



A Guide to Completing Your CalPERS

# Service Retirement Election Application

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## TABLE OF CONTENTS

Introduction .....	3
Why Retirement Planning Is Important .....	3
Guide to Completing Your Service Retirement	
Election Application .....	4
What Happens Next? .....	15
Retirement Forms .....	17
Retirement Allowance Estimate Request .....	17
Justification for Absence of Spouse's or Registered Domestic Partner's Signature .....	18
Direct Deposit Authorization .....	18
Death Benefit Documentation .....	19
<i>Retirement Allowance Estimate Request Form</i> .....	21
<i>Service Retirement Election Application Form</i> .....	23
<i>Justification for Absence of Spouse's or         Registered Domestic Partner's Signature Form</i> .....	31
<i>Direct Deposit Authorization Form</i> .....	33
CalPERS Health Benefits .....	35
CalPERS Health Coverage .....	35
Dental Coverage and Vesting Requirements (State Members Only) .....	38
Vision Care (State Members Only) .....	38
Long-Term Care .....	38
Taxes and Your Service Retirement .....	39
1099R Annual Tax Reporting Statement .....	39
Calculating the Monthly Tax-Free Portion of Your Retirement Allowance .....	39
Federal Tax Considerations .....	41
California State Taxes .....	41
Tax Withholding Election .....	41
Other Considerations .....	42
Benefit Forfeiture for Felony Convictions .....	42
After Retirement .....	43
Employment After Retirement .....	43
Reinstatement From Retirement .....	43
Changing Your Beneficiary or Monthly Benefit After Retirement ...	43
Removing Your Lifetime Beneficiary After Retirement .....	44

**Become a More Informed Member** . . . . . 45  
    CalPERS On-Line. . . . . 45  
    myCalPERS. . . . . 45  
    CalPERS Education Center . . . . . 45  
    Experience CalPERS Through Social Media . . . . . 45  
    Reach Us by Phone . . . . . 45  
    Visit Your Nearest CalPERS Regional Office. . . . . 46  
    Important Information for Regional Office Visits . . . . . 47

**Information Practices Statement** . . . . . 48

## INTRODUCTION

Your *Service Retirement Election Application* is the main form you will need to apply for CalPERS service retirement. However, based on your particular situation, you may need to complete some additional forms. And while we recommend planning for your retirement at least a year before your retirement date, you should not submit your application to CalPERS more than 90 days prior to your retirement date.

Many things can change during your last year of work, such as pay raises, sick leave credit changes, etc., that can affect your retirement benefits. Waiting to submit your application until the 90-day point can prevent having multiple adjustments made to your benefits after you retire.

## WHY RETIREMENT PLANNING IS IMPORTANT

Educating yourself beforehand is the key to making good retirement decisions. You **cannot** cancel your retirement or change your retirement payment option, your designated lifetime beneficiary, or the retirement date you request on the *Service Retirement Election Application* **more than 30 days after the issuance of your first retirement benefit check**. Therefore, it is very important that you fully understand what each election means to you and to those you plan to leave benefits to after your death. If you want to make a change to your election, contact CalPERS immediately.

To help you with making these important decisions, CalPERS offers a variety of information on retirement topics. Start by reviewing the detailed benefit information in your CalPERS member benefit publication and the *Planning Your Service Retirement* publication. You can get a copy of these and other CalPERS member publications on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov), from your employer, at any CalPERS Regional Office, or by calling toll free **888 CalPERS** (or **888-225-7377**).

Your Annual Member Statement provides information on your service credit history and your CalPERS contributions account. Review your member statement to make sure we have the correct employment history for you.

If you have not already attended a CalPERS educational class, you can access, enroll, or take classes using the CalPERS Education Center located at [www.calpers.ca.gov](http://www.calpers.ca.gov), or by calling toll free **888 CalPERS** (or **888-225-7377**). The classes, which are scheduled throughout the state, help you understand the retirement process, financial planning, and the decisions you will need to make as you approach retirement.

For information on all our online benefits and services, refer to “Become a More Informed Member” at the back of this publication. Please go to [my.calpers.ca.gov](http://my.calpers.ca.gov) to register for your my|CalPERS account and tell us your preferred method of communication, such as email, so we can ensure you receive timely information.

For more information about your retirement benefits, visit CalPERS on the Internet at [www.calpers.ca.gov](http://www.calpers.ca.gov).

## GUIDE TO COMPLETING YOUR SERVICE RETIREMENT ELECTION APPLICATION

Remove the *Service Retirement Election Application* form from this publication so you can follow the step-by-step instructions for each section while you are completing it. You can also log in to your myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov) to submit your application online.

### Section 1 — Information About You

- Provide your full name as it appears on your Social Security card.  
**Note:** 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 us to obtain a photocopy of your updated Social Security card containing your new name before we can stop using your former name.
- Provide your Social Security number or CalPERS ID.
- Provide 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 establish direct deposit. To establish direct deposit, complete the *Direct Deposit Authorization* form in this publication or submit it online through myCalPERS.
- Provide your birth date (month, day, and year) and gender.
- Provide your home and alternate telephone numbers (including area codes).

### Section 2 — Information About Your Retirement

- Put the last day you were on payroll with a CalPERS-covered employer.
- Put the actual **retirement effective date** you have chosen (month, day, and year). Remember, your retirement may be effective any day of the week, including Saturday and Sunday. It should be the day following your last day of work or authorized paid leave of absence.
- Provide the full **name of your current CalPERS-covered employer**. If you are no longer an active member, list the agency where you last worked.
- Provide your full **position title**.

**Note:** The effective date of your retirement can be no earlier than the day following your last day on payroll, as long as your application is **received by CalPERS within nine months** of that date. If not, the retirement date can be no earlier than the first of the month in which CalPERS receives your application.

**Temporary Annuity** benefit is additional monthly income you may choose to enhance your pension from CalPERS. The type of Temporary Annuity you are eligible for depends on your CalPERS membership date.

- **Membership date of January 1, 2002, or later** — Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop,

If you are employed in more than one position under CalPERS, even if the other position is considered overtime and not reportable to CalPERS, you must separate from all employment to retire.

whole age 62 to 70, and the dollar amount requested. You must have CalPERS service coordinated with Social Security to be eligible for this benefit. The amount of Temporary Annuity cannot exceed your estimated Social Security benefit. You must request an estimate of your Social Security benefits from the Social Security Administration prior to submitting your CalPERS retirement application.

..... or .....

- **Membership date prior to January 1, 2002** – Indicate if you wish to have your retirement allowance calculated with Temporary Annuity. If yes, enter the age at which you want the Temporary Annuity to stop, age 59½ or any whole age 60 to 68, and the dollar amount requested. The amount of Temporary Annuity is not dependent on the amount of your estimated Social Security benefit.

The Temporary Annuity benefit is funded through a **lifetime reduction** of your monthly retirement allowance. If you elect Temporary Annuity, you must also name a beneficiary for the Temporary Annuity balance in Section 3d of the application. If you are not sure if you want a Temporary Annuity and would like to know more about it, contact CalPERS for a copy of the *A Guide to Your CalPERS Temporary Annuity* publication or view the publication at [www.calpers.ca.gov](http://www.calpers.ca.gov). You can also request an estimate for Temporary Annuity by using the *Retirement Allowance Estimate Request* form in this publication.

#### **Other California Public Retirement Systems**

- Indicate if you are a member of another California public retirement system. If yes, provide the complete name of the other system. **Note:** This does not include Social Security, military, or railroad retirement.
- Indicate if you are currently working with the other system and provide the date of retirement with the other system (month, day, and year).

To receive the highest possible benefit amount, your CalPERS retirement date must be the same as the retirement date from the other system. You must submit a retirement application to each system and you must apply to CalPERS within nine months of the requested retirement date, otherwise the retirement date can be no earlier than the first of the month in which CalPERS receives your application. For more information, contact CalPERS for a copy of the publication *When You Change Retirement Systems* or view it online at [www.calpers.ca.gov](http://www.calpers.ca.gov).

#### **Section 3 — Select Your Retirement Payment Option and Beneficiary**

This section tells CalPERS your retirement allowance option choice and who you are designating as your beneficiary, if any, to receive a lump-sum or monthly benefit upon your death.

You need to decide if you want **Option 1, Option 2, Option 2W, Option 3, Option 3W, Unmodified Allowance Option, or one of the Option 4s.**

More information on each of these options is provided here to help you make your decision. A retirement benefit estimate can provide you with a projection of the retirement benefit you and your beneficiary would receive for each of these choices. If you have not already obtained an estimate, you should do so before submitting your application in order to make an informed decision. Remember, you **cannot** cancel your retirement or change your retirement payment option, your designated lifetime beneficiary, or your retirement date **more than 30 days after the issuance of your first retirement benefit check.**

**Note:** If you are eligible for health or dental benefits through CalPERS, your surviving spouse or registered domestic partner must receive a monthly allowance after your death to continue coverage. The Unmodified Allowance and the Option 1 Allowance do not provide a monthly allowance to your surviving spouse or registered domestic partner. If your employer does not contract to provide the Post Retirement Survivor Allowance (PRSA), you will need to elect an option that provides for a lifetime monthly allowance to your spouse or registered domestic partner. If your employer does contract to provide the PRSA as long as your spouse or registered domestic partner and you are married/registered at least one year prior to your retirement and remain married/registered until your death, your spouse or partner will receive a monthly allowance of either 25 percent or 50 percent of your unmodified allowance amount. See “Survivor Continuance” on page 13 for more information.

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.

#### **Your Retirement Payment Options**

- **Option 1** – This retirement option provides a lump-sum payment of your remaining member contributions to your beneficiary after your death. The reduction to your monthly benefit to provide this payment is based on your life expectancy and the amount of your contributions. You may designate more than one person as beneficiary, and you may change your beneficiary at any time.



**Note:** You must have contributions on your account to be eligible for Option 1. It takes about 10 years of retirement to totally deplete your contributions, which means this option would not be 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 3d of the application.*

Options 2, 2W, 3, 3W, and 4 provide lifetime monthly benefits to your designated beneficiary. The reduction to your Unmodified Allowance to provide a monthly allowance to your beneficiary is based on both your life expectancy at retirement and your beneficiary's— the younger your beneficiary, the greater the reduction. If you have someone eligible for Survivor Continuance, the reduction is applied only to the option portion of your benefit. **In most cases, you can name only one beneficiary, and you cannot change your designation after retirement, except under limited circumstances.** Refer to “Changing Your Beneficiary or Monthly Benefit After Retirement” on page 43 of this publication.

- **Option 2** — The same retirement allowance you receive will be paid to your beneficiary for life. If Survivor Continuance applies (see “Survivor Continuance,” page 13), and your beneficiary is not your eligible survivor, the beneficiary's allowance will not include the Survivor Continuance portion. Your retirement allowance will increase 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 legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment 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 2 Individual Lifetime Beneficiary in Section 3a of the application.*

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

*Name your Option 2W Individual Lifetime Beneficiary in Section 3a of the application.*

- **Option 3** — In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuance applies, your beneficiary will also receive the Survivor Continuance portion. If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuance portion. (See “Survivor Continuance” on page 13 for more information.) Your retirement allowance will increase 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 legally recognized in California and upon a divorce, legal separation, termination of partnership, or annulment, 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 3a 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 to the Unmodified Allowance Option amount under the situations described in Option 3.

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

- The **Unmodified Allowance Option** — This is the highest monthly allowance you can receive. However, it does not provide a continuing monthly 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. For more information about this option, review the publication *A Guide to CalPERS Retirement Option 4* on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov). **Note:** There is no provision with any variation of Option 4 for your allowance to increase to the Unmodified Allowance under the situations described in Option 2 or 3.

*Name your Option 4 Individual Lifetime Beneficiary in Section 3a of the application.*

Please see pages 6–8 for a detailed description of the Option 1, Option 2W, and Option 3W payment options.

The following are the types of Option 4 allowances available:

**Option 2W & 1 Combined** — Upon your death, 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 named Option 1 beneficiary(ies). If you elect the 2W & 1 Combined Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, 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 the Option 1 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 3d of the application.*

**Option 3W & 1 Combined** — In this option, your beneficiary will receive one-half of the “option portion” of your monthly retirement allowance. If Survivor Continuation applies, the beneficiary will also receive the Survivor Continuation portion. (See “Survivor Continuation” on page 13 for more information.) If your beneficiary is not your eligible survivor, the beneficiary’s allowance will not include the Survivor Continuation portion. Upon your death and the death of your beneficiary, any remaining balance of your contributions will be paid to your named Option 1 beneficiary(ies). If you elect the 3W & 1 Combined Option 4 allowance, in addition to naming an Individual Lifetime Beneficiary in Section 3a, 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 the Option 1 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 3d 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. The percentage must be less than 100 percent.

**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. The deferral period cannot be less than one year from your retirement date. 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, which means you are reducing your allowance by 75 percent. If 50 percent Survivor Continuance is payable, the minimum you can elect to receive is 50 percent. This amount should allow for any deductions for health and dental benefits to be maintained, if you are eligible for those benefits.

**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 living. Your initial allowance must be greater than Option 2W. 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 of your benefit for each beneficiary.

*Name your Option 4 Multiple Lifetime Beneficiaries in Section 3b of the application.*

**Option 4 — Court Ordered Community Property** — This option only applies to very specific cases in which a member is required by court order, entered pursuant to Family Code section 2610, to elect an Option 4 to provide a community property interest to a former spouse or former legally recognized 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 to select one of several different options and gives you the opportunity to name another beneficiary *for your share of the benefit*.

**There is no qualifying event that will allow a pop-up increase to this particular 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 3c 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 3c and your Option 1 Balance of Contributions Beneficiary in Section 3d 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 3c and your Option 2W or 3W Individual Lifetime Beneficiary in Section 3a of the application.*

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

### **Beneficiary Designation**

#### **Section 3a — 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. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, and address of the beneficiary you designate to receive continuing benefits after your death.

#### **Section 3b — Multiple Lifetime Beneficiaries**

If you elected Option 4 Multiple Lifetime Beneficiaries, name your multiple beneficiaries here. Provide the names, Social Security numbers or CalPERS IDs, birth dates, genders, 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 space provided.

#### **Section 3c — Court Ordered Option 4 Community Property Beneficiary**

If you are required by court order to designate your former spouse or former legally recognized domestic partner as a beneficiary for their community property interest, name that person here. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, and address of the Community Property Beneficiary. If you have questions about your court order or your benefits, call CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

Please see the description for Option 2W and Option 3W on pages 7 and 8.

Your primary or secondary beneficiaries will receive an equal percentage of the benefit unless you indicate otherwise. Any remaining balance of your Option 1 contributions and/or Temporary Annuity would be payable to your secondary beneficiary(ies) upon the death of your primary beneficiary(ies).

### Section 3d — Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

If you elected Option 1, Option 4 2W/1, or 4 3W/1 combined, or the Temporary Annuity benefit, name your beneficiary(ies) here. Provide the name, Social Security number or CalPERS ID, birth date, gender, relationship to you, priority (primary or secondary), and address of the beneficiary you designate to receive any lump-sum balance of your remaining member contributions or the balance of your Temporary Annuity benefit after your death.

You can designate any person, corporation, or your estate as beneficiary for these lump-sum benefits. 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 more than three beneficiaries for any of these benefits or naming separate beneficiaries for the Option 1 Balance and the Temporary Annuity Balance, you will need to complete a *Post-Retirement Lump-Sum Beneficiary Designation* form and return it with your retirement application. This form is available at [my.calpers.ca.gov](http://my.calpers.ca.gov) or in the CalPERS publication *Changing Your Beneficiary or Monthly Benefit After Retirement*. You may access the publication on our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

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

**Note:** If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, their surviving parent can claim the child's death benefit without a court order if the child is in their care. Or, if the child is not in the custody of their parent we will request a court order that either appoints someone as guardian of the child's estate or directs us to pay the child's benefit to a blocked bank account. As an alternative to these methods, you may download a *California Uniform Transfers to Minors Act* form that you can complete now to nominate a custodian to claim any benefits that may become payable to your minor child. Please do not name the guardian or custodian of a minor child as your beneficiary; just name the child if that is your desire.

Once you have completed Section 3, carefully review "Death Benefit Documentation" on page 19 to determine which beneficiary or survivor documentation to submit with your application.

#### Section 4 — Retired Death Benefit

The Lump-Sum Retired Death Benefit is payable upon your death, in addition to any payment under the option you select. You can select anyone you wish 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 Retired Death Benefit is based on the employer's contract, and it can range from \$500 to \$5,000.

To name more than three beneficiaries for the Retired Death Benefit, you must complete the *Post-Retirement Lump-Sum Beneficiary Designation* form and return it with your retirement application. This form is available at [my.calpers.ca.gov](http://my.calpers.ca.gov) or in the CalPERS publication *Changing Your Beneficiary or Monthly Benefit After Retirement*.

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

#### Section 5 — Survivor Continuance

The Survivor Continuance benefit is payable to all state, school, and public agency members if the former employer has 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.

Eligible survivors are:

- A spouse who was married to you at least one year prior to your retirement and continuously until your death; or if none,
- A domestic partner in a legally state-recognized partnership that was entered into at least one year prior to your retirement and continuously until your death; or if none,
- Unmarried children under age 18 or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders the child incapable of gainful employment; or if none
- An economically dependent parent.

If you were last employed with another California public retirement system, the CalPERS Retired Death Benefit will not be payable upon your death.

**Note:** If you have a severely disabled minor or adult child who is not capable of handling their own financial affairs, you may wish to talk with an attorney about creating a special needs trust so the successor trustee can claim the child's survivor allowance without having to obtain a court order for conservatorship or guardianship of the disabled child. The special needs trust must be established for the sole benefit of the disabled child during the child's lifetime and there cannot be a provision that allows for assignment of the child's benefit to someone else. A copy of the special needs trust should be sent to CalPERS to ensure it can be honored and then retained in your file for future use.

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

The amount of the monthly benefit depends on your 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 6 — Tax Withholding Election**

This section tells CalPERS how you want your tax withholding handled. To assist you in making this decision, see the "Taxes and Your Service Retirement" information in this publication or talk with your tax advisor. You can change your withholding at [my.calpers.ca.gov](http://my.calpers.ca.gov) or by completing another CalPERS *Tax Withholding Election* form.

- Under each section, federal tax withholding and State of California tax withholding, you can make only one election. Choose between no withholding, withholding a flat dollar amount (state tax withholding only), 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 are married with three allowances. If you reside outside of California, your CalPERS pension income is not subject to California state income tax.

#### **Section 7 — CalPERS Health Coverage**

This section tells CalPERS whether you choose to continue CalPERS health coverage into retirement. If you are currently enrolled for health benefits in your own right, you can continue your health enrollment into retirement with no break in coverage. Refer to the CalPERS *Health Program Guide* for Basic health plan eligibility, enrollment, and choices.

If you do not want to continue health coverage into retirement, you must cancel retiree health coverage by selecting the "Decline Coverage" box in Section 7. **By declining to continue your CalPERS health coverage into retirement, you are electing to terminate your health coverage effective on the first day of the second month following your separation from employment.**

If you are eligible for Medicare, specific rules apply for you to continue your CalPERS health enrollment. Refer to the ***CalPERS Medicare Enrollment Guide*** for additional information.



If eligible, you may enroll in a CalPERS health plan in the future, such as during an Open Enrollment period or if you meet special enrollment or late enrollment exceptions described in the CalPERS *Health Program Guide*.

#### **Section 8 — Member Signature and Notary**

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

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

If you are married or in a legally recognized domestic partnership, your current spouse or domestic partner must sign to acknowledge your election of a retirement benefit. If you are not able to obtain your spouse's or registered domestic partner's signature, you must complete the *Justification for Absence of Spouse's or Registered 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. Mark "No" and indicate "Never Married/Registered," "Divorced/Annulled," or "Widowed" in this section.

#### **What Happens Next?**

After you submit your *Service Retirement Election Application*, CalPERS will take the steps necessary for you to retire on the day you have selected. Once your application is received at our Sacramento Headquarters office, you will receive an acknowledgment letter letting you know we have begun processing your request, usually within five to ten days of receipt of your application. CalPERS will notify you if we have questions or need more information.

#### **Notification of Retirement Allowance**

Before you receive your first retirement benefit check, usually after you have separated from employment, CalPERS will send you a letter providing you with the date of your first retirement check, the amount you can expect to receive, and important income tax information.

If you wish to cancel your retirement or change your retirement payment option, designated lifetime beneficiary, or the retirement date you elected on the *Service Retirement Election Application*, **you must do so within 30 days of the issuance of your first benefit check.**

### **Post-Retirement Adjustments to Accounts**

Your initial retirement allowance will be based on the payroll information posted to your account at the time your benefit is calculated. Any adjustments to your account, if needed, to reflect a change in service credit or a salary increase are completed after the final payroll information has been received. This usually takes place approximately **four to six months** after you begin receiving your monthly retirement payments.

### **Employer Certification**

If you are currently employed by a CalPERS-covered agency, your employer must certify your separation information by submitting it and any updates online using myCalPERS. Separation information includes your permanent separation date and any unused sick leave or education leave balances, which may convert to additional service credit depending on your employer's contract with CalPERS. If your employer submits the information prior to CalPERS processing your retirement application, we will include the additional service credit in your initial retirement benefit. Otherwise, we will adjust your account to reflect a change in service credit at the time your employer submits it.

If you left employment at a CalPERS-covered agency more than four months before your retirement date, you are not entitled to service credit for any balance of unused sick leave or educational leave.

### **Authorized Deduction Payments**

Many types of payments can be deducted from your monthly retirement check, such as credit union shares or payments, retiree association fees, charitable contributions, etc. To make sure all your current deductions continue after you retire or add new deductions, you must contact the provider and complete their authorization request. The provider will then submit the request to CalPERS for processing.

## RETIREMENT FORMS

In addition to the *Service Retirement Election Application* form, this publication contains some other forms you may need.

### Retirement Allowance Estimate Request

#### More Than One Year From Retirement

You have two options for generating retirement estimates when you are more than one year from your expected retirement date.

The first option is to use the CalPERS Retirement Estimate Calculator at [www.calpers.ca.gov](http://www.calpers.ca.gov). This online calculator allows you to generate multiple estimates, customizing them to include projections based on:

- Career plans
- Expected promotions or pay increases
- Special compensation
- Possible changes to your time base
- Any expected formula changes
- Alternative retirement dates
- Additional service credit

You can print but not save estimates produced using this calculator.

The second option is to log in to myCalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov), which requires a username and password, to obtain an estimate that incorporates data your employer already reported to CalPERS. You can generate a variety of scenarios and save them in myCalPERS for future reference.

#### Within One Year of Retirement

If you are within one year of your expected retirement date, you may request a CalPERS-generated retirement estimate by completing a *Retirement Allowance Estimate Request* form and mailing it to the address on the form. You can find this form in this publication or in the Forms & Publications Center at [www.calpers.ca.gov](http://www.calpers.ca.gov).

A CalPERS-generated retirement estimate uses your most current CalPERS account information, but does not include projections of salary increases, special compensation or other job-related changes. It allows you to make informed retirement decisions and verify that our records properly reflect or match yours.

When you eventually submit your retirement election application, you must specify a retirement option and designate a beneficiary. The CalPERS-generated estimate may display options that are not available when you use the online Retirement Estimate Calculator.

You are limited to **two** CalPERS-generated estimate requests in a 12-month period and must be within one year of retirement.

**Note:** An estimate request for the following Option 4 retirement options requires a complex actuarial calculation. For this reason, you must be within six months of your retirement date to request a CalPERS-generated estimate for these options:

- Reduced Allowance for Fixed Period of Time
- Reduced Allowance Upon Death of Member or Beneficiary

### **Justification for Absence of Spouse's or Registered Domestic Partner's Signature**

CalPERS requires proof that your spouse or legally recognized domestic partner is aware of your selection of benefits, by their signature on your retirement application.

If you are married or have a domestic partner but are not able to obtain your spouse's or domestic partner's signature on your *Service Retirement Election Application* form, you must complete the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form.

### **Direct Deposit Authorization**

*Direct deposit is optional and can be established at any time before or after retirement.*

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

You can establish and maintain your direct deposit online through my|CalPERS at [my.calpers.ca.gov](http://my.calpers.ca.gov), or you can complete the *Direct Deposit Authorization* form in this publication. Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.

## Death Benefit Documentation

CalPERS requires specific documentation before death benefits can be paid. We recommend you submit the required documentation at the time you apply for retirement to prevent delays in the processing of death benefits to your beneficiary. If the required documentation is not on file at the time of your death, your beneficiary, or some other person, will be responsible for providing the information before death benefits can be paid. See below for the required and acceptable forms of documentation.

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

- Submit a photocopy of the birth certificate for each beneficiary.

For the Survivor Continuance benefit:

- Submit a photocopy of your marriage certificate or certificate of domestic partnership and/or a birth certificate for each eligible survivor.

*Do not send originals and always include your Social Security number or CalPERS ID on all documents in the upper right corner.*

### Other Acceptable Documentation (in order of preference)

#### *Birth Date Evidence*

- Valid driver's license or identification card
- Baptismal record showing birth date, if baptism occurred at early age
- Passport
- Early school record showing birth date 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 state-recognized certificate of domestic partnership.

### **Send Photocopies, Not Original Documents**

CalPERS cannot return original documents. Documents submitted are eventually destroyed. Please send photocopies of documents only. You may upload documents through your my|CalPERS account when you apply for retirement online.





# Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts. You are limited to two CalPERS-generated estimate requests in a 12-month period and must be within one year of retirement. 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 or CalPERS ID \_\_\_\_\_

Birth Date (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  Service  Disability  Industrial Disability \_\_\_\_\_

Projected Retirement Date (mm/dd/yyyy) \_\_\_\_\_

Employer \_\_\_\_\_ Position Title \_\_\_\_\_

Sick Leave Hours \_\_\_\_\_ Educational Leave Hours \_\_\_\_\_

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

Name of System \_\_\_\_\_ Estimate Final Compensation Amount \_\_\_\_\_

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.

### Temporary Annuity – Available for service retirement only.

If you first became a member on January 1, 2002, or later, and you have CalPERS service coordinated with Social Security, 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. (59½ or whole age 60 to 68)  
Dollars

## Section 3

### Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1, and 3W/1)

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

## Section 4

### Information About Your Survivor Continuance

Do you have an eligible survivor?  No  Yes

## Section 5

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

### Your Option 4 Retirement Options

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

Reduced Allowance for Fixed Period of Time:  
Reduce my Allowance by \_\_\_\_\_ through the end of \_\_\_\_\_  
Percentage or Dollar Amount Date (mm/yyyy)

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

Multiple Lifetime Beneficiaries:  
Birth Date (mm/dd/yyyy) Dollar/Percent of Benefit Birth Date (mm/dd/yyyy) Dollar/Percent of Benefit

Mail to:

CalPERS Benefit 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.

**CalPERS ID or Social Security Number:** Provide your CalPERS ID or Social Security number.

**Birth Date:** 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 10 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.

**Sick Leave/Educational Leave:** List any sick leave or educational leave you would like to have included in your retirement estimate calculation. Any leave included in your request must be reported by your employer at the time of retirement and may result in a different benefit if amounts differ.

**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.

**Temporary Annuity** is an additional monthly income you may choose to temporarily enhance 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. 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, 2W/1, and 3W/1)

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 Birth Date:** Provide month, day, and complete year.

## Section 4

### Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible survivor upon your death. An eligible survivor is a spouse married to you or a domestic partner legally recognized in California as your domestic partner on and at least one year prior to your tentative retirement date and continuously until your death (for Disability or Industrial Disability Retirement, these conditions must be met on or before the effective date of your disability or industrial disability retirement); or an unmarried child under age 18 or disabled; or an economically dependent parent.

## Section 5

### Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W, 2W/1, and 3W/1). 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. If you want multiple lifetime beneficiaries to receive an equal share of your monthly benefits, do not specify a dollar or percentage of benefit.





# Service Retirement Election Application

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Please do not mail or deliver your application to CalPERS more than 90 days before your retirement date.

## Section 1

### Information About You

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

Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

Please display all dates in this order: month/day/year.

City State ZIP Country

Birth Date (mm/dd/yyyy) Gender  Male  Female Home Phone Alternate Phone

## Section 2

### Information About Your Retirement

Please enter the last day you received compensation from CalPERS-covered employment.

Please refer to the detailed instructions in this publication.

Last Day on Payroll (mm/dd/yyyy) Retirement Effective Date (mm/dd/yyyy)

Employer Position Title

Please do not abbreviate your employer's name or position title.

**Temporary Annuity** - If you select this benefit, you must also fill out Section 3d, Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies).

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

The Temporary Annuity benefit for which you are eligible is based on your CalPERS membership date.

If you first became a member on January 1, 2002, or later, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Dollars.

The amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

..... or .....

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ Dollars per month.

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

### Other California Public Retirement Systems

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

Name of System

Are you currently working with the other system?  No  Yes

Retirement Date With Other System (mm/dd/yyyy)

Section 3

Select Your Retirement Payment Option and Beneficiary

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary. Your payment option election and lifetime beneficiary(ies) designation is irrevocable unless you request a change within 30 days of the issuance of your first benefit check or you have a future qualifying event. Along with your option selection, you must complete at least one of the beneficiary designations in Sections 3a–3d. Please refer to the detailed instructions in this publication for more information.

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.

- Option 1 - To complete this option, you must also fill out Section 3d, Balance of Contributions Beneficiary.
Option 2 - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 2W - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3 - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Option 3W - To complete this option, you must also fill out Section 3a, 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, you must also fill out Section 3a, Individual Lifetime Beneficiary and Section 3d, Balance of Contributions Beneficiary.
Option 3W & Option 1 Combined - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary and Section 3d, Balance of Contributions Beneficiary.
Specific Dollar Amount to Beneficiary - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Specific Percentage to Beneficiary - To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Reduced Allowance for Fixed Period of Time: Reduce my Allowance by \$ or % through the end of . To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.
Reduced Allowance upon death of retiree or beneficiary: \$ reduction amount. To complete this option, you must also fill out Section 3a, Individual Lifetime Beneficiary.

This option applies to Option 4 Multiple Lifetime Beneficiaries only.

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

Your Name | Social Security Number or CalPERS ID

**Section 3a**

**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 or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You
Address
City | State | ZIP | Country

**Section 3b**

**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 or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender (Male/Female) | Relationship to You | Dollar/Percent of Benefit
Address
City | State | ZIP | Country

Your Name | Social Security Number or CalPERS ID

Section 3c

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 or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You
Address
City | State | ZIP | Country

Section 3d

Option 1 Balance of Contributions and/or Temporary Annuity Balance Beneficiary(ies)

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries, you will need to complete the Post-Retirement Lump-Sum Beneficiary Designation form and follow the instructions on the form.

Complete this section only if you selected Option 1, Option 4-2W/1 or 3W/1 combined or the Temporary Annuity allowance. 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. Please refer to the detailed instructions in this publication for more information.

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

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Your Name | Social Security Number or CalPERS ID

Section 4

Retired Death Benefit

If you were last employed with another California public retirement system, this benefit is not payable.

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. Please refer to the detailed instructions in this publication for more information.

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

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Relationship to You | Priority | Percent of Benefit
Address
City | State | ZIP Code | Country

Section 5

Survivor Continuance

Please refer to the detailed instructions in this publication for more information.

1. Will you be married on your retirement date? No Yes, provide:

Name of Spouse (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy) | Gender | Date of Marriage
Address
City | State | ZIP | Country

Section 5 continues on page 6

Your Name Social Security Number or CalPERS ID

Section 5, continued

Survivor Continuance, continued

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

Name of Domestic Partner (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender Date of Registered Partnership (mm/dd/yyyy)

Address

City State ZIP Country

3. Do you have any natural or adopted unmarried children under age 18? No Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender

Address

City State ZIP Country

4. Do you have any unmarried children who 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 or CalPERS ID

Birth Date (mm/dd/yyyy) Gender

Address

City State ZIP Country

Name of Child (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) Gender

Address

City State ZIP Country

Section 5 continues on page 7

Your Name \_\_\_\_\_ Social Security Number or CalPERS ID \_\_\_\_\_

**Section 5, continued**

**Survivor Continuance, continued**

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 or CalPERS ID \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

**Section 6**

**Tax Withholding Election**

Please choose one only.

**Federal Income Tax** information. Please refer to the detailed instructions in this publication for more information.

- Do not withhold federal income tax.
- Withhold federal income tax based on the tax tables for:
  - A married individual with \_\_\_\_\_ tax withholding allowances.  
Number
  - A single individual with \_\_\_\_\_ tax withholding allowances.  
Number
 In addition to the amount withheld based on the tax tables, withhold \$ \_\_\_\_\_ per month.  
Dollars
- A married individual, but withhold at the higher single rate with \_\_\_\_\_ tax withholding allowances.  
Number

Please choose one only.

**State Income Tax** information. Please refer to the detailed instructions in this publication for more information.

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

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

**Section 7**

**CalPERS Health Coverage**

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

I decline continuation of my CalPERS health coverage into retirement.

Your Name

Social Security Number or CalPERS ID

Section 8

Member Signature and Notary

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

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 or to change the elected payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit 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% 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.

More detailed information on this section is available in this publication.

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

[ ] Widowed or Termination of Domestic Partnership

Your signature and your spouse's or domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative. If your spouse's or domestic partner's signature is not available, see instructions in this publication for completing the Justification for Absence of Spouse's or Registered Domestic Partner's Signature form.

Your Signature Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature Date (mm/dd/yyyy)

State of California, County of

On before me, Name of Notary/Witness

personally appeared, who 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. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

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)

Mail to:

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





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

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

### Member Information

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

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

Social Security Number or CalPERS ID

Pursuant to Government Code Section 21261, a member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by the 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's or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member.**

Select either 1 or 2 and indicate specifics:

1.  By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
  - Never married or never in registered domestic partnership.
  - Divorced/marriage annulled or registered domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
  
2.  By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
  - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**
  - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgment; **or**
  - My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; **or**
  - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**
  - My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

## Section 2

### Information Certification

I certify under 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





# Direct Deposit Authorization

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

## 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 or CalPERS ID
Address		( ) Daytime Phone
City	State	ZIP Code

## 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 Code

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 CalPERS ID	
Address	( ) Daytime Phone	
City	State	ZIP Code

**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. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.\*\*

\*\*To comply with new NACHA regulations regarding international ACH Transactions (IAT), CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

Signature of Payee

Date (mm/dd/yyyy)

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

Direct Deposit statements are available online.

\*\*\* Don't have a Username? Register online at [my.calpers.ca.gov](http://my.calpers.ca.gov).

## CaIPERS HEALTH BENEFITS

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).

- *Health Program Guide* describes CalPERS Basic health plan eligibility, enrollment, and choices. It provides an overview of CalPERS health plan types and tells you how and when you can make changes to your plan (including what forms and documentation you will need). It also describes how life changes or changes in your employment status can affect your benefits and eligibility.
- *Health Benefit Summary* provides valuable information to help you make an informed choice about your health plan and compare benefits, covered services, and co-payment information for all CalPERS health plans.
- *CalPERS Medicare Enrollment Guide* provides information about how Medicare works with your CalPERS health benefits.

### CalPERS Health Coverage

You must be eligible for CalPERS health benefits in retirement to continue your health insurance coverage or to have the right to enroll in the future after retirement.

To be eligible, you must:

- Retire within 120 days (four months) of your separation from employment;
- Be eligible for enrollment in a CalPERS health plan at the time of separation from employment, in your own right. State members participating in a “cash in lieu” or “flex” program are considered eligible;
- Receive a monthly retirement warrant;
- Separate and retire from an employer who contracts with CalPERS for health benefits.

**Note:** If you are a State of California employee and were hired after January 1, 1985, you may be subject to vesting requirements that can affect the amount your employer contributes to your health benefits premium. **Please refer to your CalPERS member benefit publication for important information about health vesting requirements.**

For more information, contact CalPERS toll free at **888 CalPERS** (or **888-225-7377**).

### Your Separation Date and Your Retirement Date

The following are your health plan enrollment options when you retire:

- If your separation date and your retirement date are within 30 days of each other and you are enrolled in a CalPERS health plan at the time of retirement, your coverage will continue into retirement without a break.

- If you do not want your health benefits to continue into retirement, you need to decline coverage by completing Section 7 of the application.
- If your separation date and your retirement date are between 31 and 120 days of each other and you are enrolled in a CalPERS health plan at separation, your coverage will not automatically continue. You may re-enroll by either writing to CalPERS Health Account Services within 60 days of your retirement date and requesting re-enrollment, or waiting for the next Open Enrollment period.
- You can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium directly to your health plan. Contact the health benefits officer where you worked and complete a *Direct Payment Authorization* form within 30 days of your last day on pay status.
- If you are not enrolled in a health plan at retirement and your retirement date is within 120 days of separation, you may enroll within 60 days of retirement or during a future Open Enrollment period. Contact your health benefits officer if you are an active employee or CalPERS if you are retired.

To enroll in a health plan during Open Enrollment, complete and submit to CalPERS the *Health Benefits Plan Enrollment for Retirees* form. As a retiree, you can also use this form to change health plans or add eligible dependents during Open Enrollment. Open Enrollment is held each fall and changes become effective the following January 1.

- **If your retirement effective date is more than 120 days after separation from employment, you are not eligible for health coverage at retirement or at any future date.**

**Note:** There are some exceptions to this rule. Call us at **888 CalPERS** (or **888-225-7377**) if you have questions about your eligibility.

If you were covered as a dependent through another health plan when you retired, or you canceled coverage to participate in the state's FlexElect Program, you may be eligible to enroll in a CalPERS health plan. Contact CalPERS for more information.

If you have questions about your CalPERS health benefits and you are an active member, contact your personnel office or health benefits officer. If you are a retiree, call CalPERS at **888 CalPERS** (or **888-225-7377**).

## Medicare

If you (and your dependents) are enrolled in a CalPERS Basic health plan when you retire and become Medicare eligible, you must enroll in Medicare Parts A and B. You must provide your Medicare information to CalPERS and then transfer to a CalPERS Medicare health plan to continue CalPERS coverage.

If you do not qualify for premium-free Medicare Part A (Hospital) based on your Social Security/Medicare work record or the record of your current, former, or deceased spouse, you may remain in a CalPERS Basic health plan. If you later qualify for Medicare Part A at no cost, you must enroll in Medicare Part B and in a CalPERS Medicare health plan.

The Social Security Administration (SSA) bases Medicare Part B (Medical) on your annual income. If your income exceeds established thresholds, the SSA adjusts the standard Medicare Part B premium by an income-related monthly adjustment amount. Payment of this amount is mandatory to protect your eligibility to remain enrolled in a CalPERS Medicare health plan.

CalPERS participates in a Medicare Part D Prescription Drug Plan. If you are a Medicare-eligible subscriber or dependent, you are automatically enrolled into an Employer Group Waiver Plan (EGWP). If you choose to opt out of coverage, you will be financially responsible for all of your prescription drug costs. In addition, if you enroll in a non-CalPERS Medicare Part D plan, you are no longer eligible to remain enrolled in a CalPERS Medicare health plan. Consequently, you and all of your covered dependents will be terminated from CalPERS health coverage.

Medicare Part D standard premiums vary based on the prescription drug plan and are paid to your health carrier as part of the CalPERS health premium. As with Medicare Part B, if your income exceeds established thresholds, the SSA will assess an additional income-related monthly adjustment amount. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan. If you do not pay the additional amount, you will be disenrolled from EGWP and be financially responsible for all of your prescription drug costs.

CalPERS offers several ways to supplement Medicare. Please see the *CalPERS Medicare Enrollment Guide* for more detailed information. For additional information regarding Medicare, Medicare premiums, enrollment or eligibility, contact the SSA at (800) 772-1213 or TTY (800) 325-0778 or visit their website at [www.ssa.gov](http://www.ssa.gov).

## Dental Coverage and Vesting Requirements (State Members Only)

State of California and California State University (CSU) employees receiving a retirement allowance from CalPERS who retire within 120 days of separation from employment are eligible for dental benefits.

Continuation of your dental coverage into retirement is not automatic. Your personnel office must complete a new *Dental Plan Enrollment Authorization* form and process your dental enrollment upon your separation from employment. If you are not enrolled at the time of retirement, you can enroll during any Open Enrollment period.

When you retire, the state may contribute toward the cost of your dental benefits based on the date you were first hired, your bargaining unit at retirement, and your years of service. The date you were first hired means the date you were employed with the State of California for the first time. If that employment did not qualify you for CalPERS membership or you withdrew contributions for that period, it is still considered your first-hired date. If you were first hired on or after July 1, 1998, you could be subject to dental vesting requirements. To determine if your bargaining unit has agreed to these requirements, contact the California Department of Human Resources (CalHR).

## Vision Care (State Members Only)

As a State of California or CSU retiree, you are eligible to enroll in the State Retiree Vision Program, which is offered through Vision Service Plan (VSP). This program provides vision coverage for you and your eligible dependents at your cost.

CalHR and the CSU Chancellor's Office coordinate the program through VSP. For more information and to obtain enrollment forms, visit the VSP website at [www.vsp.com](http://www.vsp.com). You may also call VSP directly at (800) 877-7195.

## Long-Term Care

If you are enrolled in CalPERS Long-Term Care 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.



## TAXES AND YOUR SERVICE RETIREMENT

The following information is designed to help you understand and calculate the tax responsibilities of your CalPERS service retirement allowance.

As a CalPERS retiree, you may still have to pay both federal and state income taxes. Just like in your working years, you must fill out a tax withholding form.

While CalPERS can provide you with information on some tax laws, you should request more information on the taxability of your retirement allowance from the Internal Revenue Service, California State Franchise Tax Board, or from your tax advisor.

### 1099R Annual Tax Reporting Statement

Each January, you will receive a 1099R form containing information on your CalPERS income from the previous calendar year. Box 1 on the 1099R form, labeled “Gross Distribution,” contains the total amount of your gross allowance. This is normally the accumulated annual gross amount of the payments you received dated January 1 through December 31. Box 2a, labeled “Taxable Amount,” contains the amount of your gross allowance that is taxable income. This is the amount that you will report as income on your personal income tax return. Box 5, labeled “Employee Contributions or Insurance Premiums,” contains the amount of tax-free contributions you may have, if any.

CalPERS participates in the Combined Federal/State Filing Program. This means the California State Franchise Tax Board or your state of residence may access your reported income.

### Calculating the Monthly Tax-Free Portion of Your Retirement Allowance

Federal law requires CalPERS to use certain methods to calculate and report the annual tax-free portion of your retirement allowance. The tax-free portion is determined based on the previously taxed contributions you may have made when you were working. At different times during your work years, some contributions may have been deducted before taxes and some after taxes. The total amount may be found on your *Notification of Retirement* letter under the heading of “Taxed Contributions.”

CalPERS uses the Simplified Method tables in Internal Revenue Service (IRS) Publication 575 to determine the tax-free portion of your allowance. For retirements effective on or after January 1, 1998, use one of the following tables to determine the number of your lifetime payments. Divide the amount of your “Taxed Contributions” by the “Number of Lifetime Payments” to get your monthly tax-free allowance amount.

**Note:** If you were age 75 or over on your retirement effective date, you cannot use these tables. Instead, the IRS requires you to use the “General Rule” to determine your monthly/annual tax-free portion. Information on the “General Rule” can be found in IRS Publication 939, available on the IRS website at [www.irs.ustreas.gov](http://www.irs.ustreas.gov) or by calling the IRS at (800) 829-1040.

**Table 1 – Simplified Method, Single Life Annuity  
Receiving an Unmodified Allowance or Option 1 Benefit**

Find your age at retirement and use the corresponding payment numbers.	
Age at Retirement	Number of Lifetime Payments
55 & under	360
56-60	310
61-65	260
66-70	210
71-74	160

**Table 2 – Simplified Method, Joint Life Annuity  
Receiving an Option 2, 2W, 3, 3W, or 4**

Find your and your beneficiary’s combined ages at retirement and use the corresponding payment numbers.	
Combined Ages of Annuitants at Retirement*	Number of Lifetime Payments
110 or less	410
111-120	360
121-130	310
131-140	260
141 or more	210

\* *If you elected Option 4 and have more than one beneficiary designated to receive a lifetime benefit, you must use the youngest beneficiary’s age along with your age at retirement to determine the combined ages of annuitants at retirement.*

## Federal Tax Considerations

You may be penalized by the IRS if you do not withhold a sufficient amount during the tax year. To avoid any penalties, contact your local IRS office or a tax advisor to ensure you comply with federal tax withholding rules.

For more information about federal taxes, contact your local IRS office or a tax advisor. You can obtain a free copy of *Pension and Annuity Income*, IRS Publication 575, by calling toll free (800) 829-1040 or by visiting their website at [www.irs.ustreas.gov](http://www.irs.ustreas.gov).

## California State Taxes

Since federal legislation prohibits states from taxing the pension income of non-residents, if you reside outside the state, California state taxes will not be withheld from your CalPERS benefit without your authorization. While your CalPERS benefit is still a California source income, there is no longer any California source tax for qualified non-residents. If you have questions about your California residency status or your California state taxes, contact the California Franchise Tax Board (or visit their website at [www.ftb.ca.gov](http://www.ftb.ca.gov)) or contact a tax advisor.

## Tax Withholding Election

Unless you submit an election for tax withholding, CalPERS is required to withhold taxes from your monthly allowance based on the tax tables for a married person with three allowances. By law, all CalPERS retirees whose allowances are taxable are required to select one of the three withholding choices:

- To have no taxes withheld;
- To have a specific dollar amount withheld (state withholding only); or
- To have taxes withheld according to the tax tables, based on marital status and number of allowances (you may also add a specific dollar amount to this election).

If you choose one of the tax tables, taxes will not be withheld unless your gross allowance exceeds the minimum amount listed on the tax table for your filing status (i.e., single, married, number of dependents, etc.).

## OTHER CONSIDERATIONS

### Benefit Forfeiture for Felony Convictions

Under the California Public Employees' Pension Reform Act of 2013, if you are convicted of a felony by a state or federal trial court in connection with your official job duties, you will forfeit all of your accrued rights and benefits from the commission of the felony forward and you will no longer be eligible to accrue further benefits with CalPERS, effective on the date of conviction (Government Code sections 7522.72 and 7522.74).

If you are convicted for such a crime, you and the prosecuting agency must notify your employer within 60 days of your conviction, and your employer must notify CalPERS within 90 days of your conviction.

CalPERS will remove the service credit and return any contributions you made during the forfeiture period, without interest. If after the removal of forfeited service and contributions you remain vested for retirement, you may apply for retirement once you reach minimum retirement age. If after the removal of forfeited service you are not vested for retirement, you may elect a refund of your remaining member contributions.

Should your conviction be overturned, your forfeited service will be restored to your account if you elect to redeposit the returned contributions, with interest.

## AFTER RETIREMENT

### Employment After Retirement

After you have retired, you may think about going back to work on a temporary or permanent basis.

If you are going to work for a private company employer that does not provide services to a CalPERS employer, there are no restrictions to your employment.

If you are going to be working as an “independent contractor” for a CalPERS employer, or for a private company that provides services to a CalPERS employer, or you wish to work temporarily for a CalPERS employer as a “retired annuitant,” you should review the publication *A Guide to CalPERS Employment After Retirement*.

It is your responsibility to inform any CalPERS employer or private company that provides services to a CalPERS employer that you are retired from CalPERS before accepting employment.

### Reinstatement From Retirement

If you are considering returning to permanent employment with a CalPERS employer to earn additional service credit toward a subsequent retirement, you should review the CalPERS publication *A Guide to CalPERS Reinstatement From Retirement*. Before you make the decision to reinstate, consult with your prospective employer’s human resources or personnel office to determine your specific benefits as a retiree of your prospective employer.

### Changing Your Beneficiary or Monthly Benefit After Retirement

There are limited situations when you can change your lifetime beneficiary or benefit option after retirement. You must have a qualifying event, such as a change in your marital status or domestic partnership status, or your beneficiary dies. Electing to change your option and name a new beneficiary reduces your current benefit. To learn more about this topic, review the publication *Changing Your Beneficiary or Monthly Benefit After Retirement*.

When considering a change to your retirement option, remember that continuation of health or dental insurance coverage for a new spouse or domestic partner depends on your election of an option that provides them with a monthly benefit and their enrollment as a dependent in your plan at the time of your death.

You cannot be employed by a CalPERS employer for a period of 180 days after your retirement date without reinstating from retirement, except under certain conditions. The 180-day waiting period starts from the date of retirement.

When you change your retirement option and name a new beneficiary, this is called a modification of life option beneficiary and will reduce your current benefit. The amount of the reduction depends on your age and the age of your new beneficiary at the time of the election.

### **Lump-Sum Beneficiary Designation**

If you elected retirement payment Option 1, 4 2W/1, or 4 3W/1, you may change your beneficiary(ies) for the Option 1 Balance of Contributions at any time. You may also change your beneficiary(ies) for the lump-sum death benefit at any time.

To change your beneficiary designation for any of the lump-sum death benefits, log in to [my.calpers.ca.gov](http://my.calpers.ca.gov) and submit a *Post-Retirement Lump-Sum Beneficiary Designation* form. You can also download this form at [www.calpers.ca.gov](http://www.calpers.ca.gov) or find it in the publication *Changing Your Beneficiary or Monthly Benefit After Retirement*.

A change in your marital or 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. You will need to submit a new *Post-Retirement Lump-Sum Beneficiary Designation* form. If there is no valid designation in effect at the time of your death, any payable lump-sum death benefits will be paid to your statutory beneficiary, as determined by law.

### **Removing Your Lifetime Beneficiary After Retirement**

If you retired under Option 2W or Option 3W and named your spouse or registered domestic partner as your beneficiary and later get divorced, annulled, legally separated or your partnership is terminated, your former spouse or partner will still receive the monthly death benefit allowance after your death. However, if you were awarded 100 percent interest in your retirement account, you may ask us to **remove** your former spouse or partner as your beneficiary. Doing so will not change the amount or your retirement allowance.

To remove your former spouse or partner as the option beneficiary, you must send a letter to CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, and include a photocopy of the court order that awards you with full interest in your retirement account. Be sure to write your Social Security number or CalPERS ID in the upper right corner of your letter and court order.

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for information on all our benefits and services.

### my|CalPERS

Log in at [my.calpers.ca.gov](http://my.calpers.ca.gov) to access real-time details and balances of your CalPERS accounts. With my|CalPERS you can:

- View, print, and save current and past statements.
- Select mailing preferences for your statements, newsletters, and retirement checks.
- Search for medical premium rates and health plans available in your area and confirm which dependents are covered on your health plan.
- Estimate your future retirement benefit and save the estimates to view later.
- Send and receive secure messages.
- Order and download publications.
- Send account information to third parties, such as banks.
- Apply for service retirement.
- Change your beneficiary designation.
- Retirees can update contact information, set up direct deposit, and change tax withholdings.

### CalPERS Education Center

Whether you're in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in my|CalPERS to:

- Take online classes that help you have a better understanding of your CalPERS benefits.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

### Experience CalPERS Through Social Media

- Facebook: [www.facebook.com/myCalPERS](http://www.facebook.com/myCalPERS)
- Twitter: [www.twitter.com/CalPERS](http://www.twitter.com/CalPERS)
- Instagram: [www.instagram.com/CalPERS](http://www.instagram.com/CalPERS)
- YouTube: [www.youtube.com/CalPERSNetwork](http://www.youtube.com/CalPERSNetwork)
- Google Plus: [www.calpers.ca.gov/googleplus](http://www.calpers.ca.gov/googleplus)
- LinkedIn: [www.linkedin.com/company/calpers](http://www.linkedin.com/company/calpers)

### Reach Us by Phone

Call us toll free at **888 CalPERS** (or **888-225-7377**).  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
TTY: (877) 249-7442

## Visit Your Nearest CalPERS Regional Office

### **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**

Lincoln Plaza East  
400 Q Street, Room 1820  
Sacramento, CA 95811

### **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 Jose Regional Office**

181 Metro Drive, Suite 520  
San Jose, CA 95110

### **Walnut Creek Regional Office**

Pacific Plaza  
1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597

**Visit the CalPERS website for directions to your local office.**

Regional Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.



## Important Information for Regional Office Visits

Prior to your office visit, please ensure the following important steps are completed:

- Complete **all forms** in the application publication to the best of your ability.
- Review the estimate of retirement benefits and bring the estimate with you to this appointment.
- Bring your picture identification.
- Your spouse or legal partner must also attend the appointment and bring his/her picture identification.
- If applicable, bring copies of your marriage or domestic partner certificate.
- Bring a copy of your beneficiary's birth certificate.
- Write down any questions you have in advance.

### What We Can Do

- Answer basic retirement-related questions.
- Receive and witness completed retirement applications.
- Accept CalPERS forms and supporting documents.
- Receive requests for retirement estimates to be mailed to your home.
- Register you for a **free** Member Education class or individual appointment.

### What We Cannot Do During Your Visit

- Conduct detailed research on your account.
- Resolve complex account issues or discrepancies.
- Provide immediate retirement estimate results.

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act of 1974 require the California Public Employees' Retirement System (CalPERS) to provide the following information to individuals who are asked to supply information to CalPERS. 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 entities including, but not limited to, State and public agency employers, State Attorney General, Office of the State Controller, 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 perform services on behalf of 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 CalPERS information practices, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.*

**California Public Employees' Retirement System**

400 Q Street  
P.O. Box 942701  
Sacramento, California 94229-2701

**888 CaIPERS** (or 888-225-7377)

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