

Request for Verification of Benefits

AS 1830 rev 01/17

CALSTRS®

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

There are two ways to receive a Verification of Benefits letter from CalSTRS:

1. Receive an instant Verification of Benefits letter online by submitting a *Request for Verification of Benefits* form through *myCalSTRS*: Log in to your *myCalSTRS* account at *myCalSTRS.com*, select the *Complete & Submit Forms* icon and follow the guided step-by-step instructions to complete your request and access a printable verification letter.

2. Receive a Verification of Benefits letter by mail: Complete this form to request a Verification of Benefits letter. Please allow up to 30 days for CalSTRS to respond.

If you have questions, send us a secure email using your *myCalSTRS* account or at *CalSTRS.com/contact*, call us at 800-228-5453 or send us a fax at 916-414-5474.

Section 1: Benefit Recipient Information

BENEFIT RECIPIENT NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

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TELEPHONE NUMBER

ALTERNATE NUMBER

FAX NUMBER

Section 2: Third-Party Information

NAME OF REPRESENTATIVE

BUSINESS NAME

BUSINESS ADDRESS (STREET)

CITY

STATE

ZIP CODE

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TELEPHONE NUMBER

ALTERNATE NUMBER

FAX NUMBER



AS1830

Name _____ Client ID or SSN _____

Section 3: Letter Details and Delivery Options

Select the type of letter you wish to receive:

Verification of Benefits duration letter

All Verification of Benefits duration letters include the following information for all benefits:

- Benefit type
- Initial benefit effective date
- Benefit end date

Verification of Benefits duration and amounts letter

All Verification of Benefits duration and amounts letters include the following information for all benefits:

- | | |
|--|---|
| • Benefit type | • Last annual benefit adjustment amount |
| • Initial benefit effective date | • Last annual benefit adjustment effective |
| • Benefit end date | • Last annual benefit adjustment payable |
| • Gross monthly amount | • Next estimated gross monthly amount |
| • Date the gross monthly amount became effective | • Quarterly supplemental payment amount (if applicable) |
| • Date the gross monthly amount became payable | |

Select your delivery options. You may select more than one.

I will view the letter on myCalSTRS (See Complete & Submit Forms on the myCalSTRS home page).

Send the letter to me.

By: Fax Mail

Send the letter to a third party.

By: Fax Mail

Section 4: Signatures

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct. I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

I authorize CalSTRS to release any information requested by _____

THIRD PARTY NAME

regarding any benefits paid to me or my dependents. This authorization expires 60 days after I sign this form.

PRINT NAME OF BENEFIT RECIPIENT

Signature



BENEFIT RECIPIENT SIGNATURE

DATE (MM/DD/YYYY)