position/Occupational Title

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

Member Information

This form must be completed by the member and their employer to supplement, if any, the physical requirements listed on the member's duty statement/job description.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
Position/Occupational Title		Name of Employer	
Worksite Street Address			
City	State	ZIP	

Section 2

Physical Requirements Information

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Sitting					
Standing					
Running					
Walking					
Crawling					
Kneeling					
Climbing					
Squatting					
Bending (neck)					
Bending (waist)					
Twisting (neck)					
Twisting (waist)					
Reaching (above shoulder)					
Reaching (below shoulder)					
Pushing & Pulling					
Fine Manipulation					
Power Grasping					
Simple Grasping					
Repetitive use of hand(s)					
Keyboard Use					
Mouse Use					
Lifting/Carrying					
0 – 10 lbs.					
11 – 25 lbs.					
26 – 50 lbs.					
51 – 75 lbs.					
76 – 100 lbs.					
100 + lbs.					

Continued on page 2.

Put your name and Social Security number at the top of every page.

Your Name

Social Security Number

Section 2 (continued)

Physical Requirements, continued

Indicate with a check mark (✓) the frequency required for each activity listed at the right.

Activity	Never	Occasionally Up to 3 hours	Frequently 3–6 hours	Constantly Over 6 hours	Distance/ Height
Walking on uneven ground					
Driving					
Working with heavy equipment					
Exposure to excessive noise					
Exposure to extreme temperature, humidity, wetness					
Exposure to dust, gas, fumes, or chemicals					
Working at heights					
Operation of foot controls or repetitive movement					
Use of special visual or auditory protective equipment					
Working with bio-hazards (e.g., blood-borne pathogens, sewage, hospital waste, etc.)					

Comments or additional requirements not listed above:

Section 3

Signature of Employer and Member

The employer must give the member a copy of this form once it has been completed and signed by both parties. The employer then sends the original to CalPERS. The member must attach their current duty statement/job description and copy of the Physical Requirements of Position/Occupational Title form to the Physician's Report on Disability prior to sending to their physician.

Signature of Employer Representative

Date (mm/dd/yyyy)

Title

Phone Number

Signature of Member

Phone Number

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Authorization to Disclose Protected Health Information

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

Member Information

_____		_____	_____
Name of Member (First Name, Middle Initial, Last Name)		Social Security Number	
(____) _____	(____) _____		
Daytime Phone	Evening Phone		

Address			
_____	_____	_____	_____
City	State	ZIP	

I authorize the disclosure of my protected health information, including, but not limited to, medical histories, diagnoses, examination reports, chart notes, testing and test results, X-rays, operative reports, lab and medication records, prescriptions, and any other records relating to the prognosis, treatment or diagnosis of any physical, mental, psychological or psychiatric condition, to the California Public Employees' Retirement System (CalPERS) or its representative, for the sole purposes of determining my physical or mental condition, illness, or disability and my right, if any, to retirement or reinstatement under the Public Employees' Retirement Law (PERL) (Government Code sections 20000, et seq.). I understand that any information about me disclosed pursuant to this Authorization will be used by CalPERS for the administration of its duties under the PERL, the Social Security Act, and the Public Employees' Medical and Hospital Care Act. I understand that submission of the requested information is mandatory under Government Code section 20128 and that failure to supply the information requested may result in CalPERS being unable to make a determination regarding my status.

This Authorization applies to any and all health and/or medical related information about me in the possession of any health care provider, health plan, insurance company or fund, employer or plan administrator, government agency, organization or entity administering a benefit program, rehabilitation organization or program.

I understand that if my protected health information is disclosed to someone who is not required to comply with federal privacy protection regulations, that information may be re-disclosed and would no longer be protected.

I understand that I have a right to revoke this Authorization at any time. My revocation must be in writing by letter directed to the CalPERS Benefit Services Division at the address below. I am aware that my revocation is not effective to the extent that persons I have authorized to use and/or disclose my protected health information have acted in reliance upon this Authorization. Unless cancelled by me in writing, this Authorization shall be valid for four years from the date shown below. A photocopy of this Authorization shall be as valid as the original. I understand that I may request a copy of this Authorization at any time.

Section 2

Authorization to Release Information

I also authorize the disclosure of any and all personnel and other employment-related records on file with any of my present or former employers which relate to my job duties, work performance, and other work-related issues including, but not limited to, attendance and sick leave records and records of administrative and judicial action arising out of, or related to, my past or present employment.

_____	_____
Signature of Member	Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Physician's Report on Disability

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

This form must be completed by a medical doctor. The following information is needed in connection with the patient's application for disability retirement benefits under the California Public Employees' Retirement Law.

Section 1

Member Information

Please fill out completely and fully describe the nature and severity of impairment. Also, include copies of the patient's medical reports.

Name of Member/Patient (First Name, Middle Initial, Last Name)	Social Security Number
Position/Occupational Title	Birthdate (mm/dd/yyyy)
For Kaiser Patients, Medical Record Number	

Section 2

Member History

Please provide history of patient's illness/injury.

Patient and Member are the same person.

Date of First Visit (mm/dd/yyyy)	Date of Last Visit (mm/dd/yyyy)
Date Present Illness/Injury Occurred (mm/dd/yyyy)	Date Patient Unable to Work (mm/dd/yyyy)
Origin of Injury: <input type="checkbox"/> Work Related <input type="checkbox"/> Non-Work Related	
Describe How Injury Occurred	

Section 3

Member Subjective Complaints

Subjective Symptoms
Subjective Symptoms

Section 4

Diagnosis/Objective Findings

Please provide history of patient's illness/injury.

Provide dates and findings of any X-rays, EKGs, laboratory or diagnostic testing performed. Use additional sheets if necessary.

Height	Weight	Blood Pressure
Diagnosis 1	Objective Findings 1	
Diagnosis 2	Objective Findings 2	
Diagnosis 3	Objective Findings 3	
Comments		

Section 5

Member Incapacity

Review the attached duty statement and physical requirements of the member's position prior to answering these questions.

To qualify for a disability retirement, the CalPERS member must be substantially incapacitated from the performance of the usual duties of his/her position with the current employer. This "substantial incapacity" must be due to a medical condition of permanent or extended and uncertain duration. Disability is not necessarily an inability to perform fully every function of a given position. Rather, the courts have concluded that the test is whether the member has a substantial inability to perform the usual and customary duties of the position.

Prophylactic restrictions are not a basis for a disability retirement.

1. Is the member currently, substantially incapacitated from performance of the usual duties of the position for their current employer? Yes No

If yes, you must describe specific work activities that the member is unable to perform due to incapacity.

2. Will the incapacity be permanent? Yes No

If not, probable duration < 6 months 6 months - 1 year 1 - 2 years Other

3. Was the job description/duty statement reviewed to make your medical opinion? Yes No

4. Was the Physical Requirements of Position/Occupational Title reviewed to make your medical opinion?

Yes No

5. Was information reviewed that the member provided? Yes No

If so, please attach the information provided by the member.

Section 6

Member Mental Status

Is the member mentally able to handle financial affairs and enter into legally binding contracts?

Yes No Date of Onset (mm/dd/yyyy)

Is the member competent to endorse checks with the realization of nature and consequence of the act?

Yes No Date of Onset (mm/dd/yyyy)

Section 7

Physician's Signature

Mail completed report directly to CalPERS. Do not give to member.

CalPERS has my permission to release a photocopy of report to member, upon written request.

Yes No

Print Physician Name Phone Number Fax Number

Address

City State ZIP

Signature of Physician/Title Date (mm/dd/yyyy)

All questions on this form must be answered or application will be incomplete, which will delay processing.



Workers' Compensation Carrier Request

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-1280

Section 1

Member Information

You must complete the front side of this form, sign, date and forward to your workers' compensation insurance carrier.

If you have filed a workers' compensation claim for the illness or injury directly related to the application for disability or industrial disability retirement, this *Workers' Compensation Carrier Request* form (reverse side) must be completed by your employer's workers' compensation insurance carrier.

Name of Member (First Name, Middle Initial, Last Name) Social Security Number

Employer Name

Claim Number 1 Date (mm/dd/yyyy) Body Part(s)

Claim Number 2 Date (mm/dd/yyyy) Body Part(s)

Claim Number 3 Date (mm/dd/yyyy) Body Part(s)

Claim Number 4 Date (mm/dd/yyyy) Body Part(s)

Section 2

Authorization to Release Information

Send this form directly to your workers' compensation insurance carrier. They will complete the reverse side of this form and send the requested information to CalPERS.

I have submitted an application for disability or industrial disability retirement with the California Public Employees' Retirement System (CalPERS). You are hereby authorized to furnish CalPERS, or its representative, any and all information, including photocopies of records in your possession, which CalPERS requires solely to assist in determining my physical or mental condition, illness, or disability. The purpose of this authorization is to assist CalPERS in determining my right to retirement or reinstatement under the Retirement Law pursuant to Government Code Sections 20128; and no other purpose. This authorization shall be valid for four years from the date shown below. A photographic copy of this authorization shall be as valid as the original.

Signature of Member Date (mm/dd/yyyy)

This form continues on the back.

Put your name and Social Security number at the top of every page.

Applicant's Name _____ Social Security Number _____

Section 3

To Be Completed By Workers' Compensation Insurance Carrier

Your help is needed in the evaluation of my eligibility for disability or industrial disability retirement.

Be sure to send CalPERS a copy of all medical reports for the claim number(s) listed. Include job descriptions/ job analyses, depositions, investigation reports, videotapes, and approved orders from the Workers' Compensation Appeals Board.

Claim Number 1	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S
Claim Number 2	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S
Claim Number 3	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S
Claim Number 4	WCAB Number	Date of Injury(mm/dd/yyyy)
Body Part(s)	<input type="checkbox"/> No <input type="checkbox"/> Yes Liability Accepted	<input type="checkbox"/> No <input type="checkbox"/> Yes Condition P&S

If liability is not accepted, provide reason (Reference Claim Number) _____

If condition is not permanent and stationary, what is estimated time period or date? (Reference Claim Number) _____

Has settlement occurred? Yes No

If Yes, Stipulated Award _____ % Claim Number(s) _____

C & R \$ _____ Claim Number(s) _____

F & A _____ % Claim Number(s) _____

Is there a possibility of third party liability? Yes No

Are you in the process of, or have you completed any investigations? Yes No If Yes, provide copies.

Are further exams scheduled? Yes No

Name of Doctor	Specialty	Appointment Date
<input type="checkbox"/> AME <input type="checkbox"/> QME <input type="checkbox"/> Treating Physician <input type="checkbox"/> Other _____		
Name of Doctor	Specialty	Appointment Date
<input type="checkbox"/> AME <input type="checkbox"/> QME <input type="checkbox"/> Treating Physician <input type="checkbox"/> Other _____		

Please use additional sheets to supply any additional background, information, or comments.

Section 4

Signature of Workers' Compensation Insurance Carrier

Signature of Workers' Compensation Representative	Date (mm/dd/yyyy)
Print Workers' Compensation Representative's Name	Phone Number

Mail to: CalPERS Benefit Services Division • P.O. Box 2796, Sacramento, California 95812-2796



Report of Separation and Advance Payroll Information

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240

Employer: Please complete this form as soon as possible and return to CalPERS.

Section 1

Employing Agency and Member Information

Your cooperation in immediately providing an advance estimate of the requested information is critical for us to make accurate payment at the earliest possible date.

Name of Employing Agency

This member has applied for disability retirement.

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

Social Security Number

Requested Retirement Date (mm/dd/yyyy)

Section 2

Effective Separation or Termination Dates

Last day on pay status will be upon expiration of accrued sick leave or compensated time off.

Separation Date (mm/dd/yyyy)

Termination Date (mm/dd/yyyy)

Last Day on Pay Status (mm/dd/yyyy)

Leave of Absence With Compensation

Beginning Date (mm/dd/yyyy)

Ending Date (mm/dd/yyyy)

Type of Compensation

Explain the difference between the date of separation and last day on pay status, if any.

Section 3

Unused Sick Leave at Time of Separation

Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employee's individual classification or position. Calculate to three decimal places.

Balance of unused sick leave hours at time of separation: _____ ÷ 8 = _____
Hours Days

Section 4

Certification of Employer

The above information is based on payroll information currently available.

Signature of Payroll Officer

Title

Date (mm/dd/yyyy)

Phone Number

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



Direct Deposit Authorization

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax: (916) 795-3934

Section 1

Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit.

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form. You can review your statement online or receive it by mail from the California State Controller's Office. In order to receive important information about benefits, payees should keep CalPERS informed of any address changes.

Name (First Name, Middle Initial, Last Name)		Social Security Number
Address		Daytime Phone
City	State	ZIP

Section 2

Information About Your Account

If you are authorizing your payment to your savings account or do not have pre-printed, personalized checks, please have your financial institution complete this section.

Checking Savings Individual Joint (If so, Complete Section 3) Trust Account *

Routing Number (nine digits)	Account Number
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Please use tape to attach your voided, pre-printed personalized check. (Do not staple or paper clip. No deposit slips.)

Name of Financial Institution	Branch Phone Number	
Address		
City	State	ZIP

* Trust Accounts
You will need to complete a CalPERS trust form, which can be obtained by contacting CalPERS.

You confirm the identity of the above-named payee and the account number. As a representative of the above named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative	Print Representative's Name	Date (mm/dd/yyyy)
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Section 3

Information About Joint Account Holder (If applicable)

Name	Social Security Number OR Date of Birth (mm/dd/yyyy)	
Address		
City	State	ZIP

Section 4

Certification

Signature required.

I certify I am entitled to the payment identified above. In signing this form, I authorize my payment to be sent to my financial institution and deposited to my designated account. I authorize amounts transferred after my death or transmitted in error to be debited from my account.

Direct Deposit statements are available online.

Signature of Payee	Date (mm/dd/yyyy)
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** Don't have a User ID and password? Register online at www.calpers.ca.gov.

- I elect to view my statement online.** or
 I elect to receive my statement by mail.

PAIN: _____
(CalPERS Use Only)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

OTHER THINGS TO CONSIDER

As you approach retirement, there are many important things to consider. Taking the time to understand these issues now will mean no “surprises” later.

Health Coverage

To continue your CalPERS health insurance coverage after retirement, you must:

- Retire within 120 days of your separation from employment; and
- Be eligible for enrollment in a CalPERS health plan upon separation from employment, in your own right. State members participating in a “cash in lieu” or “flex” program are considered enrolled in the CalPERS Health Program.

If you do not satisfy both of these requirements before you retire, you will lose all future rights to be in the CalPERS Health Program. If your family members are included in your CalPERS health plan at the time of your death, their enrollment will continue automatically if they are eligible and if they receive a monthly CalPERS allowance. For more information, call CalPERS toll free at **888 CalPERS** (or 888-225-7377).

Dental Coverage (State Members Only)

To continue dental coverage into retirement, you must be enrolled in — or be eligible for — a State-sponsored dental plan on the date of your separation, and you must retire within 120 days of your separation.

For more information, contact your personnel office or the Department of Personnel Administration at (916) 322-0300.

Vision Care (State Members Only)

Currently, the vision plan offered to State active employees does not continue into retirement.

Long-Term Care Program

If you are enrolled in the CalPERS Long-Term Care Program and have premiums deducted from your paycheck, you will need to call the program’s Customer Service Center toll free at (800) 982-1775 before you retire to find out what steps are needed to continue your premium deductions after retirement.

Important!

If you are currently a member of the CalPERS Health Program, you must meet specific requirements to continue your health insurance coverage into retirement or to maintain the right to re-enroll in the future after retirement.

Other Deduction Payments

Many types of payments can be deducted from your monthly retirement check, such as car payments, retiree association fees, charitable contributions, savings account deposits, etc. To continue any deductions you currently make after you retire, or to add new deductions, you must contact the recipients of the payments and complete a direct deduction authorization request and forwarded it to CalPERS.

Vesting for School and Other Part-Time Members

Vesting refers to your right to receive a monthly retirement allowance if you meet certain service credit and other eligibility requirements. To be vested, you usually need to have a minimum of five years of CalPERS service credit. State Second Tier members are usually required to have a minimum of 10 years service.

If you are employed on a part-time basis and have worked at least five years, you may be eligible to retire with less than the required years of service credit. (It takes 10 months of full-time employment or 1,720 hours to equal one year of CalPERS service credit.) However, the retirement benefit you receive will still be based on your actual service credit amount.

If this is your situation and you are at least age 50, you should complete an application and have CalPERS determine if this “exception” applies to you.

Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations in which you can elect a modification to change your beneficiary or benefit option after retirement. If there is a change in your marital status or legal domestic partner status, or your designated beneficiary dies, you may be entitled to elect a new benefit option and designate a new beneficiary. Electing a modification will reduce your current allowance. To determine if this situation applies to you, request *Changing Your Beneficiary or Monthly Benefit After Retirement* booklet.

You may change your beneficiary for the Option 1 Balance (Option 1, 4-2W/1, or 4-3W/1), or the Retired Death Benefit at any time by filing a *Lump Sum Beneficiary Designation* form with CalPERS. A change in your marital status, domestic partnership status, or the birth or adoption of a child after retirement will automatically revoke a previous beneficiary designation for any lump-sum benefits. For more information, request our *Changing Your Beneficiary or Monthly Benefit After Retirement* booklet.

There are limited situations in which you can elect a modification to change your beneficiary or benefit option after retirement.

BECOME A MORE INFORMED MEMBER

CalPERS On-Line

Visit www.calpers.ca.gov on the Internet to access a variety CalPERS information and to utilize our online services, including access to your personalized CalPERS information.

Reaching Us by Phone

Contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**)

Hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.

TTY for speech and hearing impaired: (916) 795-3240

Seminars and Workshops

Our Financial Planning Seminars will help you learn about your CalPERS benefits and the importance of financial planning (free all-day classes), and our Retirement Planning Workshops provide a quick lesson on your CalPERS benefits (free 2 to 2.5-hour class).

How to Register for Seminars and Workshops

The easiest way to register for a CalPERS Financial Planning Seminar or Retirement Planning Workshop is by going to our CalPERS On-Line Web site at www.calpers.ca.gov. Go to the Member Information section of the site and look for the “Seminars, Workshops, and Events” link on the left side of the page.

You can also register by calling us toll free at **888 CalPERS** (or **888-225-7377**)

Monday through Friday, 8:00 a.m. to 5:00 p.m.

Visit Your Nearest CalPERS Regional Office

Visit the CalPERS Web site for directions to your local office.
Regional Office hours: Monday-Friday, 8:00 a.m. to 5:00 p.m.

Fresno Regional Office

10 River Park Place East, Suite 230
Fresno, CA 93720

Glendale Regional Office

Glendale Plaza
655 North Central Avenue, Suite 1400
Glendale, CA 91203

Orange Regional Office

500 North State College Boulevard, Suite 750
Orange, CA 92868

Sacramento Regional Office

400 Q Street, Suite 1820
Lincoln Plaza East
Sacramento, CA 95814

San Bernardino Regional Office

650 East Hospitality Lane, Suite 330
San Bernardino, CA 92408

San Diego Regional Office

7676 Hazard Center Drive, Suite 350
San Diego, CA 92108

San Francisco Regional Office

301 Howard Street, Suite 2020
San Francisco, CA 94105

San Jose Regional Office

181 Metro Drive, Suite 520
San Jose, CA 95110

INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to State and public agency employers, State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche or microfilm for CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

While reading the information in this booklet, please be aware that we are governed by the California Public Employees' Retirement Law. The statements in this booklet are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this booklet, any decisions will be based on the law and not this booklet.



California Public Employees' Retirement System
Benefit Services Division
400 Q Street
Sacramento, California 95814
888 CalPERS (or **888-225-7377**)
www.calpers.ca.gov

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