

## Express Benefit Report—Information and Instructions

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The *Express Benefit Report* form is used to request accumulated unused sick leave balances and employment termination information from your employer(s) during your last school year for whom you performed CalSTRS creditable service.

**This form must be completed and submitted even if your unused sick leave balance at the time of retirement is zero.**

Each employer must report and certify required employment information on this form to comply with California law:

- For retirements effective on or after January 1, 2013, each of your employers during the last school year in which you earned service credit can submit an *Express Benefit Report* form if your unused sick leave was not transferred between districts. Your last employer is required to submit an *Express Benefit Report* form to certify your employment termination and last day of work, vacation or compensated approved leave.
- For retirements effective before January 1, 2013, only your last employer can report unused sick leave. Your last employer is required to submit this form to certify your employment termination and last day of work, vacation or compensated approved leave.

Credit for unused sick leave is included in the calculation of your retirement benefit. You must submit your *Service Retirement Application* to CalSTRS before you'll receive your CalSTRS retirement benefit. If your employer submits this form after you submit your retirement application, it will not delay your *initial* benefit. Your full benefit will be calculated when the *Express Benefit Report* form is processed. You will receive a payment for any accumulated difference.

An award letter with the updated information will be mailed to you. Contact your employer if there are discrepancies between your records and what your employer reported to CalSTRS.

**Members, please do not submit this form to CalSTRS. Complete section 1, then give the form to your employer(s). Your employer(s) will return the *Express Benefit Report* form directly to CalSTRS after completing sections 2–4.**

### **SECTION 1: MEMBER INFORMATION (TO BE COMPLETED BY MEMBER)**

Enter your full name as it appears on your Social Security card, Client ID or Social Security number, date of birth, mailing address, telephone number, position title and retirement date listed on your *Service Retirement Application*.

Complete only section 1 of the *Express Benefit Report* form and give the form and these instructions to each of your last employer(s). Your employer(s) will complete sections 2–4 and return the form directly to CalSTRS. Your last employer(s) must complete and certify the information in the remaining sections.

If your retirement date is on or after January 1, 2013, and you had multiple employers during the last school year of CalSTRS-covered employment, mark the box indicating this. Each employer will need a copy of this form.

### **SECTION 2: EMPLOYER INFORMATION (TO BE COMPLETED ONLY BY EMPLOYER)**

**County and District Codes:** Enter the appropriate five-digit county and district codes. Example: Kern County, Edison, would be 15-012. Contact your CalSTRS liaison if you are unsure of your code.

**Employer Contact Name, Address and Telephone:** Enter the name, mailing and email addresses, and phone and fax numbers of the person CalSTRS should contact if there are questions about information submitted on this form.

**Last Date of Work, Vacation or Compensated Approved Leave:** Enter the date of the member's last day of work, vacation or compensated approved leave. If the member was on a compensated approved leave or a leave of absence, enter the date of the last actual day of that leave. *This date must be before the member's retirement date.*

#### **Sick Leave Days**

##### ***Accumulated Unused Regular Sick Leave Days***

Enter the number of accumulated unused sick leave days the member will have as of the last day of paid employment.

##### ***Unused Excess Sick Leave Days***

Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment. Excess sick leave is sick leave granted by the employer after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks.

If you granted or accepted the transfer of excess sick leave for the member, CalSTRS will bill you for the present-value cost of the unused excess sick leave you report. If we don't receive your payment within 30 days, we will recalculate the present-value cost to include interest. This applies only if you're reporting unused excess sick leave days.

**To determine unused excess sick leave days:** First deduct sick leave usage from any unused sick leave balances as of July 1, 1986. Next, deduct sick leave usage from basic sick leave days granted after June 30, 1986. Last, deduct sick leave usage from any excess sick leave days granted after June 30, 1986.

**Total Sick Leave Days**

Accumulated Unused Regular Sick Leave Days + Unused Excess Sick Leave Days = Total Sick Leave Days

**Contract Base Service Days (final year)**

To determine Contract Base Service Days, subtract the number of school and legal holidays from the full-time equivalent, if they are included in the FTE. The base service days cannot be fewer than 175 days. FTE is the number of days that a person is required to work in that position for the school year if employed full time.

**SECTION 3: EMPLOYER FINAL COMPENSATION INFORMATION (TO BE COMPLETED ONLY BY EMPLOYER)**

**One-Year Final Compensation:** Check this box only if the district has a collective bargaining agreement that authorizes one-year final compensation and the member meets the eligibility requirements. Please attach only the relevant pages of the written agreement that demonstrate the member's eligibility for one-year final compensation.

**For CalSTRS 2% at 60 members** (first hired on or before December 31, 2012; see the *Member Handbook* for other requirements): Those 2% at 60 members who have at least 25 years of service credit are eligible for one-year final compensation. Employers may also provide one-year final compensation to those with fewer than 25 years of service credit in collective bargaining agreements entered into, extended, renewed or amended before January 1, 2014.

**For CalSTRS 2% at 62 members** (first hired on or after January 1, 2013): These members are not eligible for one-year final compensation.

**Excess Sick Leave Worksheet (Optional)**

If excess sick leave days were accumulated and unused, complete the calculation given below to determine present-value amount.

<i>Unused Excess Sick Leave Days</i>		<i>Contract Base Service Days</i>		<i>Prior Year Earnable</i>		<i>Present-Value Factor</i>		<i>Present Value</i>
<input style="width: 100%;" type="text"/>	÷	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	X	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>

**Final Compensation—Salary Reduction:** If the member received a reduced salary due to a reduction in school funds, his or her final compensation does not have to be based on consecutive periods of time. Check this box and indicate the school year or years in which the reduction occurred.

**SECTION 4: REQUIRED SIGNATURES (TO BE COMPLETED ONLY BY EMPLOYER)**

Print the name of the superintendent or authorized designee, official title, and telephone and fax numbers. Have this person sign and date the form. Return the form to CalSTRS within 30 days of the member's retirement date or the date CalSTRS receives his or her retirement application, whichever is later. CalSTRS may assess penalties for delinquent reports.

**SUBMITTING THE REPORT (TO BE COMPLETED BY EMPLOYER)**

**Mail to:**  
 CalSTRS  
 P.O. Box 15275, MS 65  
 Sacramento, CA 95851-0275

**Fax to:**  
 916-414-5964 or 916-414-5965

**Overnight or hand deliver to:**  
 If you are hand delivering or using a special mailing service such as UPS or FedEx, send the form to:

CalSTRS Member Services  
 100 Waterfront Place  
 West Sacramento, CA 95605

**QUESTIONS—MEMBERS ONLY**

Email your questions using your *myCalSTRS* account or at [CalSTRS.com/contact](http://CalSTRS.com/contact), or call 800-228-5453.

# Express Benefit Report

SR 0554E rev 01/17

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**Members:** Complete *only* section 1, then submit a form to each employer you performed CalSTRS-creditable service during your last school year. This form allows you to request your accumulated unused sick leave balance and employment information from your last employer(s). Credit for unused sick leave is included in your final retirement benefit calculation. **This form is not an application for a benefit. You must submit your *Service Retirement Application* to CalSTRS before you'll receive your CalSTRS retirement benefit.**

**Employers:** Complete sections 2-4 and return directly to CalSTRS. This form is used to report employment and sick leave benefit information, including the termination of employment and unused and excess sick leave. This form must be certified by the county superintendent or an authorized designee. Employers are required to certify employment termination and sick leave information within 30 days of the member's retirement date or the date CalSTRS receives his or her retirement application, whichever is later. CalSTRS may assess penalties for delinquent reports.

## Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER	
MAILING ADDRESS		DATE OF BIRTH (MM/DD/YYYY) ( )	
CITY	STATE	ZIP CODE	HOME TELEPHONE
POSITION TITLE			
REQUESTED RETIREMENT DATE			
<input type="checkbox"/> I had more than one employer during my last school year of CalSTRS-covered employment.			

**Members: Stop here and forward this form to each of your last employer(s) to complete and return to CalSTRS.**

## Section 2: Employer Information

(To be completed by last employer(s) and returned directly to CalSTRS)

<input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		( )	
COUNTY AND DISTRICT CODE (FIVE DIGITS)	EMPLOYER CONTACT NAME	EMPLOYER TELEPHONE	
EMPLOYER ADDRESS	CITY	STATE	ZIP CODE
EMPLOYER EMAIL ADDRESS		( )	EMPLOYER FAX
LAST DAY OF WORK, VACATION OR COMPENSATED APPROVED LEAVE. (MM/DD/YYYY) <b>(THIS DATE MUST BE EARLIER THAN THE RETIREMENT DATE.)</b>			

By signing this form, I certify the member will have terminated all CalSTRS creditable service with this district before his or her retirement date.

**Continued on reverse side.**



SR0554E

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section 2: Employer Information** continued

**Sick Leave Days**

Report unused and excess sick leave as of the member's anticipated last day of paid employment. If the *Express Benefit Report* form is submitted before the last day of work, vacation or compensated approved leave and the member uses sick leave after submitting this form, the district must submit a correction on the *Employment Termination or Sick Leave Data Correction* form to CalSTRS to ensure the member receives an accurate final benefit. The form is available on SEW, CalSTRS Secure Employer Website, or at CalSTRS.com/forms.

**Unused Sick Leave Report/Unused Excess Sick Leave Billing**

If the employee has no accumulated unused sick leave days, enter zero.

Accumulated Unused Regular Sick Leave Days		Unused Excess Sick Leave Days*		Total Sick Leave	Contract Base Service Days
<input style="width: 100%;" type="text"/>	+	<input style="width: 100%;" type="text"/>	=	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Days only		Days only		Days only	Not less than 175 days

*\*To determine unused excess sick leave days: First deduct sick leave usage from any unused sick leave balances as of July 1, 1986. Next, deduct sick leave usage from basic sick leave days granted after June 30, 1986. Last, deduct sick leave usage from any excess sick leave days granted after June 30, 1986.*

**Section 3: Employer Final Compensation Information** (To be completed by employer)

**One-year final compensation**

I certify pursuant to the district bargaining agreement that the present-value payment for one-year final compensation will be made to CalSTRS within 30 days of receiving billing for the member, who has fewer than 25 years of service credit.

**I have attached a written agreement demonstrating the member is eligible for one-year final compensation.** Please attach only the relevant pages of the written agreement that demonstrate the member's eligibility for one-year final compensation.

**For CalSTRS 2% at 60 members** (first hired on or before December 31, 2012; see the *Member Handbook* for other requirements): Those who have at least 25 years of service credit are eligible for one-year final compensation. Employers may also provide one-year final compensation to those with fewer than 25 years of service credit in collective bargaining agreements entered into, extended, renewed or amended before January 1, 2014.

**For CalSTRS 2% at 62 members** (first hired on or after January 1, 2013): These members are not eligible for one-year final compensation.

**Final compensation—salary reduction**

I certify that because of a reduction in school funds, the member's salary was reduced during the following school year(s) \_\_\_\_/\_\_\_\_. The member's final compensation does not have to be based on consecutive periods of time.

**Section 4: Required 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 understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in penalties, including restitution, up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010).

\_\_\_\_\_  
PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DESIGNEE

( ) \_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
OFFICIAL TITLE

( ) \_\_\_\_\_  
FAX



\_\_\_\_\_  
SIGNATURE (SUPERINTENDENT OR AUTHORIZED DESIGNEE)

\_\_\_\_\_  
DATE (MM/DD/YYYY)