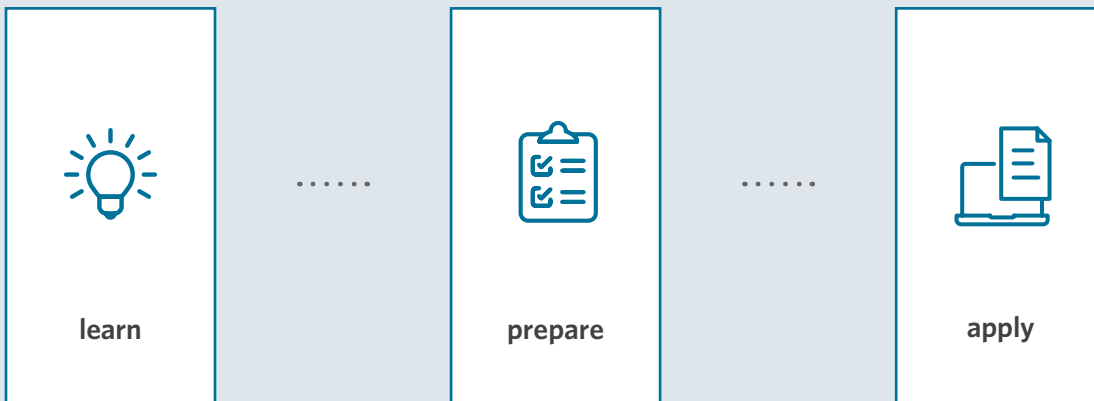


# A Guide to Completing Your CalPERS Service Retirement Election Application



## Your Guide to Service Retirement

This publication provides instructions for completing the CalPERS ***Service Retirement Election Application*** and other forms you may need to complete the retirement application process.

You may also complete the application process through your myCalPERS account at **[my.calpers.ca.gov](https://my.calpers.ca.gov)**. Step-by-step instructions will guide you through an online application that is pre-populated with your personal information.

You can submit your paper or online application when you are within 120 days from your retirement date.

For more information about your retirement benefits, visit our website at **[www.calpers.ca.gov](https://www.calpers.ca.gov)**.

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# Retirement Planning Resources

CalPERS has many resources available to help you plan for retirement:



CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov)



Your personal myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov)



Online and instructor-led retirement classes



Webinars and YouTube videos



Member publications



One-on-one retirement counseling



Official retirement estimates

Our publication ***Planning Your Service Retirement*** (PUB 1) contains detailed information about how we calculate your benefit, ways to increase your benefit, and other factors you'll want to consider before you retire. You can find this publication and others in the **Forms & Publications** area of our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

If you haven't already received a retirement estimate, we strongly encourage you get one before you retire. If you're within 12 months of your retirement date, complete and mail the **Retirement Allowance Estimate Request** form located in this publication. You can also generate and save estimates through your personal myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov). This calculator allows you to enter a variety of beneficiary and survivor scenarios and uses your actual account information to project your future benefit.

You can look at your latest Annual Member Statement to ensure we have the correct employment history for you. Your statements are available at [my.calpers.ca.gov](http://my.calpers.ca.gov).

## View Benefit Factor Charts Online

Go to [www.calpers.ca.gov/benefitcharts](http://www.calpers.ca.gov/benefitcharts) to find the retirement formula charts for your benefit factor and final compensation.

The image shows two side-by-side screenshots of the CalPERS website. The left screenshot displays the 'Retirement Formulas and Benefit Factors' page, which includes sections for 'Understanding Your Retirement Formula' and 'Retirement Allowance Estimate Request'. The right screenshot shows a detailed table of benefit factor charts, organized by years of service (1 to 30) and final compensation ranges (e.g., \$10,000 to \$15,000, \$15,000 to \$20,000, etc.).



# Key Points to Consider Before You Retire

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- If you're eligible to receive Social Security benefits and worked for an employer that didn't withhold Social Security taxes, the Windfall Elimination Provision and Government Pension Offset can reduce your Social Security benefits. To learn more about these offsets please call the Social Security Administration at (800) 772-1213 or visit their website at [www.ssa.gov](http://www.ssa.gov).
- You must stop working in all CalPERS-covered employment before your retirement date, including all full-time and part-time positions and any elected or appointed offices for which you have CalPERS membership. Tell your CalPERS employer(s) of your planned retirement date so they can submit permanent separation information on your behalf. If they don't tell us you stopped working, you may be considered unlawfully employed and you may have to repay any overpaid retirement benefits.
- You must submit your retirement application within nine months of leaving CalPERS employment or separating from another California public retirement system to be eligible for the earliest possible retirement date. If not, your retirement date can be no earlier than the first of the month in which CalPERS receives your application.
- If you plan to purchase service credit, you must submit your request, make the election, and pay your service credit purchase in full before your planned retirement date. If the balance is not paid in full prior to retirement, your retirement allowance will be reduced by the actuarial equivalent of the balance. To learn more, refer to ***A Guide to Your CalPERS Service Credit Purchase Options*** (PUB 12) and ***A Guide to Your CalPERS Military Service Credit Options*** (PUB 15).
- Completing separation or retirement forms with your employer does not retire you from CalPERS. Your CalPERS retirement account is separate and you must submit a ***Service Retirement Election Application*** to complete the retirement process.
- If your employer contracts for retiree health benefits, your retirement date must be within 120 days of leaving employment to be eligible to receive retiree health benefits.
- You cannot make changes to your retirement application more than 30 days after your first retirement check is issued. This includes canceling your retirement application, changing your retirement date, changing the retirement payment option you select, or changing the beneficiary (or beneficiaries) you name to receive an ongoing monthly benefit, if any.

## Other Considerations

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### If You Become Disabled

If you are disabled and can no longer perform the duties of your job, you may qualify for disability retirement or industrial disability retirement. Learn about the eligibility requirements in our publication ***A Guide to Completing Your Disability Retirement Election Application*** (PUB 35).

### Power of Attorney

A CalPERS special power of attorney allows you to designate a representative or agent, known as your attorney-in-fact, to conduct your retirement affairs.

Should you become unable to act on your own behalf, your designated attorney-in-fact will be able to perform important duties concerning your CalPERS business, such as address changes, federal or state tax withholding elections, and retirement benefit elections.

The CalPERS special power of attorney is specifically designed for use by active and retired CalPERS members and beneficiaries. You may already have a power of attorney set up through another resource; however, it may not address your CalPERS retirement benefits. For more information, review the publication ***A Guide to the CalPERS Special Power of Attorney*** (PUB 30).

### Emergency Retirement

If you are terminally ill, facing imminent death, or about to have surgery, please call us toll free at **888 CalPERS** (or 888-225-7377) to discuss what options are available to you.

### Divorce, Legal Separation, or Termination of Domestic Partnership

If you have a community property claim on your retirement account, a hold is placed on your account and benefits are held until the claim is resolved. We recommend that you resolve the claim before you retire to avoid possible delays in processing your retirement benefits. **However, you should not wait to submit your retirement application. Waiting to apply for retirement may affect the retirement date and other benefits you are entitled to receive.**

For more information, review the publication ***A Guide to CalPERS Community Property*** (PUB 38A). If you are not sure whether your claim has been resolved or have questions about your court order or your benefits, please call us toll free at **888 CalPERS** (or 888-225-7377).

### Working After You Retire

There are rules and restrictions related to working after retirement. Before accepting any position, read the publications ***A Guide to CalPERS Employment After Retirement*** (PUB 33) and ***A Guide to CalPERS Reinstatement From Retirement*** (PUB 37) regarding the requirements and limitations.

## Other Considerations (continued)

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### **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.

# How to Complete Your Service Retirement Election Application

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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](https://my.calpers.ca.gov) to submit your application online.

## Section 1 – Information About You

Complete all fields with your personal information.

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.

By providing your email address, you are agreeing to receive occasional CalPERS email notifications.

## Section 2 – Information About Your Retirement

Complete all fields with your retirement information.

Your retirement date can be effective any day of the week, including Saturday or Sunday. It should be the day following your last day of work or authorized paid leave of absence.

The effective date of your retirement must be after your last day on payroll for all CalPERS-covered positions, and **we must receive your application within nine months of your last day on payroll**. If we don't receive your application within nine months of that date, then your retirement date can be no earlier than the first of the month in which we receive your application.

If you elected to purchase service credit, your retirement date can be no earlier than the day following your service credit purchase election.

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.



## How to Complete Your Service Retirement Election Application (continued)

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### Temporary Annuity

If you elect to receive the temporary annuity benefit, complete all fields based on your membership date.

- If your membership date is prior to January 1, 2002, enter the age at which you want the temporary annuity benefit to stop—age 59½ or any whole age from 60 to 68. The temporary annuity amount you request is not dependent on your estimated Social Security benefit.
- If your membership date is January 1, 2002, or later, enter the age at which you want the temporary annuity benefit to stop—whole age from 62 to 70. You must have CalPERS service coordinated with Social Security to be eligible, and the amount you request 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.

You must name a beneficiary for the temporary annuity balance in Section 4c of the application. You can also request an estimate for temporary annuity by using the **Retirement Allowance Estimate Request** form in this publication.

For more information, refer to **A Guide to Your CalPERS Temporary Annuity** (PUB 13).

The temporary annuity benefit is additional monthly income you may choose to enhance your pension from CalPERS. This benefit is funded through a **lifetime reduction** of your monthly retirement allowance.

### Other California Public Retirement Systems

If you are a member of a defined benefit plan with another California public retirement system, your CalPERS retirement date must be the same as the retirement date from the other system to receive the highest possible benefit amount. You must submit a retirement application to each system.

In addition, you must submit your retirement application within nine months of leaving CalPERS employment or separating from another California public retirement system. Otherwise, the retirement date can be no earlier than the first of the month in which CalPERS receives your application.

For more information, refer to **A Guide to CalPERS When You Change Retirement Systems** (PUB 16).

## How to Complete Your Service Retirement Election Application (continued)

### Section 3 – Select Your Retirement Payment Option

Choose one retirement payment option. Your choice becomes irrevocable 30 days from the issuance of your first retirement check. See below for a description of the available options.

Retirement Payment Option	For You	For Your Beneficiary
Unmodified Allowance	Provides the highest monthly allowance paid for life.	There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
Return of Remaining Contributions Option 1*	<ul style="list-style-type: none"><li>• Only available if you paid contributions to CalPERS.</li><li>• Can name one or more beneficiaries.</li></ul>	<ul style="list-style-type: none"><li>• Does not provide ongoing monthly benefit.</li><li>• Upon your death, provides a lump-sum payout of any remaining member contributions in your account to one or more named beneficiaries.</li><li>• If no remaining member contributions, no benefit is paid.</li></ul>
100 Percent Beneficiary Option 2*	<ul style="list-style-type: none"><li>• Can name only one beneficiary for an ongoing monthly benefit.</li><li>• Can name one or more beneficiaries for the lump-sum portion.</li></ul>	<ul style="list-style-type: none"><li>• Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.</li><li>• Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.</li></ul>
100 Percent Beneficiary Option 2 with Benefit Allowance Increase	<ul style="list-style-type: none"><li>• Can name only one beneficiary.</li><li>• If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.</li></ul>	Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.

\* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

*Graphic continued on next page...*

## How to Complete Your Service Retirement Election Application (continued)

Retirement Payment Option	For You	For Your Beneficiary
50 Percent Beneficiary Option 3*	<ul style="list-style-type: none"> <li>• Can name only one beneficiary for an ongoing monthly benefit.</li> <li>• Can name one or more beneficiaries for the lump-sum portion.</li> </ul>	<ul style="list-style-type: none"> <li>• Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.</li> <li>• Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.</li> </ul>
50 Percent Beneficiary Option 3 with Benefit Allowance Increase	<ul style="list-style-type: none"> <li>• Can name only one beneficiary.</li> <li>• If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.</li> </ul>	Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death.
Flexible Beneficiary Option 4	<ul style="list-style-type: none"> <li>• Can name one or more beneficiaries.</li> <li>• Can specify a specific dollar or percentage be paid to each beneficiary.</li> </ul>	Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

\* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

## How to Complete Your Service Retirement Election Application (continued)

If you are required by a court order to designate your nonmember spouse or domestic partner for an ongoing monthly benefit, fill in your former spouse/partner's name and Social Security number or CalPERS ID, and then choose one of the following Court-Ordered Community Property Option 4 options for your share of the benefit.

Retirement Payment Option	For You	For Your Beneficiary
Court-Ordered Community Property Option 4 / Unmodified Allowance	For your remaining share, provides you the highest monthly allowance paid for your lifetime.	<ul style="list-style-type: none"> <li>Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest.</li> <li>There is no return of unused member contributions upon your death.</li> </ul>
Court-Ordered Community Property Option 4 / Return of Remaining Contributions Option 1*	<ul style="list-style-type: none"> <li>Only available if you paid contributions to CalPERS.</li> <li>Can name one or more beneficiaries for the lump-sum portion of your remaining share.</li> </ul>	<ul style="list-style-type: none"> <li>Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest.</li> <li>For your remaining share, provides a lump-sum payout of any remaining member contributions in your account to one or more named beneficiaries.</li> </ul>
Court-Ordered Community Property Option 4 / Specific Percentage or Specific Dollar Amount	<ul style="list-style-type: none"> <li>Can name one or more beneficiaries for your remaining share.</li> <li>Can specify a specific dollar or percentage be paid to each beneficiary.</li> </ul>	<ul style="list-style-type: none"> <li>Provides an ongoing monthly benefit to your nonmember spouse or domestic partner equal to his or her community property interest.</li> <li>For your remaining share, provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.</li> </ul>

\* It takes about 10 years of retirement to totally deplete your contributions, but your monthly benefit continues.

## How to Complete Your Service Retirement Election Application (continued)

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### Section 4a – Complete Your Beneficiary Information – Ongoing Monthly Benefit

Complete all fields. The beneficiary you name to receive an ongoing monthly benefit becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event.

For more information about qualifying life events, refer to our publication ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98).

You must submit birth date evidence for your named beneficiary. If your beneficiary is your spouse and there is a Survivor Continuance benefit, you must also submit evidence of marriage. For a list of acceptable documents, refer to “Supporting Documents” on page 18.

### Section 4b – Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Complete all fields for each beneficiary you name. Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event.

For more information about qualifying life events, refer to our publication ***Changing Your Beneficiary or Monthly Benefit After Retirement*** (PUB 98).

Specify either a specific percentage or dollar amount, or leave the fields blank if you are naming more than one beneficiary and want your beneficiaries to receive equal shares.

You must submit birth date evidence for your named beneficiaries. If your beneficiary is your spouse and there is a Survivor Continuance benefit, you must also submit evidence of marriage. For a list of acceptable documents, refer to “Supporting Documents” on page 18.

### Section 4c – Complete Your Beneficiary Information – Return of Remaining Contributions

Complete all fields for each beneficiary you name. You can change this beneficiary designation at any time.

Provide the name, Social Security number or CalPERS ID, birth date, 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 name **primary** and **secondary** beneficiaries. The benefit is paid to your primary beneficiary (or beneficiaries) first. If the primary beneficiary dies, the benefit will go to your secondary beneficiary. We pay equal shares unless you enter a percentage for each beneficiary. If you enter a percentage, the total must equal 100 percent.

Your beneficiary can be:

- Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
- A class of next-of-kin as a group. For example, you can list your “grandchildren” or “siblings” instead of writing out individual names.
- A corporation that is registered in any state with the Secretary of State.
- Your estate. CalPERS can only pay to your estate if it is probated.
- Your trust. Provide the title and date of your trust, and the name and address of the person who has a copy of the document. Do not name the trustee.

## How to Complete Your Service Retirement Election Application (continued)

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If you want to name more than four beneficiaries or you want to name separate beneficiaries for your Return of Remaining Contributions and temporary annuity balance, call us toll free at **888 CalPERS** (or **888-225-7377**). There is no limit to the number of beneficiaries you can name. You can also change your lump-sum beneficiary designation any time at **my.calpers.ca.gov**.

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.

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.

### Section 5 - Retired Death Benefit - Beneficiary Designation

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.

The CalPERS Retired Death Benefit is not paid if you last worked with another California retirement system that provides a similar death benefit.

If you want to name more than four beneficiaries for the Retired Death Benefit call us toll free at **888 CalPERS** (or **888-225-7377**). There is no limit to the number of beneficiaries you can name. You can also change your lump-sum beneficiary designation any time at **my.calpers.ca.gov**.

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 6 - Survivor Continuance Information

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:

## How to Complete Your Service Retirement Election Application (continued)

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- 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 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 7 – 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” section in this publication or talk with your tax advisor.

You can change your withholding at **my.calpers.ca.gov** or by completing another CalPERS **Tax Withholding Election** form.

You can choose only one federal income tax option and one state income tax option.

#### • Step 1 – Federal Tax Withholding Election

You need to provide us with your citizenship and residency. For U.S. citizens and resident aliens, federal tax withholding is required on monthly payments delivered outside the United States or its possessions.

If you do not make a federal withholding election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are single with no adjustments.

#### • Step 2 – Income from a Job and/or Multiple Pensions/Annuities

Complete this step if you have at least one of the following:

- Income from a job
- Income from another pension or annuity
- Income from a spouse who has a job and/or a pension or annuity (if you're married filing jointly)

#### • Step 3 – Claim Dependent and Other Credits

Complete this step to determine the amount of the child tax credit and other credits for other dependents you may be able to claim when you file your tax return.

You can include other tax credits, such as foreign tax credits or education tax credits.

# How to Complete Your Service Retirement Election Application (continued)

Including these credits will increase the amount you pay toward your federal taxes and will reduce the amount of any refund you may receive when you file your tax return.

• **Step 4a – Other Income (Optional)**

Complete this step if you have other sources of income that are not from any job, pension, or annuity.

• **Step 4b – Deductions (Optional)**

Complete this step if you expect to claim deductions other than the basic standard deductions on your tax return, and you want to reduce your tax withholding to account for these deductions.

The Deductions Worksheet below can help you calculate your deduction amount. If you have

questions about your tax deduction amount, contact your tax advisor or the Internal Revenue Service at **www.irs.gov** or call (800) 829-1040.

• **Step 4c – Extra Withholding (Optional)**

Complete this step if you would like to withhold any additional tax withholding amount from your retirement check.

• **California State Tax Withholding Election**

If you do not make a state tax withholding election, or if an invalid election is received, CalPERS is required by law to withhold taxes as if you are single with zero allowances.

If you reside outside of California, your CalPERS pension income is not subject to California state income tax.

**Step 4b – Deductions Worksheet (Keep for your records)**

<b>1)</b> Enter an estimate of your annual itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income . . . >	<b>1</b>	\$ _____
<b>2)</b> Enter: • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately . . . . . >	<b>2</b>	\$ _____
<b>3)</b> If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . . >	<b>3</b>	\$ _____
<b>4)</b> If line 3 equals zero, and you (or your spouse) are 65 or older, enter: • \$1,750 if you're single or head of household. • \$1,400 if you're a qualifying widow(er) or you're married and one of you is under age 65. • \$2,800 if you're married and both of you are age 65 or older.  Otherwise, enter "-0-". See Pub. 505 for more information . . . . . >	<b>4</b>	\$ _____
<b>5)</b> Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . . >	<b>5</b>	\$ _____
<b>6)</b> Add lines 3 through 5. Enter the result here and in Step 4(b) . . . . . >	<b>6</b>	\$ _____



## How to Complete Your Service Retirement Election Application (continued)

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### Section 8 – Direct Deposit Information

Direct deposit is optional and can be established at any time before or after retirement. Complete this section only if you want to set up your direct deposit.

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.

If you submit direct deposit information with your retirement application, your direct deposit is typically effective with your first retirement payment. We transmit funds for direct deposit on the first of each month. Your financial institution determines when your direct deposit funds are available.

You can establish and maintain your direct deposit online through myCalPERS at [my.calpers.ca.gov](https://my.calpers.ca.gov). Your financial institution must be a member of the Automated Clearinghouse Association to accept a direct deposit from CalPERS.

### Section 9 – CalPERS Health Coverage

This section tells CalPERS whether you choose to continue CalPERS health coverage into retirement. Refer to the CalPERS **Health Program Guide** for Basic health plan eligibility, enrollment, and choices.

**If you decline 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 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**.

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.

### Section 10 – Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or lump-sum benefits that may be payable upon your death. Your signature must be notarized by a notary public or witnessed by a CalPERS representative.

If your spouse or registered domestic partner consents to your beneficiary designation, his or her signature must also be notarized by a notary public or witnessed by a CalPERS representative.

## How to Complete Your Service Retirement Election Application (continued)

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### Section 11 – Signatures and Notary or

#### Witness Acknowledgment

**This section must be completed or your application will be returned.** Your signature and your spouse's or registered 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 the application to acknowledge your election of retirement benefit option unless:

- You have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, **and**
- You have designated your spouse or registered domestic partner as the beneficiary, **and**
- You have designated him or her as the sole primary beneficiary of any lump-sum benefits.

Otherwise, 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 or in Domestic Partnership," "Divorced, Annulled, or Domestic Partnership Terminated," or "Widowed" in this section.

### What Happens Next?

After you submit your ***Service Retirement Election Application***, we 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 10 days of receipt of your application. We 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, we 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.

We also include the employer, retirement formula, service credit, and final compensation information used to calculate your retirement benefit. Please review this information for accuracy and report any discrepancies to us immediately. You may be responsible for repaying any overpaid benefits retroactive to your retirement date that result from incorrect information being used in your benefit calculation.

#### Retirement Payment Schedule

We pay in arrears and your first retirement check is typically paid within 45 days of your retirement date, or within 45 days of when you submit your application. This means if your retirement date is June 15, your first retirement check will be paid around August, which includes pay for the two weeks in June and the entire month of July. After that, we pay on the first of every month so your first full retirement check is paid on September 1.

## How to Complete Your Service Retirement Election Application (continued)

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### **Canceling or Making Changes to Your Retirement Application**

By law, you have 30 days from the issuance of your first retirement benefit check to:

- Change your retirement payment option
- Change your lifetime beneficiary
- Change your retirement date
- Cancel your retirement

### **Adjustments to Your Retirement Benefit**

Your retirement benefit is calculated using the payroll and service on your account as of your retirement date. It is normal for additional payroll, including sick leave, to come in after we've processed your initial benefit. This means your First Payment Acknowledgment letter, Account Detail sheet, and monthly benefit may be lower than what you were expecting until final payroll shows on your account.

Adjustments to your retirement benefit take up to four months to process and are retroactive to your retirement date.

### **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.

# Supporting Documents

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## Birth Date Evidence

The following options provide an ongoing monthly benefit to your named beneficiary (or beneficiaries):

- 100 Percent Beneficiary Option 2
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase
- Flexible Beneficiary Option 4
- Court-Ordered Community Property Option 4 / Specific Percentage or Specific Dollar Amount

If you chose any of the options above, provide a photocopy of one of the following acceptable documents to validate each beneficiary's date of birth:

- Birth certificate or delayed birth certificate
- Border crossing card with I-94
- Driver's license
- Foreign passport with I-94
- Naturalization or U.S. passport
- Social Security certification

## Marriage or Domestic Partnership Evidence

If you have a Survivor Continuance benefit, provide a photocopy of one of the following acceptable documents:

- Marriage certificate
- State-recognized certificate of domestic partnership

**Note:** If you do not have any of the documents listed above, please contact us.

### 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 myCalPERS account when you apply for retirement online.



# Retirement Allowance Estimate Request

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

This is a request for an estimate of your potential CalPERS retirement benefit amounts. You must be within one year of your anticipated retirement date to use this form. You are limited to two estimate requests within a 12-month period.

## Section 1

Enter the address we have on file for you. If you need to update your address, see the back of this form for instructions.

## Information About You

Your Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Daytime Phone	Alternate Phone	
Address			
City		State	ZIP

## Section 2

You can only select one type of retirement estimate per form.

## Your Retirement Information

Choose one type: ☐ Service Retirement ☐ Disability Retirement ☐ Industrial Disability Retirement

My projected retirement date is: \_\_\_\_\_  
Date Required (mm/dd/yyyy)

Employer	Position Title
----------	----------------

To include your unused sick leave and/or educational leave in your estimate, enter the number of hours you'll have as of your projected retirement date. See the back of this form for eligibility requirements.

Sick Leave Hours	Educational Leave Hours
------------------	-------------------------

What is a survivor vs. a beneficiary? See the back of this form for details and a complete description of the available retirement payment options.

Will you have an eligible survivor on your projected retirement date? ☐ Yes ☐ No

How many beneficiaries do you want to include in your estimate?

- ☐ None  
☐ One (Complete the information in the space provided below.)

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

- ☐ One or more and with a specific dollar or specific percentage amount to each beneficiary.  
(Complete the information in the spaces provided below.)

Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit
Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar or Percent of Benefit

## Section 3

See the back of this form for information regarding the Advanced Estimate Scenarios.

## Advanced Estimate Scenarios

If you are a member of a defined benefit plan with another California public retirement system and want us to use your final compensation with the other system in your estimate, complete the information below.

Name of Reciprocal System	Estimated Final Compensation Amount
---------------------------	-------------------------------------

If you want to include temporary annuity in your retirement estimate, select one of the choices below.

- ☐ I became a member prior to January 1, 2002, and elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(59 1/2 or whole age 60 to 68) Dollars
- ☐ I became a member on January 1, 2002, or later and have CalPERS service coordinated with Social Security. I elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(62 to 70) Dollars

Mail to:

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

## Section 1

### Information About You

- If you are an active CalPERS member, contact your personnel office and ask them to update your mailing address with us.
- If you are an inactive CalPERS member, update your address at [my.calpers.ca.gov](http://my.calpers.ca.gov) or call us toll free at **888 CalPERS** (or **888-225-7377**).

## Section 2

### Your Retirement Information

**Retirement Date** - Your retirement date can be no earlier than your last day on payroll. If it has been more than nine months since you left employment, the date you enter cannot be earlier than the first day of the month you submit this form.

**Unused Sick Leave/Educational Leave** - Your last employer must contract to provide this benefit, and you must retire within 120 days of leaving employment for any unused sick and/or educational leave to be included in your actual retirement benefit.

**What is a survivor?** - A survivor receives a monthly benefit regardless of the retirement payment you choose. We only include this in your retirement estimate if your employer contracts to provide this benefit. A survivor is defined by law as:

- a spouse or registered domestic partner who was married or registered to you for at least one year before your service 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.)
- natural or adopted unmarried children under age 18.
- an unmarried child who was disabled prior to age 18 and whose disability continues without interruption until the disability ends or until marriage.
- qualifying financially dependent parents, if none of the above.

**What is a beneficiary?** - A beneficiary is any person you choose to receive either a one-time lump-sum payment or ongoing monthly benefit upon your death.

**Retirement Options** - When you retire, you will choose one of the following retirement options and name a beneficiary.

- **Unmodified Allowance** - Provides the highest monthly allowance paid for life. There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
- **Return of Remaining Contributions Option 1** - Provides a lump-sum payout of any remaining member contributions in your account to one or more beneficiaries upon your death.
- **100 Percent Beneficiary Option 2** - Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **100 Percent Beneficiary Option 2 with Benefit Allowance Increase** - Provides 100 percent of the option portion of your monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or if you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **50 Percent Beneficiary Option 3** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **50 Percent Beneficiary Option 3 with Benefit Allowance Increase** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **Flexible Beneficiary Option 4** - Provides an ongoing monthly benefit of a specific percentage or specific dollar amount of your retirement benefit to one or more named beneficiaries upon your death.

## Section 3

### Advanced Estimate Scenarios

#### Reciprocity

- Enter the name of the other California public retirement system you are a member of.
- Enter your highest average annual compensation for any consecutive 12- or 36-month period of employment with the other retirement system.
- To be eligible for full reciprocal benefits, such as final compensation exchange, you must retire concurrently.
- Refer to the publication *When You Change Retirement Systems* (PUB 16) for detailed information.

#### Temporary Annuity

- This benefit is only available for a service retirement.
- Enter the amount you want to receive and to what age depending on your CalPERS membership date.
- If your membership is on or after January 1, 2002, your temporary annuity amount cannot exceed your estimated Social Security benefit. This benefit is not free. Refer to the publication *Temporary Annuity* (PUB 13) for detailed information.

# Service Retirement Election Application

Please do not mail or deliver your application to CalPERS more than 120 days before your retirement date.  
 For detailed instructions on how to complete this form, please refer to the publication ***Service Retirement Election Application*** (PUB 43).

## Section 1

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

## Information About You

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

Social Security Number or CalPERS ID

Address

City

State

ZIP

Country

Birth Date (mm/dd/yyyy)

Daytime Phone

Alternate Phone

Email Address

## Section 2

Please enter the last day you were on payroll with a CalPERS-covered employer.

## Information About Your Retirement

Last Day on Payroll (mm/dd/yyyy)

Your Retirement Date (mm/dd/yyyy)

Employer Full Name

Full Position Title

### Temporary Annuity

Choosing to receive temporary annuity payments permanently reduces your retirement benefit. Refer to the ***Temporary Annuity*** publication (PUB 13) before making this choice.

**To elect to receive a temporary annuity payment, select one of the choices below.**

- ☐ I became a member prior to January 1, 2002, and elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
(59½ or whole age 60 to 68) Dollars
- ☐ I became a member on or after January 1, 2002, and have CalPERS service coordinated with Social Security. I elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month. I certify this amount does not exceed my estimated Social Security benefit at age \_\_\_\_\_.  
(62 to 70) Dollars

### Other California Public Retirement Systems

If you are a member of a defined benefit plan with a California public retirement system other than CalPERS, please complete the following:

Name of Reciprocal System

Last Day of Employment With Reciprocal System (mm/dd/yyyy)

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

Your Name

Social Security Number or CalPERS ID

### Section 3

## Select Your Retirement Payment Option

Choose one of the following retirement payment options.

Your retirement payment option choice becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

<input type="checkbox"/> <b>Unmodified Allowance</b>	There is no beneficiary designation with this option. Skip to Section 5.
<input type="checkbox"/> <b>Return of Remaining Contributions Option 1</b>	Complete your beneficiary designation in Section 4c.
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2</b>	Complete your beneficiary designation in Sections 4a and 4c.
<input type="checkbox"/> <b>100 Percent Beneficiary Option 2 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a.
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3</b>	Complete your beneficiary designation in Sections 4a and 4c.
<input type="checkbox"/> <b>50 Percent Beneficiary Option 3 with Benefit Allowance Increase</b>	Complete your beneficiary designation in Section 4a.
<b>Flexible Beneficiary Option 4</b>	Choose one of the options below.
<input type="checkbox"/> <b>Specific Percentage</b>	Complete your beneficiary designation in Section 4b.
<input type="checkbox"/> <b>Specific Dollar Amount</b>	Complete your beneficiary designation in Section 4b.

### Court-Ordered Community Property Option 4

Provide your former spouse/partner's information and choose one of the options below for your share of the benefit.

If you are required by a court order to designate your nonmember spouse or partner for an ongoing monthly benefit, choose one of the Court-Ordered Community Property Option 4 options for your share of the benefit.

Former Spouse/Former Registered Domestic Partner (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
<input type="checkbox"/> <b>Unmodified Allowance</b>	There is no beneficiary designation with this option. Skip to Section 5.	
<input type="checkbox"/> <b>Return of Remaining Contributions Option 1</b>	Complete your beneficiary designation in Section 4c.	
<input type="checkbox"/> <b>Specific Percentage</b>	Complete your beneficiary designation in Section 4b.	
<input type="checkbox"/> <b>Specific Dollar Amount</b>	Complete your beneficiary designation in Section 4b.	

### Section 4a

## Complete Your Beneficiary Information – Ongoing Monthly Benefit

The beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- 100 Percent Beneficiary Option 2
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	Relationship to You	
Address			
City	State	ZIP	Country



Your Name

Social Security Number or CalPERS ID

## Section 4b

### Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

Complete all fields for each beneficiary and specify the percentage or dollar amount. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

If you chose one of the following options, name one or more beneficiaries to receive a specific percentage or dollar amount of your retirement benefit upon your death.

- Flexible Beneficiary Option 4/Specific Percentage or Specific Dollar Amount
- Court-Ordered Community Property Option 4/Specific Percentage or Specific Dollar Amount

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

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female ☐ Nonbinary Relationship to You

\$ %  
Dollar Amount 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 ☐ Nonbinary Relationship to You

\$ %  
Dollar Amount 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 ☐ Nonbinary Relationship to You

\$ %  
Dollar Amount Percent of Benefit

Address

City State ZIP Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

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

Birth Date (mm/dd/yyyy) Gender ☐ Male ☐ Female ☐ Nonbinary Relationship to You

\$ %  
Dollar Amount Percent of Benefit

Address

City State ZIP Country

Your Name

Social Security Number or CalPERS ID

## Section 4c

If you want to name separate beneficiaries for the balance of your remaining contributions and/or temporary annuity balance, call us toll free at **888 CalPERS** (or **888-225-7377**).

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

If you want to name more than four beneficiaries, call us toll free at **888 CalPERS** (or **888-225-7377**).

## Complete Your Beneficiary Information – Return of Remaining Contributions

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You can change this beneficiary designation at any time.

- Return of Remaining Contributions Option 1
- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3
- Temporary Annuity (remaining balance upon your death)
- Court-Ordered Community Property Option 4/Return of Remaining Contributions Option 1

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary Priority	<input type="checkbox"/> Secondary 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)	Relationship to You	<input type="checkbox"/> Primary Priority	<input type="checkbox"/> Secondary 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)	Relationship to You	<input type="checkbox"/> Primary Priority	<input type="checkbox"/> Secondary 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)	Relationship to You	<input type="checkbox"/> Primary Priority	<input type="checkbox"/> Secondary Percent of Benefit %
Address			
City	State	ZIP	Country

Your Name

Social Security Number or CalPERS ID

## Section 5

### Retired Death Benefit – Beneficiary Designation

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a percentage of benefit.

If you last worked with another California retirement system that provides a similar death benefit, the CalPERS Retired Death Benefit is not paid.

Name one or more beneficiaries to receive the Retired Death Benefit upon your death. The amount payable is based on your employer's contract with us. You can change this beneficiary designation at any time.

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
		Priority	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)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
		Priority	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)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
		Priority	Percent of Benefit

Address			
City	State	ZIP	Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	Relationship to You	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	%
		Priority	Percent of Benefit

Address			
City	State	ZIP	Country

Your Name

Social Security Number or CalPERS ID

## Section 6

See Survivor Continuance instructions in the publication **Service Retirement Election Application** (PUB 43) to learn about eligibility requirements for this benefit.

## Survivor Continuance Information

1. Were you married or in a registered domestic partnership at least one year prior to your retirement date?

☐ No ☐ Yes, provide:

Name of Spouse/Registered Domestic Partner (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Address

City

State

ZIP

Country

2. Do you have any natural or legally 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)

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)

Address

City

State

ZIP

Country

3. 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)

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)

Address

City

State

ZIP

Country

Section 6 continues on page 7

Your Name

Social Security Number or CalPERS ID

**Section 6, continued**

**Survivor Continuance Information, continued**

4. 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)

Address

City

State

ZIP

Country

**Section 7**

**Tax Withholding Election**

Please tell us about your citizenship and residency:

- ☐ I am a citizen of another country and live in the United States.
- ☐ I am a citizen of the United States and live in the United States.
- ☐ I am a citizen of the United States and live in another country.
- ☐ I am a non-resident alien.

Provide your country of citizenship and legal residency.

Country of Citizenship

Country of Legal Residency

**Step 1: Federal Tax Withholding Election**

Please choose only one.

- ☐ Do not withhold federal income tax  
(Skip to California State Tax Withholding Election at the end of this section if you choose not  
to withhold federal income tax.)

Withhold federal income tax based on the tax tables for:

- ☐ Single or Married - Filing Separately
- ☐ Married - Filing Jointly or Qualifying Widow(er)
- ☐ Head of Household

Section 7 continues on page 8

**Section 7, continued**

**Tax Withholding Election, continued**

**Complete Steps 2-4 ONLY if they apply to you;** otherwise, skip to California State Tax Withholding on the next page.

For more information on each step, see pages 13-14 in the publication ***Service Retirement Election Application*** (PUB 43).

<p><b>Step 2:</b> <b>Income from a Job and/or Multiple Pensions/Annuities</b> (Including a Spouses' Job/Pension/Annuity)</p> <p>Complete this step if you:</p> <ul style="list-style-type: none"> <li>• have income from a job or more than one pension/annuity; or</li> <li>• are married filing jointly and your spouse receives income from a job or a pension/annuity.</li> </ul> <p><b>a) Job income.</b> If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . . . \$ _____</p> <p><b>b) Other Pension and Annuities.</b> If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . \$ _____</p> <p><b>c) Total: Add the amounts from items (a) and (b) and enter the total here.</b> . . . . . &gt; _____</p> <p><b>TIP:</b></p> <ul style="list-style-type: none"> <li>• To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.</li> <li>• If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.</li> </ul>	<p><b>2</b></p>	<p><b>\$</b> _____</p>
<p><b>Step 3:</b> <b>Claim Dependent and Other Credits</b></p> <p>If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):</p> <p>a) Multiply the number of <b>qualifying children</b> under age 17 by \$2,000 . . . . \$ _____</p> <p>b) Multiply the number of <b>other dependents</b> by \$500. . . . . \$ _____</p> <p>c) Add <b>other credits</b>, such as foreign tax credit and education tax credits . . . \$ _____</p> <p>Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . &gt; _____</p>	<p><b>3</b></p>	<p><b>\$</b> _____</p>
<p><b>Step 4:</b> <b>Other Adjustments (Optional)</b></p> <p><b>a) Other income</b> (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . . . &gt; _____</p> <p><b>b) Deductions.</b> If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, enter the amount of deductions here . . . . . &gt; _____</p> <p><b>c) Extra withholding.</b> Enter any additional tax you want withheld from each payment . . . . . &gt; _____</p>	<p><b>4(a)</b>  <b>4(b)</b>  <b>4(c)</b></p>	<p><b>\$</b> _____  <b>\$</b> _____  <b>\$</b> _____</p>

**Section 7, continued**

**Tax Withholding Election, continued**

**California State Tax Withholding Election**

Please choose only one.

☐ Do not withhold State of California income tax.

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

Withhold State of California income tax based on the tax tables for:

☐ Single or Married (with two or more incomes) . . . . Number of allowances: \_\_\_\_\_

☐ Married (one income) . . . . . Number of allowances: \_\_\_\_\_

☐ Head of Household. . . . . Number of allowances: \_\_\_\_\_

Additional amount, if any, you want withheld from your pension or annuity payment \$ \_\_\_\_\_

(Note: You cannot enter an amount here without entering a filing status  
and the number, including zero, of allowances.)

Designated amount you would like to withhold from each pension or annuity program \$ \_\_\_\_\_

## Section 8

\*To comply with NACHA regulations regarding international ACH transactions, 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.

### \*\* Trust Account

You also need to complete and submit a *Request for Payment of Monthly Allowance to a Trust* form available at [www.calpers.ca.gov](http://www.calpers.ca.gov) and a copy of the Certification of Trust from your trust document.

## Direct Deposit Information

I certify I am entitled to receive this payment. I authorize my retirement payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. 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.\*

☐ Checking ☐ Savings ☐ Joint ☐ Trust Account \*\*

Routing Number (nine digits)

Account Number

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

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

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)

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at [my.calpers.ca.gov](http://my.calpers.ca.gov).

### Information About Joint Account Holder, if applicable

Name Social Security Number or CalPERS ID

Address ( ) Daytime Phone

City State ZIP

## Section 9

## 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.



**Section 10**

**Spousal Consent to Beneficiary Designation**

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or any lump-sum benefits that may be payable upon your death.

**Member Acknowledgment**

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in one or more of the following benefits (if applicable):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award 50 percent of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining 50 percent of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your signature must be  
notarized by a notary public  
or witnessed by a  
CalPERS representative.

\_\_\_\_\_  
Your Signature

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

**Spouse's or Registered Domestic Partner's Consent**

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner in this application. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all of the following benefits will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered  
domestic partner should  
sign this consent if he or  
she consents to each of your  
beneficiary designations  
after reviewing this section.  
His or her signature must be  
notarized or witnessed by a  
CalPERS representative.

\_\_\_\_\_  
Your Spouse's or Domestic Partner's Signature

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

## Section 11

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

## Signatures and Notary or Witness Acknowledgment

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 I only have 30 days from the issuance of my first retirement benefit check to cancel or make any changes to this application.** If I seek post-retirement CalPERS employment, I understand I must read the publication ***A Guide to CalPERS Employment After Retirement*** (PUB 33), which contains information about the requirements for such employment.

Are you legally married or do you have a state-recognized registered domestic partner? ☐ Yes ☐ No

If no, please indicate: ☐ Never Married or in Domestic Partnership  
☐ Divorced, Annulled, or Domestic Partnership Terminated  
☐ Widowed

If you answered yes above, your spouse or registered domestic partner must sign this application unless you have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, **and** you designated your spouse or registered domestic partner as the beneficiary, **and** you designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the ***Justification for Absence of Spouse's or Registered Domestic Partner's Signature*** form.

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

Your Signature

Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature

Date (mm/dd/yyyy)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of \_\_\_\_\_ On \_\_\_\_\_ Date

before me, \_\_\_\_\_ personally appeared

Name of Notary/Witness

\_\_\_\_\_, 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 Retirement 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

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

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

Pursuant to Government Code section 21261, an election of optional settlement, designation of beneficiary, or change in beneficiary shall contain the signature of the current spouse or registered domestic partner unless the retirement payment option provides him or her 100 percent of the member's monthly allowance and he or she was also named as the sole beneficiary for any lump-sum benefits.

**If a spouse's or registered domestic partner's signature is required and he or she is unable to sign the retirement application or beneficiary designation form, the following information must be completed by the member.**

- ☐ 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 Retirement Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711**

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# CalPERS Health Benefits

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## Health Insurance Covered Under PEMHCA

If you are nearing retirement, read this section to gain an understanding of how retirement will affect your health benefits under the Public Employees' Medical and Hospital Care Act (PEMHCA). Contact your health benefits officer or personnel office for questions about your health benefits. Once you are retired, contact CalPERS for any questions about your health benefits or to make changes to your plan or dependents.

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).

- Our **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.
- Our annual **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.
- Our **Medicare Enrollment Guide** provides information about how Medicare works with your CalPERS health benefits.

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

## Your Separation Date and Your Retirement Date

As retirement approaches, two dates are particularly important: your separation date (last day of employment) and your retirement date. If you are not sure when these dates occur, talk to your employer.

**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 have the option to cancel your coverage by:

- Submitting a **Health Benefits Plan Enrollment** form to your employer (if you are still employed),
- Declining health coverage in the CalPERS **Service Retirement Election Application**, or
- Writing or calling CalPERS to request to cancel health coverage (if you are already retired).

Once you retire, CalPERS becomes your health benefits officer. This means you can make most changes to your health enrollment by calling CalPERS at **888 CalPERS** (or 888-225-7377) or log in to your personal myCalPERS account at [my.calpers.ca.gov](http://my.calpers.ca.gov).

## CalPERS Health Benefits (continued)

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**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:

- Writing to CalPERS within 60 days of your retirement date and requesting re-enrollment, or
- Waiting for the next Open Enrollment period.

You can pay monthly premiums directly to your health plan when you are not on a regular pay status. And you can avoid having your coverage suspended between your last day of work and your retirement date by paying the full monthly premium. 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 eligible for CalPERS health benefits, but 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 CalPERS for more information and assistance with your enrollment.

**If your retirement effective date is more than 120 days after separation from employment,** you are not eligible for coverage at retirement or at any future date. There are some exceptions to this rule. Contact CalPERS 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, contact CalPERS.

## Medicare

Medicare is a federal health insurance program for individuals:

- Age 65 or older
- Under age 65:
  - With certain Social Security-qualified disabilities
  - With End-Stage Renal Disease (ESRD)
  - With Amyotrophic Lateral Sclerosis (ALS, or Lou Gehrig's Disease)

Medicare is regulated by the Centers for Medicare and Medicaid Services (CMS). The Social Security Administration (SSA) works with CMS to determine eligibility and to enroll individuals in Medicare.

Medicare consists of different parts:

- Part A (Hospital Insurance)
- Part B (Medical Insurance)
- Medicare Advantage Plans (Medicare Part C)
- Part D (Prescription Drug Coverage)

If you and/or your dependent are over age 65, retired, and eligible for premium-free Medicare Part A and premium-based Medicare Part B, CalPERS requires you to enroll in both Part A and Part B, and then transfer into a CalPERS Medicare health plan to continue CalPERS health coverage.

If you become eligible for Medicare due to a disability, special rules apply for you to continue your health benefits. Contact CalPERS for additional information.

If you are not eligible for premium-free Part A through your own work history, you may be eligible for premium-free Medicare Part A through the work history of a spouse who became eligible prior to turning age 65 (eligibility may be determined through a current, former, or deceased spouse). If you do not qualify for premium-free Part A through your or a

## CalPERS Health Benefits (continued)

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spouse's work history, you must provide supporting documentation from the SSA that you are not eligible for premium-free Part A to remain enrolled in a CalPERS Basic health plan.

If you later qualify for Part A at no cost, you must enroll in Part A and Part B, provide your Medicare information to CalPERS, and then transfer to a CalPERS Medicare health plan.

If you do not qualify for premium-free Medicare Part A but qualify for Medicare Part B, you may be able to enroll in the Kaiser Permanente Senior Advantage (KPSA) plan. KPSA is the only Medicare Advantage plan offered by CalPERS in which members without premium-free Medicare Part A but with Medicare Part B are allowed to enroll.

If you are under age 65, Medicare eligible, and have completed your coordination of benefits, you may choose to enroll in a CalPERS Medicare health plan by providing your Medicare information to CalPERS.

Although Part A may be at no cost to qualifying individuals, the SSA establishes a standard Part B premium. The monthly Part B premium must be paid to the SSA to remain enrolled in Part B. If your income exceeds established thresholds, the SSA will increase your Part B premium by an income-related monthly adjustment amount. Payment of the Part B premium is mandatory to protect your eligibility to remain enrolled in a CalPERS Medicare health plan. If you voluntarily terminate your enrollment in Part B, your CalPERS health coverage will be canceled.

CalPERS offers several Medicare health plans. When you retire, become Medicare eligible, and enroll in Medicare Part A and Part B, CalPERS will enroll you in a CalPERS Medicare health plan of your choice that is available to you. If you do not choose a new

health plan, CalPERS will automatically transfer you into a CalPERS Medicare health plan. There are three types of Medicare plans available:

- Medicare Advantage Health Maintenance Organization (HMO)
- Medicare Advantage Preferred Provider Organization (PPO)
- PPO Supplement plan

Medicare Advantage plans include Part A, Part B, and Part D. You must remain enrolled in Part A and Part B with the Social Security Administration to continue your enrollment in a Medicare Advantage plan. If you voluntarily terminate your Medicare coverage, you will be disenrolled from the Medicare Advantage plan and canceled from CalPERS health coverage.

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 are enrolled in a Preferred Provider Organization (PPO) Supplement to Medicare plan, you may choose to opt out of the Part D prescription drug coverage; however, you will be financially responsible for all of your prescription drug costs. 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 your covered dependents will be canceled from CalPERS health coverage.

The Medicare Part D premium is 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 (IRMAA) amount that must be paid to the SSA. Payment of this amount is mandatory to protect your Medicare enrollment and eligibility to remain enrolled in a CalPERS Medicare health plan.

## CalPERS Health Benefits (continued)

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To be enrolled in a CalPERS Medicare health plan, you cannot be enrolled in a non-CalPERS Medicare Part D plan. You may only be enrolled in one Medicare Part D plan at a time.

For more detailed information on how CalPERS and Medicare work together, see the CalPERS **Medicare Enrollment Guide** or visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov).

For information about the Medicare program, call Medicare at (800) 633-4227 or TTY (877) 486-2048, or visit their website at [www.medicare.gov](http://www.medicare.gov).

For information regarding Medicare eligibility and enrollment, or Medicare premiums, call 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 and CSU 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 Open Enrollment. Open Enrollment is held each fall and changes become effective the following January 1.

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 by the State of California 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). If you were first hired by the CSU system on or after July 1, 2017, you could be subject to dental vesting requirements. To determine if your bargaining unit has agreed to these requirements, contact the CSU Chancellor's Office.

### Vision Care (State and CSU 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

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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 Franchise Tax Board, or from your tax advisor.

## 1099-R Annual Tax Reporting Statement

Each January, you will receive a 1099-R form containing information on your CalPERS income from the previous calendar year.

- Box 1 on the 1099-R 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 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 First Payment Acknowledgment letter under the heading of “Income Tax Information.”

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.gov](http://www.irs.gov) or by calling the IRS at (800) 829-1040.

## Taxes and Your Service Retirement (continued)

**Table 1 – Simplified Method, Single Life Annuity  
Unmodified Allowance or Return of Remaining  
Contributions Option 1**

Find your age at retirement and use the corresponding payment numbers.

Age at Retirement	Number of Lifetime Payments
55 or under	360
56-60	310
61-65	260
66-70	210
71-74	160

**Table 2 – Simplified Method, Joint Life Annuity  
Retirement Options That Provide an Ongoing  
Lifetime Benefit**

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 under	410
111-120	360
121-130	310
131-140	260
141 or over	210

\* If you elected an ongoing lifetime benefit 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.gov](http://www.irs.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.

## Taxes and Your Service Retirement (continued)

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### **Tax Withholding Election**

By law, all CalPERS retirees whose allowances are taxable are required to select one of the following withholding choices:

- To have no taxes withheld; or
- To have taxes withheld according to the tax tables for:
  - Single or Married – Filing Separately
  - Married – Filing Jointly or Qualifying Widow(er)
  - Head of Household

You are also required to provide the following information:

- Your income from any job or another pension or annuity
- Your spouse's income from a job, pension, or annuity if you are married filing jointly
- The amount you are claiming for any dependents or other tax credits

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 single person with no adjustments.

# How to Contact Us

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## Find Us Online

### **www.calpers.ca.gov**

Learn about your benefits and subscribe to email alerts. You'll also find all our publications and forms.

### **my.calpers.ca.gov**

Log in to access your account information or send us a secure message.

### **news.calpers.ca.gov**

Stay up to date on CalPERS news that matters to you.

## Call Us

Our offices are open Monday through Friday, 8:00 a.m. to 5:00 p.m. We're closed on state holidays.

Toll free: **888 CalPERS** (or 888-225-7377)

TTY: (877) 249-7442

Fax: (800) 959-6545

International Calls: +1 916-795-3000

### **¿Hablas Español?**

Para servicio en español marque:

**888 CalPERS** (o 888-225-7377)

## Write to Us

### **California Public Employees' Retirement System**

Retirement Benefit Services Division

P.O. Box 942711

Sacramento, CA 94229-2711

## Experience CalPERS Through Social Media

Connect with us to get the latest CalPERS news.



# Visit Your Nearest CalPERS Regional Office

Go to [www.calpers.ca.gov/regionaloffices](http://www.calpers.ca.gov/regionaloffices) to learn how to make an appointment and prepare for your visit.



# Privacy Notice

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

## Information Purpose

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

Please do not include information that is not requested.

## Social Security Numbers

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

Social Security numbers are used for the following purposes:

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

## Information Disclosure

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

## Your Rights

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

CalPERS  
CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

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

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CalPERS is 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 the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811.

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**California Public Employees'  
Retirement System**

400 Q Street

P.O. Box 942701

Sacramento, California 94229-2701

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

**[www.calpers.ca.gov](http://www.calpers.ca.gov)**

**PUB 43**

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