



# Your Disability Benefits Guide

For Defined Benefit Members

2013–14



The California Public Employees' Pension Reform Act of 2013 made significant changes to the benefits for members first hired to perform CalSTRS creditable activities on or after January 1, 2013, and who never before performed CalSTRS creditable services under a different retirement system, including Social Security. As a result, CalSTRS now has two benefit structures:

- **CalSTRS 2% at 60:** Members first hired on or before December 31, 2012.
- **CalSTRS 2% at 62:** Members first hired on or after January 1, 2013.

While the changes primarily affect service retirement benefits, final compensation for disability retirement benefits may be calculated differently for members under the CalSTRS 2% at 60 benefit structure than for members under CalSTRS 2% at 62.

For more information, see the *Member Handbook 2013*, available at [CalSTRS.com/publications](http://CalSTRS.com/publications).

This booklet contains information and forms for a CalSTRS Defined Benefit disability benefit, including a service retirement benefit during an evaluation of your *Disability Benefits Application*. If you are a Cash Balance Benefit Program participant, contact us for the appropriate Cash Balance Benefit application. If you are not sure whether you are a Defined Benefit member, a Cash Balance participant or both, contact us or check your most recent *Retirement Progress Report*.

# Contents

<b>Introduction</b>	<b>3</b>
<b>Your Disability Benefits Application Overview</b>	<b>4</b>
<b>Step 1: Plan and Research Your Decision</b>	<b>5</b>
Before You Apply	
Is a Disability Benefit Right for Me?	
Service Retirement During Evaluation of a Disability Application	
Determining Your Eligibility	
The Disability Benefit	
Providing a Monthly Lifetime Benefit to Someone After Your Death	
Defined Benefit Supplement Distribution	
If Your Application Is Approved	
Listing of Benefits Counseling Offices	
<b>Step 2: Complete and Submit Your Forms</b>	<b>25</b>
The Application Checklist	
Instructions Overview	
Description of Forms	
<b>Step 3: CalSTRS Role in the Process</b>	<b>27</b>
<b>Forms</b>	<b>29</b>
<b>Glossary</b>	<b>69</b>



A CalSTRS benefits counselor can help you understand your disability coverage, provide estimates and assist you with initiating an application.



## Introduction

When your life and career are interrupted by a serious medical situation, medical and financial concerns can feel overwhelming. The CalSTRS Disability Program for Defined Benefit Program members may help reduce your financial worries.

This guide will help you make informed decisions to best meet your needs and concerns. It provides the specific requirements to apply for a disability benefit, what you can expect throughout the application process, and the *Disability Benefits Application*.

CalSTRS can help you.



## Your Disability Benefits Application Overview

For most important events in your life, you usually have time to plan ahead. An unexpected event such as an illness or injury, however, rarely meets anyone’s timelines.

This overview from when you decide to apply for a disability benefit to your first benefit payment will give you an idea of what to do and when.

To schedule a one-on-one meeting with a benefits counselor, go to *myCalSTRS* (select the *Schedule a Benefits Counseling Appointment*), or contact your local CalSTRS counseling office.

➤ You’ll find a listing of offices on page 23.

What to Do	When
<b>Step 1</b>	
Plan and research your disability decision.	Apply for disability benefits <i>before</i> you exhaust other benefits available to you.
Meet with a CalSTRS benefits counselor.	
<b>Step 2</b>	
Complete, sign, date and submit your <i>Disability Benefits Application</i> and other forms.	<p>CalSTRS must receive your signed and dated <i>Disability Benefits Application</i>. If approved, your disability benefit will go into effect on whichever of the following dates occurs later:</p> <ul style="list-style-type: none"> <li>• The first day of the month in which we received your completed application.</li> <li>• The day after your last day of compensation, including sick leave and subdifferential pay.</li> </ul>
<b>Step 3</b>	
CalSTRS sends you a letter approving or rejecting your application. If approved, the letter includes the amount of your monthly benefit and how your monthly benefit was calculated.	<p>Within 45 days of the approval of your disability benefit.</p> <p>Note: There could be changes in your monthly payment for several months beyond your benefit effective date as we receive and process additional information from your employer.</p>
CalSTRS sends your initial benefit payment.	

# Step 1: Plan and Research Your Decision

## Before You Apply

CalSTRS offers in-person and telephone benefits counseling appointments. When scheduling an interview, inform our scheduling coordinator that you wish to discuss the disability benefit application process.

### Benefits Counselors

We recommend you speak with a benefits counselor before submitting an application for disability benefits, although it is not required. Benefits counselors can help you understand your disability coverage, provide personalized estimates and assist you with initiating an application. Counselors also explain whether other CalSTRS benefits may be more financially advantageous to you.

Face-to-face appointments are usually scheduled four weeks in advance, and telephone appointments are scheduled two to four weeks in advance.

➤ See “Determining Your Eligibility” on page 9.

### In Person

Schedule a face-to-face appointment by contacting one of the local offices listed on page 23.

### By Telephone

Call 800-228-5453 to schedule a telephone interview.

### Don't Delay

A delay in submitting your application could affect your disability benefit effective date and your eligibility. If you cannot schedule a benefits counseling appointment, call 800-228-5453 and ask to speak to a CalSTRS disability analyst.



## Is a Disability Benefit Right for Me?

A disability benefit is calculated differently from a service retirement benefit. The benefit amounts differ as well.

If you are approved for a disability benefit, your benefit may be reduced due to workers' compensation or other benefits you may receive for the same impairment. In these

situations, a service retirement benefit may be a better choice than a disability benefit.

Look closely at each benefit and how it might meet your financial needs before deciding which one to apply for. Ask a benefits counselor for customized benefit estimates to help you make your decision.

### Formulas

#### Disability Benefit Formula:

$$\begin{array}{r}
 50\% \text{ of Final Compensation} \\
 \\
 10\% \text{ of Final Compensation} \\
 \text{(for eligible dependent children} \\
 \text{up to an additional 40\%)} \\
 + \\
 \hline
 \text{Disability Benefit}
 \end{array}$$

#### Service Retirement Benefit Formula:

$$\begin{array}{r}
 \text{Service Credit} \\
 \text{Age Factor} \\
 \times \\
 \hline
 \text{Final Compensation} \\
 \\
 \text{Member-Only Benefit}
 \end{array}$$

## Service Retirement May Be the Best Decision

### Carol

Carol, age 58, has 29 years of service as a full-time instructor and earned \$5,800 per month as her final compensation. Due to an illness, she could no longer work.

Using the service retirement calculator at CalSTRS.com, Carol learned her estimated service retirement benefit would be \$2,960 per month.

Carol met with a benefits counselor to discuss her options and upon reviewing the estimates, confirmed that her disability benefit would be approximately \$2,900, which is less than her service retirement benefit.

Although Carol may have been eligible for disability, she decided she was financially better off to service retire.

### When a service retirement benefit is better

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Service credit	29 years
Final compensation		Age factor (1.76% for age 58)	x .0176
	x <u>\$5,800</u>	Final compensation	x <u>\$5,800</u>
<b>Monthly disability benefit</b>	<b>= \$2,900</b>	<b>Monthly service retirement benefit</b>	<b>= \$2,960</b>



### Service Retirement Eligibility

Under the CalSTRS 2% at 60 benefit structure (members first hired on or before December 31, 2012), you're eligible to retire when you have at least five years of service credit and are age 55 or older, or at least 30 years of service credit and are age 50—or under the special circumstances of concurrent retirement from another public retirement system in California.

Under CalSTRS 2% at 62 (members first hired on or after January 1, 2103), you can retire as early as age 55 with five years of service credit—or under the special circumstances of concurrent retirement.



## Disability Benefit May Be the Best Decision

### Henry

Henry, age 55, has 19 years of service and earned \$5,450 per month as his final compensation. Due to an impairment, he could no longer do his usual job duties.

Henry met with a CalSTRS benefits counselor to discuss his options. He found out his service retirement benefit would be approximately \$1,450 a month.

If approved, Henry's disability benefit would be approximately \$2,725 a month.

Although Henry is eligible for a service retirement benefit, a disability benefit will provide him with a higher monthly benefit.

### When a disability benefit is better

Monthly disability benefit		Monthly service retirement benefit	
50% (Member-Only disability benefit calculation)	.50	Service credit	19 years
		Age factor (1.4% for age 55)	x .014
Final compensation	x <u>\$5,450</u>	Final compensation	x <u>\$5,450</u>
<b>Monthly Member-Only disability benefit</b>	<b>= \$2,725</b>	<b>Monthly service retirement benefit</b>	<b>= \$1,450</b>

## Service Retirement During Evaluation of a Disability Application

If you are eligible to retire from service, you may wish to receive a service retirement benefit while your disability application is being evaluated.

Consider the following when applying for a service retirement benefit during evaluation of your disability application:

- You may receive a service retirement benefit effective date on the first day of the month in which CalSTRS receives your application.
- If approved for a disability benefit, your service retirement benefit will be canceled and converted to a disability benefit.
- CalSTRS may require you to request a reasonable accommodation from your employer before submitting your application or while your application is being reviewed.
- If your disability application is rejected, you will remain on service retirement.
- If your disability application is rejected, you will not be able to reapply for a disability benefit unless you terminate your service retirement, return to CalSTRS-covered employment and earn one year of service credit.
- If you have already retired from service, you are not eligible to apply for a disability benefit.
- Participation in the Reduced Benefit Election is not available if you retire from service while your disability application is being evaluated.

➤ See “Special Considerations” on page 17.

### Health Benefits and Disability

CalSTRS does not provide health, dental or vision insurance to members, including those receiving a disability benefit. Contact your employer directly because health benefits vary from employer to employer.

If you have already retired from service, you are not eligible to apply for a disability benefit.

# Determining Your Eligibility

Your disability determination is based on CalSTRS criteria, not those used by other disability benefit providers such as Social Security.

CalSTRS does not provide short-term disability benefits for impairments expected to last less than 12 months. Limited-term disability of up to two years may be granted under certain circumstances.

To receive a CalSTRS disability benefit, you must meet the requirements described here.

## Service Credit Requirements

For most members, you must have five or more years of service credit and meet the following requirements:

- At least four years of service credit for actual performance of Defined Benefit service, including service earned while receiving workers' compensation payments.
- Your last five years of service credit must have been performed in California.
- You must earn one year of service credit if you previously received a refund, a service retirement benefit or a disability benefit.

## Exceptions

There are specific exceptions to service credit eligibility requirements:

- If you have less than four years of actual performance of Defined Benefit service because of an on-the-job injury or disease that occurred while you were employed, you may meet the four-year service requirement by purchasing permissive service credit or redepositing previously refunded contributions and interest.

Note: The purchase of out-of-state or nonqualified service credit will not allow you to meet the service credit eligibility requirement.

- If you have earned at least one year of service credit in California and your disability is the direct result of an unlawful act of bodily injury by another while you were performing your official duties in a position subject to coverage as a Defined Benefit member, you may be eligible to apply. You must provide documentation of the unlawful act in the form of an official police report or an official employer incident report.

## Medical Requirements

Your impairment must meet the following criteria to qualify for a CalSTRS disability benefit:

- It is permanent or expected to last 12 or more continuous months beyond your last day of work.
- It prevents you from performing your current job duties, duties with reasonable modification, or job duties of a comparable level.
- If it predates your most recent CalSTRS membership date, your impairment must have changed substantially.

Additionally, your impairment must meet the following conditions:

- Substantiated by competent medical documentation that you provide.
- Not the result of a willful self-inflicted injury.

### Unable to Continue Working

Your impairment must prevent you from performing all of the following job duties:

- Your usual duties, with or without reasonable accommodation from your employer.
- Employment at a comparable level in a job at which you can earn at least two-thirds of your final compensation.

### Application Requirements

Your application must be submitted during one of the following periods:

- While you are employed or on a compensated leave of absence.
- Within four months of your last day of actual, compensated work if you are on an unpaid leave of absence granted for reasons other than mental or physical impairment.
- Within 12 months of your last day of actual performance for which you received compensation if your employer approved your leave to study at an approved college or university.

- Within four months after you resign or are terminated from employment, and not more than four months after your last day of actual, compensated work.
- While you are physically or mentally incapacitated and have been continuously unable to perform your job duties since your last day of actual, compensated work.

### Do not delay in submitting your application, whatever your work status.

If approved, your disability benefit will go into effect on whichever of the following dates occurs later:

- The first day of the month in which we receive your completed application.
- The day after your last day of compensation, including sick leave and subdifferential pay.

### Age Requirements

There may be an age requirement, depending on your coverage:

- **Coverage A:** You must be under age 60 to apply for a disability benefit.
- **Coverage B:** There are no age requirements to apply for a disability benefit.

**There are two types of disability benefit coverage—Coverage A and Coverage B.**

Coverage A	Coverage B
If you became a member before October 16, 1992, and did not elect Coverage B, you have Coverage A.	If you became a member on or after October 16, 1992, you have Coverage B.
You can determine if you have Coverage A or Coverage B by checking your <i>Retirement Progress Report</i> or your <i>myCalSTRS</i> account, or by calling 800-228-5453.	

## Required Medical Documentation

You will be required to provide medical documentation to substantiate your impairment.

**It is your responsibility to provide the medical documentation requested by CalSTRS within 45 days of the request.**

If CalSTRS does not receive the medical documentation within 45 days, your disability application may be rejected for failing to provide medical documentation to substantiate your disability.

In addition, you are responsible for all fees associated with providing medical documents to CalSTRS.

All physician letters and off-work notes must be substantiated by objective medical documentation. Objective medical documentation includes, but is not limited to:

- Medical treatment chart notes
- Lab test results
- Hospitalization records
- Workers' compensation records and reports
- Consultative reports

### Your Information is Confidential

The medical information you provide is maintained with confidentiality and respect for your privacy.

## Reasonable Accommodation

A reasonable accommodation may allow you to continue performing your usual duties. CalSTRS may require you to request a reasonable accommodation from your employer before or while you are applying for a disability benefit or a service retirement benefit during the evaluation of your disability application.

Examples of reasonable accommodation include employing a teacher's aide, changing your grade level or subject assignment, changing your classroom or parking location, or relieving you from yard duty.

Work with your employer to identify the type of accommodation or modification that may allow you to continue working. All documentation between you and your employer should be in writing and provided to CalSTRS, as requested. Your failure to request reasonable accommodation from your employer may cause your disability application to be rejected.

Contact your CalSTRS disability analyst for additional information.

CalSTRS may require you to request a reasonable accommodation from your employer before or while applying for service retirement during the evaluation of your disability application (or a disability benefit alone).

## The Disability Benefit

The Coverage A disability benefit is *generally* 50 percent of your final compensation and is not based on the amount in your Defined Benefit account.

### Alternate Formula

If you have Coverage A, are between 45 and 60 years of age and have less than 10 years of service credit, your benefit will be 5 percent of final compensation for each year of service credit.

### Coverage A Disability Benefit

Joanne

#### Joanne has Coverage A

She is 51 years old with 15 years of service credit. Her final compensation was \$4,500 per month.

Joanne's disability benefit will be based on 50 percent of her final compensation:

$$\mathbf{\$4,500 \times .50 = \$2,250 \text{ monthly disability benefit}}$$

### Coverage A Alternate Formula

Mary

#### Mary has Coverage A

Mary is 51 years old with eight years of service credit. Mary's final compensation was \$4,500 per month.

Because Mary is between 45 and 60 years of age and has less than 10 years of service credit, the alternate formula is used:

$$\mathbf{\$4,500 \times (.05 \times 8) = \$1,800 \text{ monthly disability benefit}}$$

The Coverage B Member-Only disability benefit is always 50 percent of final compensation.

## Benefit Amount

### Full-Time or Part-Time Employment

If you are approved for a disability benefit and your time base is full time, the final compensation used to calculate your benefit will be based on your earnable compensation. If your time base is part time, the final compensation used to calculate your benefit will be based on your actual earnings.

### Dependent Children

CalSTRS pays an additional benefit amount for your eligible dependent children up to an additional 40 percent. For example, a member with one child may receive an additional 10 percent of final compensation.

To be eligible, your children must be financially dependent, which means you provide at least one-half of your child's support. You will be required to provide evidence of your child's financial dependence. You also must notify CalSTRS when a dependent child no longer meets the eligibility requirements.

#### Coverage A

Eligible dependent children must be under the age of 22 and not married or in a registered domestic partnership. Your dependents' benefits are added to your benefit payment.

#### Coverage B

Eligible dependent children must be under age 21. Your dependents' benefits are paid separately and directly to each dependent. Consult a tax professional to learn about any tax implications.



### Reductions to Your Disability Benefit

If you are receiving payments or a lump sum from other sources for the same impairment, your CalSTRS disability benefit may be reduced. You are responsible for reporting these payments.

CalSTRS has a fiduciary responsibility to collect all benefit overpayments.

#### Coverage A

Disability benefits are reduced by payments from other public systems, including:

- Workers' compensation
- Social Security disability
- Federal military disability
- Employer-paid income protection plans
- Other disability programs financed with public funds

#### Coverage B

Disability benefits are reduced by workers' compensation payments.

### Disability Benefit Effective Date

You should apply for a disability benefit before you exhaust other benefits available to you. If approved, your disability benefit will go into effect on whichever of the following dates occurs later:

- The first day of the month in which we receive your completed application.
- The day after your last day of compensation, including sick leave and substitute differential pay.

We will notify you in writing if your application is approved. If you are still working, you must stop working before we can begin paying benefits. If you do not stop working within 90 days after being notified of the approval, we will reverse the approval and reject your application.

#### Example:

John is unable to work and went on medical leave beginning March 14. He exhausted his sick leave, and his last day of compensation was April 17. He submitted a disability application, received by CalSTRS on June 14. The earliest day his disability benefit can be effective is June 1.

If he had submitted his application any time before the end of April, his disability benefit effective date would have been April 18, the day following his last day of compensation.

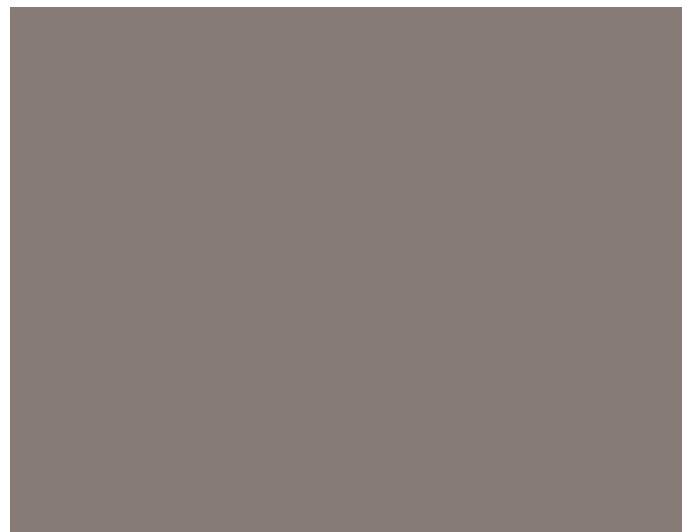
### Limited-Term Disability Benefits

If your medical impairment is expected to improve with mental, physical or vocational rehabilitation, you may be approved for limited-term disability benefits. These benefits are granted for a specific time period. They can be renewed if your condition does not improve.

### Right of Subrogation

If you pursue a claim against a third party for the same impairment that entitles you to a disability benefit from CalSTRS, you must notify CalSTRS. This is true even if the claim has not yet resulted in a court action.

CalSTRS has the right to participate in the claim by filing our own action against the responsible party, intervening in your claim, or filing a lien against any judgment you may recover.





# Providing a Monthly Lifetime Benefit to Someone After Your Death

Depending upon your coverage (A or B), you can decide whether you want to provide a lifetime monthly benefit to someone in the event of your death in exchange for a reduced benefit.

Coverage A	Coverage B	Under both coverage A and B, service retirement during evaluation of a disability application
You can make a preretirement election of an option once you are eligible to service retire.	You can elect a modified disability retirement benefit.	You can elect a modified service retirement benefit.  Under Coverage B, if you are approved for a disability benefit, your option election under disability retirement will become effective.
For more details about your CalSTRS survivor benefits and option choices, see the <i>Member Handbook</i> or the <i>Survivor Benefits</i> brochure at CalSTRS.com.		

## Electing An Option

### Coverage A

You can elect an option beneficiary to receive a lifetime monthly benefit upon your death if you are eligible to service retire by submitting the *Preretirement Election of an Option* form, available at CalSTRS.com.

You cannot elect an option beneficiary if you have a disability benefit under Coverage A. Instead, your survivors, including your spouse or registered domestic partner, your eligible dependent children or your dependent parents, may be eligible to receive an ongoing family benefit.

If you made a preretirement option election before receiving a disability benefit under Coverage A, your option beneficiaries will receive a lifetime benefit upon your death if your option is still effective.

### Coverage B and Service Retirement During Evaluation of a Disability Application

You can elect either the Member-Only Benefit or the Modified Benefit.

#### Member-Only Benefit

If you do not want to provide a monthly benefit to someone after you die, elect the

Member-Only Benefit on your application. You will receive your full retirement benefit. This is the highest monthly benefit possible. Benefits will stop when you die. Any contributions and interest remaining in your account at the time of your death will be paid to your one-time death benefit recipient.

#### Modified Benefit

If you would like to provide a monthly benefit to someone after you die, elect the Modified Benefit on your application. You will need to choose an option and designate one or more option beneficiaries. Choosing an option will reduce your monthly benefit. The amount of the reduction depends on the option you choose, your age and the ages of your beneficiaries.

You can decide to provide a monthly benefit for one beneficiary by electing the 100% Beneficiary Option, the 75% Beneficiary Option or the 50% Beneficiary Option. You may also elect the Compound Option to provide for one or more option beneficiaries.

You may be required to verify your birth date as well as the birth dates of your option beneficiaries.

Keep in mind that once your benefit begins, you cannot change your option election except under limited circumstances.

➤ See the *Member Handbook* for details.

### Option Descriptions

When you elect the Modified Benefit, you can choose one of four options:

**100% Beneficiary Option** provides your option beneficiary with 100 percent of the amount you were receiving.

**75% Beneficiary Option** provides your option beneficiary with 75 percent of the amount you were receiving.

**50% Beneficiary Option** provides your option beneficiary with 50 percent of the amount you were receiving.

For the **100%, 75% and 50% Beneficiary Options**, your benefit will rise to the Member-Only Benefit if your option beneficiary dies before you.

The **Compound Option** allows three choices. If your beneficiary dies before you, your benefit will adjust. You may:

- Name one option beneficiary and keep a portion of your benefit as the Member-Only Benefit.

- Name two or more option beneficiaries, with an option choice for each and keep a portion of your benefit as the Member-Only Benefit.
  - » Name two or more option beneficiaries, with an option choice for each and not keep any of your benefit as the Member-Only Benefit.

### Nonspouse Option Beneficiary

If you name someone other than your spouse or a former spouse to be your option beneficiary, the type of option you may elect depends on your age and the age of your option beneficiary:

- Under the 75% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 19 years younger than you.
- Under the Compound Option, your nonspouse beneficiaries cannot be either:
  - » More than exactly 19 years younger than you under the 75% Beneficiary Option, or
  - » More than exactly 10 years younger than you under the 100% Beneficiary Option

Under federal law, these restrictions also apply to registered domestic partners and spouses of the same gender.

## Service Retirement During Evaluation of a Disability Benefits Application

If you are applying to receive a service retirement benefit during the evaluation of your disability application, you may elect the Member-Only Benefit or the Modified Benefit for your service retirement benefit. You can name the same beneficiary for disability and service retirement.

If you are approved for a disability benefit, your Modified Benefit under service retirement will end and your disability benefit will take effect.

If your disability application is rejected and you remain retired from service, your service retirement option election will remain in place.

## Special Considerations for Coverage B Members Eligible to Service Retire

The option factors for disability retirement under Coverage B differ from those for service retirement. Request estimates for each benefit to determine how your election will affect each benefit type.

### Coverage B Special Considerations

#### Dan

Dan is 59 years old with 25 years of service credit and has a serious impairment that prevents him from working. He is considering electing his spouse as an option beneficiary under the 100% Beneficiary Option.

Dan is certain a disability retirement benefit will be higher than a service retirement benefit, but he meets with a benefits counselor to be sure he has considered his choices carefully. He is surprised to find that it may be more financially advantageous to him and his spouse if he service retires.



Benefit type	Is disability retirement better?	Is service retirement better?
Member-Only	<b>\$2,500</b>	\$2,413
100% Beneficiary Option	\$1,925	<b>\$2,082</b>
75% Beneficiary Option	\$2,196	<b>\$2,265</b>
50% Beneficiary Option	\$2,056	<b>\$2,166</b>

## Special Considerations for Coverage A Members Electing a Preretirement Election of an Option

Before making a preretirement election of an option, keep in mind that if you cancel or change your preretirement election of an option before you retire or if your beneficiary dies before you retire, your monthly retirement benefit may be reduced for your lifetime.

## Defined Benefit Supplement Distribution

If you have performed service in the Defined Benefit Program since January 1, 2001, you may have a Defined Benefit Supplement account. Your most recent *Retirement Progress Report*, which includes your annual statement of accounts, lists the total amount in your accounts at the end of the last school year.

### **If you have less than \$3,500 in your Defined Benefit Supplement account**

when you begin to receive a benefit, you will receive your account balance as a lump-sum payment. Your lump-sum payment may be paid directly to you or rolled over to a qualified retirement plan.

**If you have \$3,500 or more in your Defined Benefit Supplement account**, you have more choices for receiving these funds.

### **Defined Benefit Supplement Payment Choices**

#### **Choices for the Member-Only Benefit**

If you have Coverage A, or if you elect the Member-Only Benefit under Coverage B on your disability application, and you have at least \$3,500 in your account, you have the following payment choices:

1. **Lump-Sum Payment** provides the one-time payment of the total amount in your Defined Benefit Supplement account as either a direct payment to you or a rollover to a qualified plan.
2. **Member-Only Annuity** provides a lifetime monthly payment. Any balance remaining upon your death will be paid to your one-time death benefit recipient.
3. **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10. The amount you receive each month is based on the number of years over which the annuity is paid—the lower the number of years, the higher your monthly payment.

4. **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and the period-certain annuity or the lifetime monthly annuity if you have more than \$3,500 in your Defined Benefit Supplement account after your lump-sum payment.

If you die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipient, or your estate, if you did not designate a recipient.

#### **Choices If You Elect an Option**

If you elect an option under Coverage B disability retirement or service retirement during evaluation of a disability application and have at least \$3,500 in your Defined Benefit Supplement account, you have six payment choices:

1. **Lump-Sum Payment** provides a one-time payment of the total amount in your Defined Benefit Supplement account as either a direct payment to you or a rollover to a qualified plan.
2. **100% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetimes of your annuity beneficiaries. One hundred percent of your monthly annuity will be paid to your annuity beneficiaries upon your death.
3. **75% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetimes of your annuity beneficiaries. Seventy-five percent of your monthly annuity will be paid to your annuity beneficiaries upon your death.

4. **50% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetimes of your annuity beneficiaries. Fifty percent of your monthly annuity will be paid to your annuity beneficiaries upon your death.
5. **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10. The amount you receive each month is based on the number of years over which the annuity is paid—the lower the number of years, the higher your monthly payment. If you die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipient.
6. **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and one of the annuities. To elect this choice, you must have \$3,500 or more in your Defined Benefit Supplement account after your lump-sum payment.

If you elect the Compound Option for your Defined Benefit retirement benefit, you may elect to receive your Defined Benefit Supplement funds as any of the annuities listed here. However, the annuity you elect will be the same for each of your annuity beneficiaries, and the apportionment of the benefit will remain the same as you elected for your Defined Benefit.

The same nonspouse option beneficiary age restrictions for Defined Benefit elections apply to Defined Benefit Supplement elections (see page 16).

For the 100%, 75% and 50% beneficiary annuities, your benefit will rise to the Member-Only Benefit if your annuity beneficiary predeceases you.

## Your Defined Benefit Supplement Election

### Service Retirement During Evaluation of a Disability Application

If you are applying for service retirement during evaluation of your disability application, you must make an election for your Defined Benefit Supplement account balance.

If you are approved for disability, your Defined Benefit Supplement account balance will be distributed based on your coverage, A or B.

### Disability Benefits Application

If you are applying for a disability benefit under Coverage A or B, you must make an election for your Defined Benefit Supplement account balance.

If you are approved for a disability benefit, your Defined Benefit Supplement account balance will be distributed based on your election.

## If Your Application Is Approved

While you receive a disability benefit, you will be asked to provide medical and financial updates to show that you continue to qualify.

### Continuing to Qualify

Your disability benefit will end if:

- You return to your usual and customary job duties.
- You return to any work earning comparable salary.
- Your medical status no longer qualifies you for a CalSTRS disability benefit.
- You do not provide evidence of your continued qualification upon request.

In addition, your benefit will be reduced and you may become ineligible if you exceed your earnings limit.

➤ See “Earnings Limits” on page 22.

### Coverage A Disability Benefits

You are eligible to receive your monthly disability benefit until you turn 60 as long as you remain disabled. At age 60, your disability benefit will end, and you can apply for service retirement.

To receive a service retirement benefit, you must apply for service retirement. Your service retirement benefit will be calculated using projected service credit and compensation for the duration of your disability. Your benefit amount will be either the service retirement benefit you are eligible to receive or the disability benefit amount you were receiving, whichever is less.

### Exceptions

- If you are age 60 or older and have eligible dependent children, you will continue to receive a disability benefit until your children are no longer eligible. When your children are no longer eligible, your disability benefit will end and you can apply for service retirement.
- If you are over age 45 with fewer than 10 years of service credit, your disability benefit will be 5 percent of your final compensation times your years of service credit, instead of 50 percent of your final compensation.

For example, with seven years of service credit, your benefit would be 35 percent of your final compensation (7 years of service credit x 5 percent of final compensation = 35 percent of final compensation).

### Coverage B Disability Benefits

You will receive a disability benefit for your lifetime as long as you continue to qualify.

If you return to active service before normal retirement age as a CalSTRS Defined Benefit member and later service retire, your eventual service retirement benefit will be calculated differently than if you had not received a disability benefit. This may provide for a lower service retirement benefit than if you had not received a disability benefit.

## Coverage A Disability Benefits Transition to Service Retirement

### Patti

Patti, age 58, has 28 years of service as a full-time instructor and earned \$5,800 as her final compensation. Due to a medical impairment, she could no longer work.

At the time she stopped working, her service retirement benefit would have been slightly less than a disability benefit.

#### Benefit estimates at age 58

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Service credit	28 years
Final compensation	x <u>\$5,800</u>	Age factor (1.76% for age 58)	x .0176
		Final compensation	x <u>\$5,800</u>
<b>Monthly disability benefit</b>	<b>= \$2,900</b>	<b>Monthly service retirement benefit</b>	<b>= \$2,858</b>

If Patti receives a disability benefit for two years and then service retires at age 60, her projected service credit and projected final compensation can be used to generate a service retirement benefit estimate.

#### Benefit estimates at age 60

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Projected service credit	30 years
Final compensation	x \$5,800	Age factor (2% for age 60)	x .02
Monthly disability benefit	= <u>\$2,900</u>	Projected final compensation	x <u>\$6,030</u>
<b>Monthly disability benefit with annual benefit adjustments</b>	<b>= \$2,960</b>	<b>Projected monthly service retirement benefit</b>	<b>= \$3,618</b>

Under Coverage A, when Patti applies for service retirement, she receives either a new service retirement benefit or the amount she was receiving under disability, whichever is less. Here Patti would continue to receive the same amount she received under disability, which, with annual benefit adjustments, would be approximately \$2,960 by the time she reaches age 60.

You must keep CalSTRS informed of any changes to your eligibility or if you return to work.

## Earnings Limits

You can earn income while you are receiving a disability benefit:

- You may teach under certain conditions, but you are not allowed to earn CalSTRS service credit or contribute to CalSTRS while receiving a disability benefit.
- If your earnings exceed the limit, the excess amount is considered an overpayment and CalSTRS will collect it back from future benefit payments until paid in full.
- You will be required to provide CalSTRS with an annual report of your gross earnings from all employment. The Employment Development Department and your employer provide verification of the earnings you report to CalSTRS.
- Earning limits vary. For current information, talk to a benefits counselor, or call 800-228-5453 and ask to speak to a CalSTRS disability analyst.

## Coverage A

State law establishes two separate earnings limits for members receiving Coverage A disability benefits: a single-month earnings limit and a six-month earnings limit.

- **Single-Month Earnings Limit**  
Your single-month earnings limit is equal to your indexed final compensation. Contact CalSTRS for your current indexed final compensation.
- **Six-Month Earnings Limit**  
You can exceed the single-month earnings limit and retain your disability benefit. However, if you are able to earn  $66\frac{2}{3}$  percent of your indexed final compensation over a consecutive six-month period, you are no longer considered disabled and your disability benefit will be terminated. CalSTRS must collect any overpaid benefits you receive.

## Coverage B


Coverage B has an annual earnings limit subject to change by the Teachers' Retirement Board. Your CalSTRS disability benefit will be reduced dollar for dollar by the total amount of earnings from all employment in excess of the 12-month calendar year limit. The earnings limit for 2013 is \$27,450.




# CalSTRS Benefits Counseling Offices

Office Locations	Telephone Numbers	Hours
Auburn	530-886-2012	M–F 8–5
Bakersfield	661-636-4880	M–F 8–5
Camarillo	805-383-1993	M–F 7:30–5
Costa Mesa *Fullerton, Garden Grove, Laguna Hills	714-966-4251	M–F 10–4
Eureka	707-441-3953	M–F 8–4:30
Fresno	559-497-3797	M–F 8–4:30
Glendale *Downey, Lancaster, Los Angeles, Santa Fe Springs, Santa Monica, Walnut	800-228-5453, ext. 3	M–F 8–5
Modesto *Merced	209-238-1614	M–F 8–5
Redding *Chico	530-225-0203	M–F 8–5
San Bernardino *Apple Valley, Indio, Murrieta, Rancho Cucamonga, Riverside	800-228-5453, ext. 3	M–F 8–4:30
San Diego *San Marcos	619-718-6783	M–F 8–5
Santa Clara *Pleasant Hill, San Francisco	800-228-5453, ext. 3	M–F 8–5
Santa Cruz *Salinas	831-466-5755	M–F 8–5
Santa Maria *Santa Barbara	805-928-0542	M–F 8:30–5
Santa Rosa	800-228-5453, ext. 3	M–F 8–5
Stockton	209-468-4864	M–F 7–5
Visalia	559-733-6760	M–F 8–5
West Sacramento *Fairfield, Marysville, Elk Grove	800-228-5453, ext. 3	M–F 8–5

\*Hours vary at satellite offices. Appointments are scheduled through the corresponding CalSTRS counseling office.

 All main offices accept CalSTRS applications and forms.  
Call each office for its summer schedule hours.

 For a current listing of offices, visit [CalSTRS.com/localoffices](https://www.calstrs.com/localoffices).

## Application Checklist

Before you submit your *Disability Benefits Application* and any other forms, use this checklist to make sure you complete everything. If you need assistance, contact us.

- Complete all applicable sections** on the application and any forms, including all signatures and dates.
- Include your Client ID or Social Security number** on any documents you submit to CalSTRS. Your Client ID can be found on your *Retirement Progress Report*.
- Do not postpone submitting your Disability Benefits Application.** You may obtain and submit any required documentation later.
- Include clear, unaltered photocopies of any documentation** and write your Client ID or Social Security number on them—do not send originals:
  - » Birth certificate or other acceptable verification of date of birth for your option beneficiary, if you are electing an option.
  - » Marriage certificate or other proof of a name change, if your option beneficiary's name is different from the name on his or her birth certificate.
  - » Birth certificate and Social Security card for eligible dependent children.
- Have your spouse or registered domestic partner sign and date** your *Disability Benefits Application* and other forms or include the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- Sign and date** your *Disability Benefits Application* and other forms.
- Keep a copy** of all completed forms for your records.
- Submit your signed and dated** completed *Disability Benefits Application* and other forms:
  - Hand Delivery**  
Hand deliver to a CalSTRS benefits counseling office. See page 23 for a list of offices.
  - Mailing Address**  
CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275
  - Overnight Delivery**  
If you use a special service such as UPS or FedEx:  
  
CalSTRS  
100 Waterfront Place  
West Sacramento, CA 95605
  - Fax Delivery**  
916-414-5040

# Step 2: Complete and Submit Your Forms

## Instructions Overview

When completing your forms, be sure to:

- 👁️ Carefully read the instructions.
- ✂️ If you need to make a correction, draw a line through the error and make your correction, then place your initials next to the change, or use a new form.
- ✍️ Print clearly in blue or black ink or type all information requested. Do not use pencil, erasable ink or light-colored ink.
- ✍️ Sign and date your *Disability Benefits Application* and other forms. Failure to sign required forms will cause your application to be rejected and may delay the date benefits are payable.
- 👤 Have your spouse or registered domestic partner sign and date all forms. If your spouse or registered domestic partner cannot sign the forms, complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form. This form may require supporting documentation.
- 📁 Keep a copy of each completed form and any attachments you submit to CalSTRS for your records.

To make changes after you submit your *Disability Benefits Application* or to cancel your application, contact your assigned CalSTRS disability analyst or call 800-228-5453 and ask to speak with a CalSTRS disability analyst.

We understand that each disability case is unique. After you submit your application, we will send notification that your application has been received and give you contact information for your CalSTRS disability analyst. Your disability analyst will work with you throughout the disability benefits application process.

## Forms Included in this Guide

The Forms section includes five forms. Read through the list below to determine which forms are specific to your needs, or go directly to the form for more information. We have included check boxes to help you keep track of the forms you may need. Your benefit may be delayed if you do not complete, sign and date your forms or provide the required information.

Form Name	Purpose	Why Use This Form
<b>REQUIRED (Included in this guide)</b>		
<input type="checkbox"/> <b>Disability Benefits Application</b>	To apply for a disability benefit or a service retirement benefit during evaluation of a disability application	Required for a disability benefit or a service retirement benefit during evaluation of a disability application
<b>RECOMMENDED (Included in this guide)</b>		
<input type="checkbox"/> <b>Direct Deposit Authorization</b>	To send your benefit payment directly to your financial institution	Provides a convenient and safe way to receive your benefit payment
<input type="checkbox"/> <b>Recipient Designation</b>	To designate one or more people or an estate, trust, charity or other entity to receive a one-time death benefit	Ensures your death benefit wishes are recorded at CalSTRS and avoids probate for this benefit after your death
<b>SPECIAL CIRCUMSTANCES (Included in this guide)</b>		
<input type="checkbox"/> <b>Justification for Non-Signature of Spouse or Registered Domestic Partner</b>	To explain why your spouse's or registered domestic partner's signature is not on forms that require it	If you are married or registered as a domestic partner and your spouse or registered domestic partner does not sign your application
<input type="checkbox"/> <b>Workers' Compensation Carrier Request for Information</b>	To send to your workers' compensation carrier	Required if a workers' compensation claim was made for same impairment related to your disability application
<b>SPECIAL CIRCUMSTANCES (Online at CalSTRS.com)</b>		
<input type="checkbox"/> <b>Preretirement Election of an Option (Coverage A only)</b>	To designate an option beneficiary to receive a lifetime benefit if you die before retirement	If you die before or during retirement, your option beneficiaries will receive a lifetime benefit payment
<input type="checkbox"/> <b>Preretirement Compound Option Election (Coverage A only)</b>	To designate one or more option beneficiaries, with an option choice for each, and if you choose, retain a portion of your benefit as a Member-Only Benefit	To elect the Compound Option for your preretirement option election
<input type="checkbox"/> <b>Compound Option Election (Coverage B disability/service retirement applicants)</b>	To designate one or more option beneficiaries, with an option choice for each, and if you choose, retain a portion of your benefit as a Member-Only Benefit	To elect the Compound Option for your disability or service retirement benefit

# Step 3: CalSTRS Role in the Process

## Your Application Timeline

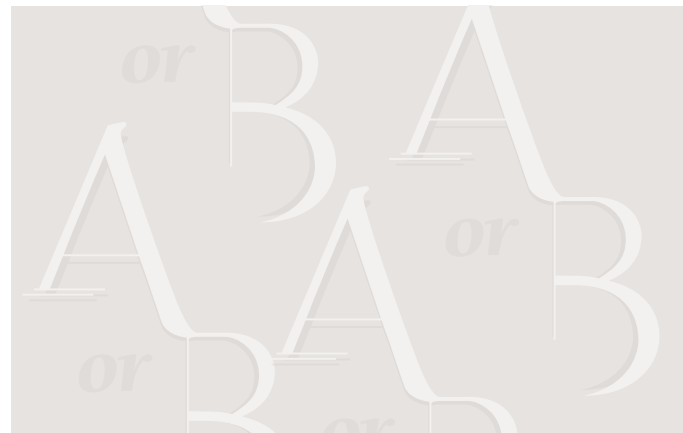
Your CalSTRS disability analyst will guide you through the disability application process.

By providing all requested medical records and information, we will be able to provide you with a timely decision.

<b>After you submit your <i>Disability Benefits Application</i>, CalSTRS:</b>	<b>When</b>
Reviews your application packet for all necessary information	Within two weeks of receiving your application
Sends a letter acknowledging receipt of your application	Within three weeks of receiving your application
Sends you and your employer a written request for medical, employment or additional information	Any time during the application process
May schedule you for an independent medical examination	Any time during the application process
Sends a letter detailing if your application has been approved or rejected	Application processing times vary
Sends your benefit payment based on the information on file	Within 45 business days of the approval of your disability benefit



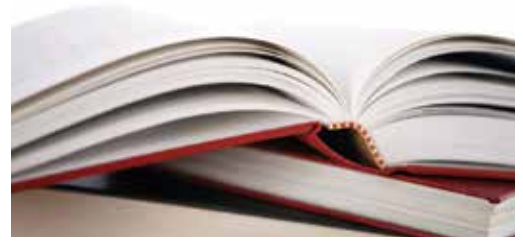
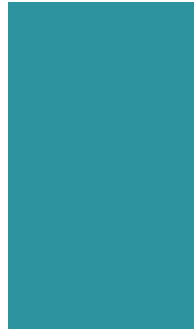
CalSTRS can help you.



### Privacy Notice

The Information Practices Act of 1977 (Civil Code section 1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code section 552a(e)(3), section 7 Note) require that this notice be provided when collecting personal information and Social Security numbers from individuals. Information requested on this form is used by CalSTRS to determine eligibility and qualification for a disability benefit. Legal references authorizing solicitation and maintenance of this personal information include Education Code sections 22327, 22450, 22451 et al, 24003, 24013, 24103 and 24112. It is mandatory to furnish all information requested on the forms included in this guide. Failure to provide the mandatory information may result in the cancellation or rejection of your application.

Copies of the forms and other documents you may submit are maintained in CalSTRS electronic files indefinitely. Medical information is maintained separately and accessible exclusively to select CalSTRS staff, and may be shared with the Attorney General in cases of legal review or independent medical examination. Members have the right of access to their file upon request to CalSTRS Disability and Survivor Benefits Division, MS 43, P.O. Box 15275, Sacramento, CA 95851-0275, telephone 800-228-5453.



## **Disability Benefits Application Instructions** **(Includes Service Retirement During Evaluation of a Disability Application)**

This application is for Defined Benefit members who are applying for a disability benefit. Within the same application, there are sections specific to members who are also applying for a service retirement benefit during evaluation of a disability application.

Before completing this application, you must decide if you will apply for a disability benefit only or for a service retirement benefit during evaluation of a disability application.

Use the checklist below to determine the sections of the application you must complete.

### **COVERAGE A – DISABILITY BENEFIT ONLY**

Complete the following sections:

- Section 1
- Sections 3, 3.1, 3.2
- Section 4
- Sections 5, 5.1, 5.2
- Section 6
- Section 7
- Section 8.3
- Sections 9.2, 9.4, 9.5
- Section 10–Required Signatures

### **COVERAGE A – SERVICE RETIREMENT DURING EVALUATION OF A DISABILITY APPLICATION**

Complete the following sections:

- Section 1
- Section 2
- Sections 3, 3.1, 3.2
- Section 4
- Sections 5, 5.1, 5.2
- Section 6
- Section 7
- Sections 8.1, 8.3
- Sections 9.1, 9.2, 9.4, 9.5
- Section 10–Required Signatures

### **COVERAGE B – DISABILITY BENEFIT ONLY**

Complete the following sections:

- Section 1
- Sections 3, 3.1, 3.2
- Section 4
- Sections 5, 5.1
- Section 6
- Section 7
- Sections 8.2, 8.3
- Sections 9.3, 9.4, 9.5
- Section 10–Required Signatures

### **COVERAGE B – SERVICE RETIREMENT DURING EVALUATION OF A DISABILITY APPLICATION**

Complete the following sections:

- Section 1
- Section 2
- Sections 3, 3.1, 3.2
- Section 4
- Sections 5, 5.1
- Section 6
- Section 7
- Sections 8.1, 8.2, 8.3
- Sections 9.1, 9.3, 9.4, 9.5
- Section 10–Required Signatures

## TO START

Indicate whether you are:

- **Applying for a disability benefit.** Check this box if you are applying for a disability benefit for the first time.
- **Applying for service retirement during evaluation of a disability application.** Check this box if you are applying to receive a service retirement benefit during the time CalSTRS is evaluating your application for a disability benefit.
- **Reapplying for a disability benefit.** Check this box if you previously applied for a disability benefit.

## SECTION 1—MEMBER INFORMATION

This section is required for all applicants.

Include your home and alternate telephone numbers and your email address so we can contact you if we have any questions. Be sure your name on your application matches your name as it appears on your Social Security card. Include your Client ID instead of your Social Security number. Indicate your coverage: A or B.

Your Client ID and type of coverage are on your *Retirement Progress Report*.

## SECTION 2—SERVICE RETIREMENT INFORMATION

This section is required if you are applying for service retirement during evaluation of your disability application.

**Retirement Date:** You will be officially service retired as of the retirement date you put on your application, if the following requirements are met:

1. You are eligible to service retire.
2. Your retirement date must be on or after January 1, 2012.
3. The earliest date you can retire is the day after your last day of work, vacation or authorized leave, whichever is later.
4. If you are retiring after reinstating to active service from retirement, there are restrictions on when you can retire:
  - If you reinstated before July 17, 2012, your retirement date must be at least one calendar year from the date you reinstated.

- If you reinstated on or after July 17, 2012, your retirement date must be at least one day after the date you reinstated.
5. If your retirement date is not the first day of the month, your first benefit payment will be prorated for that month.
  6. If you are purchasing service credit, your retirement date cannot be earlier than the date you complete payment of your service credit purchase.
  7. If you are retiring after your *Disability Benefits Application* is already in the review process, your service retirement date will be the effective date of your disability benefit if you are later approved for disability benefits.

**Last Date of Work:** Enter your last day of work. If on a leave of absence, enter the last day you were paid. This date must be before your retirement date.

**Other Public Retirement Systems:** If you are also a member of another public retirement system in California, you must apply for retirement separately with each system. For some systems, if you retire from CalSTRS and the other system concurrently, your benefits may be based on the highest salary earned under all systems as long as you do not work under CalSTRS or another system between the dates you retire from each system.

## SECTION 3—EMPLOYMENT INFORMATION

This section is required for all applicants.

If you are still working and receiving compensation, indicate an estimated last day of work and last day of compensation. You must complete all information regarding your employment and provide all information regarding any special credentials or licenses you hold.

Attach a copy of your previous job description or current job description if you are working.

### SECTION 3.1—UNLAWFUL ACT INFORMATION

If you have between one and five years of service credit and your disability is due to an unlawful act of bodily injury committed against you by another person while you were working in CalSTRS-covered employment, mark the appropriate box. Attach documentation regarding the unlawful act, such as the official police report or the official employer incident report.



See “Service Credit Requirements” in *Your Disability Benefits Guide*.

### **SECTION 3. 2—REASONABLE ACCOMMODATION**

Indicate whether you have requested reasonable accommodation from your employer. You are responsible for providing CalSTRS with documentation of your reasonable accommodation request. Your application may be rejected if you do not provide the requested information. If you have already requested reasonable accommodation, attach a copy of your request and your employer’s response.

See “Reasonable Accommodation” in *Your Disability Benefits Guide*.

### **SECTION 4—STATEMENT OF IMPAIRMENT**

This section is required for all applicants.

Provide information about your impairment. Answer all questions to the best of your knowledge. Your explanation, along with medical documentation from your treating physicians, provides the basis for determining if any impairment prevents you from working. Use additional sheets if needed. Write your name and Client ID at the top of each page.

Indicate whether a third party (other than a workers’ compensation claim or an uninsured motorist claim) caused your injury. If yes, we will follow up with you to determine whether CalSTRS’ subrogation rights apply to your particular situation.

### **SECTION 5—MEDICAL INFORMATION**

This section is required for all applicants.

Include any medical treatment providers that may have medical documentation relevant to your application. If you are applying due to multiple impairments, list all medical providers that have treated you. Use additional sheets if needed. Write your name and Client ID at the top of each page.

#### **SECTION 5.1—WORKERS’ COMPENSATION INFORMATION**

You are required to report any benefit you receive from workers’ compensation if it is for any impairment that qualifies you for a CalSTRS disability benefit. If you are approved for a CalSTRS disability benefit, your CalSTRS disability benefit must be reduced by an amount equal to the benefits you receive from workers’ compensation.

Complete the *Workers’ Compensation Carrier Request for Information* form in the Forms section and send it directly to your workers’ compensation carrier.

See “Benefit Amount” in *Your Disability Benefits Guide*.

### **SECTION 5.2—OTHER BENEFITS INFORMATION**

This section is required for all Coverage A applicants.

You are required to report all benefits you are eligible to receive or are receiving from any other public benefit system. If you are approved for a CalSTRS disability benefit, your CalSTRS disability benefit must be reduced by an amount equal to the benefits you receive from another public benefit system.

See “Benefit Amount” in *Your Disability Benefits Guide*.

### **SECTION 6—ELIGIBLE DEPENDENT CHILDREN INFORMATION**

This section is required for all applicants.

If you have eligible dependent children, list their full names, Social Security numbers and birth dates.

You must provide a copy of each child’s birth certificate and Social Security card before any child’s benefits can be paid.

Include any other related documentation such as custody documents or current tax records that provide evidence of your children’s financial dependence on you.

### **SECTION 7—AUTHORIZATION TO RELEASE INFORMATION TO CALSTRS**

This section is required for all applicants.

Review and sign the authorization form. This authorization will be used by CalSTRS to obtain information related to your disability application to determine your eligibility for disability benefits.

This is not an authorization for CalSTRS to request medical records directly from your treating medical providers. It is your responsibility to provide all requested medical documentation to CalSTRS.

NOTE

### **SECTION 8—YOUR DEFINED BENEFIT**

#### **SECTION 8.1—DEFINED BENEFIT ELECTION (SERVICE RETIREMENT)**

This section is required if you are applying for service retirement during evaluation of your disability application. Check one box only to elect the Member-Only Benefit or the Modified Benefit.

If you are re-retiring within 12 months of your most recent reinstatement date, you must keep your retirement option or beneficiaries. If you re-retire after 12 months of reinstating, you may change or cancel your election before or at retirement, but you may have to pay an assessment. Once you are in retirement, you may make a postretirement option change only under four limited circumstances. See the *Member Handbook* to learn more.

**Member-Only Benefit**—The Member-Only Benefit does not provide a monthly lifetime benefit to anyone when you die after retirement. It is the highest monthly benefit you can receive in retirement.

**Modified Benefit**—Complete this section to elect an option beneficiary (or if you previously completed the *Preretirement Election of an Option* form) to provide a monthly benefit to an option beneficiary if you die before retirement. Your option beneficiary must be a living person or persons and cannot be a trust, charity, estate or other entity.

You will find descriptions of the options in Step 1 of *Your Disability Benefits Guide* and in the *Member Handbook*. For an estimate of how each option would affect your monthly retirement benefit, talk to a CalSTRS benefits counselor, use the *Retirement Benefit Calculator* at [CalSTRS.com/calculators](http://CalSTRS.com/calculators) or complete the benefit estimate worksheet in the *Member Handbook*. The option and option beneficiaries you elect are not effective until your retirement date.

Note: For Coverage A, your election applies only to service retirement.

To provide for someone if you die before retirement, see Step 1 of *Your Disability Benefits Guide* for information on the preretirement election of an option.

**Beneficiary Information**—Enter your beneficiary information if you elect an option other than the Compound Option. Include birth date verification. Acceptable documents include photocopies of a certified birth record, passport ID page and certain military IDs.

If you elect the Compound Option, complete your beneficiary information on the *Compound Option Election* form and include the form with your *Disability Benefits Application*.

### **SECTION 8.2—DEFINED BENEFIT ELECTION (DISABILITY RETIREMENT)**

This section is required for all Coverage B applicants applying for a disability retirement.

Check one box only to elect the Member-Only Benefit or the Modified Benefit.

If you would like to receive Modified Benefit quotes, check the appropriate box. You must complete the beneficiary information section.

**Modified Benefit**—Complete this section if you are electing an option beneficiary to provide a monthly benefit to your option beneficiary if you should die before you disability retire. Your option beneficiary must be a living person or persons and cannot be a trust, charity, estate or other entity. You will find descriptions of the options in Step 1 of *Your Disability Benefits Guide* and in the *Member Handbook*.

For an estimate of how each option would affect your monthly disability retirement benefit, talk to a CalSTRS benefits counselor. The option and option beneficiaries you elect are not effective until your disability retirement date.

**Beneficiary Information**—Enter your beneficiary information if you elect an option other than the Compound Option or if you request a quote. Include birth date verification. Acceptable documents include a photocopy of a birth certificate, passport ID page and certain military IDs.

If you elect the Compound Option, complete your beneficiary information on the *Compound Option Election* form and include the form with your *Disability Benefits Application*.

### **SECTION 8.3—DEFINED BENEFIT TAX WITHHOLDING PREFERENCES**

If you do not complete this section, CalSTRS must withhold federal and state income tax from your payment based on rates for a married person claiming three withholding allowances.

If you do not want tax withholding, return the application with the *Do Not Withhold* boxes checked. If you want withholding, mark the appropriate box and specify the number of allowances. You may specify an additional dollar amount to withhold. For state income tax only, you also may elect to withhold a flat dollar amount only without specifying allowances. A flat amount cannot be specified for federal income tax.

### SECTION 9—YOUR DEFINED BENEFIT SUPPLEMENT

#### SECTION 9.1—DEFINED BENEFIT SUPPLEMENT ELECTION (SERVICE RETIREMENT)

This section is required if you are applying for service retirement during evaluation of a disability application.

**Service Retirement During Evaluation of a Disability Application**—If you are applying for service retirement during evaluation of your disability application, you must make an election to receive your Defined Benefit Supplement account balance under service retirement.

Your Defined Benefit Supplement account balance is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you can choose whether to receive these funds as a lump-sum payment, an annuity payment or a combination lump-sum and annuity payment. Step 1 of *Your Disability Benefits Guide* explains the Defined Benefit Supplement distribution choices available. If your account balance is less than \$3,500, you must take a lump-sum payment.

If you choose to receive your funds as a lump-sum payment, a period-certain annuity of three to nine years, or a combination of the two, enter your payment instructions in section 9.4. See *Your Disability Guide*, pages 18-19, for descriptions of your choices.

#### SECTION 9.2—DEFINED BENEFIT SUPPLEMENT ELECTION (COVERAGE A)

This section is required for all Coverage A members who are applying for a disability allowance.

If you are applying for a disability allowance, you must make an election to receive your Defined Benefit Supplement account balance under the disability allowance.

If you are approved for disability, your Defined Benefit Supplement account balance will be distributed based on your election.

Your Defined Benefit Supplement account balance is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you can choose whether to receive these funds as a lump-sum payment, an annuity payment or a combination lump-sum and annuity payment. Step 1 of *Your Disability Benefits Guide* explains the Defined Benefit Supplement distribution choices available. If your account balance is less than \$3,500, you must take a lump-sum payment.

If you choose to receive your funds as a lump-sum payment, a period-certain annuity of three to nine years, or a combination of the two, enter your payment instructions in section 9.4.

See *Your Disability Benefits Guide*, pages 18-19, for descriptions of your choices.

#### SECTION 9.3—DEFINED BENEFIT SUPPLEMENT ELECTION (COVERAGE B)

This section is required for Coverage B members who are applying for a disability retirement.

If you are applying for a disability retirement, you must make an election to receive your Defined Benefit Supplement account balance under the disability retirement.

If you are approved for disability, your Defined Benefit Supplement account balance will be distributed based on your election.

Your Defined Benefit Supplement account balance is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you can choose whether to receive these funds as a lump-sum payment, an annuity payment or a combination lump-sum and annuity payment. Step 1 of *Your Disability Benefits Guide* explains the Defined Benefit Supplement distribution choices available. If your account balance is less than \$3,500, you must take a lump-sum payment.

If you choose to receive your funds as a lump-sum payment, a period-certain annuity of three to nine years, or a combination of the two, enter your payment instructions in section 9.4. See *Your Disability Benefits Guide*, pages 18-19, for descriptions of your choices.

#### SECTION 9.4—DEFINED BENEFIT SUPPLEMENT PAYMENT INSTRUCTIONS

**Lump Sum or Period-Certain Annuity of 3 to 9 Years**—Complete this section only if you choose a lump-sum payment or period-certain annuity of three to nine years for your Defined Benefit Supplement distribution.

If you would like your payment to be paid directly to you, check the *Direct Payment* box. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefits.

If you would like to roll over your payment to a financial institution, check the *Rollover* box. Lump-sum payments or period-certain annuity payments of three to nine years may be rolled over into a qualified plan.

Be sure to read section 11, *Special Tax Notice: Your Rollover Options*, on pages 17-20 of this application.

**Service Retirement During Evaluation of a Disability Application**—Your Defined Benefit Supplement election under either service retirement or a disability benefit will be paid according to these payment instructions. If you would like to change your payment method, contact your CalSTRS disability analyst.

**Rollover of Tax-Deferred Contributions and Interest**—The amount of tax-deferred contributions and interest in your Defined Benefit Supplement account is shown on your *Retirement Progress Report*. Your account balance must be \$200 or more to qualify for a rollover to a financial institution. Enter the dollar amount or the percentage (from 1% to 100%) that you would like to roll over.

For example: If you are going to receive an eligible rollover distribution of \$4,000 and you choose to roll over 75 percent of the balance to a qualified plan, CalSTRS will distribute \$3,000 directly to the plan specified by you. The 25 percent remaining balance of \$1,000 paid directly to you is subject to 20 percent federal income tax withholding. You will receive only \$800 (or less, if you choose to have state tax withheld) because \$200 is withheld for federal tax.

**Financial Institution Information**—When providing your financial institution information, do not attach transfer documents. Also, do not list “IRA” as the name of your financial institution. We will mail the payment to the financial institution address you provide. It is imperative the financial institution name, address and account number are correct. You must also provide the financial institution representative’s signature. If the information is not correct, your rollover will be delayed. We are not able to process direct rollovers to financial institutions outside the U.S.

**CalSTRS Pension2® Rollovers**—You may select CalSTRS Pension2 for your rollover of contributions and interest without obtaining the financial institution representative’s signature. CalSTRS will obtain the required signatures on your behalf. For more information, visit [Pension2.com](http://Pension2.com). You may also email at [Pension2@CalSTRS.com](mailto:Pension2@CalSTRS.com) or call 888-394-2060, Monday–Friday, 8 a.m. to 5 p.m.

**SECTION 9.5—DEFINED BENEFIT SUPPLEMENT TAX WITHHOLDING PREFERENCES**

**Direct Payment: Lump Sum and Period-Certain Annuity of 3 to 9 Years**—Federal law allows lump-sum payments or period-certain annuity payments of three to nine years to be rolled over into a qualified plan. If you choose to have payments paid directly to you, CalSTRS must withhold 20 percent for federal tax. If you choose to have California state tax withheld, CalSTRS will withhold at 10 percent of your federal income tax withholding. For example, if you have 20 percent federal tax withholding, your state tax withholding will be 2 percent.

Be sure to read section 11, *Special Tax Notice: Your Rollover Options*, on pages 17-20.

**Lifetime Monthly Annuity and Period-Certain Annuity of 10 Years**—If you elect to receive a lifetime annuity or a period-certain annuity of 10 years for your Defined Benefit Supplement funds, specify your tax withholding preferences. If you do not complete this section, CalSTRS will withhold federal and state income tax from your monthly payments based on the rate for a married individual claiming three withholding allowances.

If you do not want tax withholding, return the form with the *Do Not Withhold* boxes checked. If you want tax withholding, mark the appropriate boxes and specify the number of allowances. You may specify an *additional dollar* amount to withhold. You may also elect to withhold a flat dollar amount without specifying allowances for California state tax. A flat amount cannot be specified for federal income tax.

### SECTION 10—REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *Disability Benefits Application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date your application. Your signature date is the date you signed your application.

If your spouse or registered domestic partner does not sign your application, you must include a completed and signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form with your application.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement to make this determination. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them later.

### ADDITIONAL INFORMATION ON TAX WITHHOLDING PREFERENCES

#### Applies to Sections 8.3, 9.4 and 9.5

Your tax withholding preferences will remain in effect until you change or cancel them. Change or cancel your preferences using the tax withholding feature on *myCalSTRS* or submit the *Income Tax Withholding Preference Certificate* form, available at [CalSTRS.com](http://CalSTRS.com).

*Withholding Choices:* The number of state withholding allowances you claim may be different from the number of allowances you claim for federal withholding. To help determine the appropriate number of allowances, see the allowance worksheets on the:

- State withholding certificate DE-4P at [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf), and
- Federal withholding certificate W-4P at [www.irs.gov/pub/irs-pdf/fw4p.pdf](http://www.irs.gov/pub/irs-pdf/fw4p.pdf).

There may be penalties for not paying enough tax on your benefits during the year either through withholding or estimated tax payments.

*Addresses Outside California:* In compliance with federal law, CalSTRS will not withhold California income tax from your benefit if you live outside the state. However, if you think you may be liable for California state income tax, use the *Income Tax Withholding Certificate* form to request California income tax withholding. CalSTRS does not withhold income tax for states other than California.

*Addresses Outside the U.S.:* Federal law requires that federal income tax be withheld from payments delivered outside the

U.S. or U.S. territories to U.S. citizens or non-U.S. resident aliens, as well as payments made to U.S. resident aliens. U.S. citizens who have payments delivered outside the U.S. or its territories and U.S. resident aliens may elect any withholding status (married, single or head of household) and zero or more withholding allowances.

If you are a U.S. citizen and have your benefits delivered outside the U.S., you can choose not to have tax withheld by giving CalSTRS your home address in the U.S. or in a U.S. possession. If you give CalSTRS only a U.S. address of a nominee, agent, trustee or custodian who is receiving your benefits as an intermediary, but do not give us your own U.S. home address, CalSTRS will treat your benefits as payments to a foreign person and must withhold tax on your benefits as required by tax laws.

*Non-U.S. Resident Aliens:* A nonresident alien is an individual who is not a U.S. citizen or a resident alien. Generally, nonresident aliens are subject to a 30 percent federal income tax on their U.S. income. A reduced rate, including an exemption, may apply if there is a tax treaty between the foreigner's country of residence and the U.S. For more information, see IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, available at [irs.gov](http://irs.gov) (type in 515 in the search function) or by calling 800-829-3676.

For more information on tax liability, see IRS Publication 575, *Pension and Annuity Income*, and the California Franchise Tax Board Publication 1005, *Pension and Annuity Guidelines*, or contact a qualified tax professional.

**SECTION 11 – SPECIAL TAX NOTICE:  
YOUR ROLLOVER OPTIONS**

You are receiving this notice because all or a portion of your CalSTRS payment is eligible to be rolled over to a qualified IRA or an eligible employer plan. Read this notice to help you decide whether or not to do a rollover.

**SUBMITTING YOUR APPLICATION**

Submit pages 1–15 of your *Disability Benefits Application*. Make a copy for your records.

**Hand Delivery**

Hand deliver to a local CalSTRS benefits counseling office (see page 23 of the *Your Disability Benefits Guide* or visit [CalSTRS.com/localoffices](http://CalSTRS.com/localoffices)).

**Mailing Address:**

CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275

**Overnight Delivery**

If you are using a special mailing service such as UPS or FedEx, send your application to:

CalSTRS  
Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

**Fax Delivery**

916-414-5040

**QUESTIONS**

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

**RETIREMENT CHANGE REQUESTS**

If you have already submitted your *Service Retirement Application* and want to make a change, CalSTRS must receive the *Service Retirement Application Change Request* form (SR 1328) no later than 30 days from the date your first benefit payment is issued. This form is available at [CalSTRS.com](http://CalSTRS.com) or by calling us. Use this form to change your retirement date, option, option beneficiary, Reduced Benefit Election, or Defined Benefit Supplement election.

**NAME OR ADDRESS CHANGE**

Notify us in writing immediately of any change in your name or mailing address. You can update your mailing address online using *myCalSTRS*. Otherwise, complete the *Address Change Request* form, available at [CalSTRS.com](http://CalSTRS.com) (select *Forms & Publications*) or call us.

**Submit only pages 1–15 of your *Disability Benefits Application*.**

**You'll also need to submit the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, if required.**

**Your application may be delayed or rejected if you do not complete, sign or date your application or provide the required information.**

# Disability Benefits Application (Includes Service Retirement During Evaluation of a Disability Application)

(DS 0260 rev 5/13)

**CALSTRS**  
California State Teachers' Retirement System  
P.O.Box 15275, MS 43  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**Complete this application if you are applying for a CalSTRS disability benefit. It includes the option to apply for service retirement during evaluation of your disability application.**

**With my signature on page 15, I certify that I have read the instructions and the *Your Disability Benefits Guide* booklet. Check one:**

- I am applying for a disability benefit only.
- I am applying for a service retirement benefit during evaluation of a disability application.
- I am reapplying for a disability benefit.

I fully understand that under service retirement during evaluation of my disability application, I will be officially retired as of the retirement date I have requested if CalSTRS receives my properly completed, signed and dated application no later than the last day of the month in which I am requesting to retire. Further, if my disability application is not approved, I fully understand I will remain on service retirement, and I will not be eligible to reapply for a disability benefit unless I terminate my service retirement, return to CalSTRS-covered employment and earn one year of service credit.

## Section 1: Member Information

Name (Last, First, Initial)	Client ID* or Social Security Number	
Mailing Address	Email Address	
City	State	ZIP Code
Date of Birth (MM/DD/YYYY)	(   )	(   )
	Home Telephone	Alternate Telephone

**Member Coverage:**     Coverage A             Coverage B

## Section 2: Service Retirement Information

Complete only if you are applying for service retirement during evaluation of a disability application.

		-			-				
--	--	---	--	--	---	--	--	--	--

Retirement date (MM/DD/YYYY)

Your first benefit payment will be calculated from this date through the end of the month in which you retire.

\_\_\_\_\_  
Last date of work, vacation or approved leave (MM/DD/YYYY). This date must be before your retirement date.

### Other Public Retirement Systems

If you are a member of any of the following California public retirement systems and you did not perform service between your CalSTRS retirement date and the other public system's retirement date, you may be able to use the other system's final compensation. Place an X in the appropriate box below. Mark all that apply and indicate your retirement date with the other system.

CalPERS     SFERS     LRS     UCRS     1937 ACT COUNTY—County Name \_\_\_\_\_

Retirement dates from other systems (MM/DD/YYYY) \_\_\_\_\_

\* Find your Client ID on your *Retirement Progress Report*.



DS0260

NAME \_\_\_\_\_ CLIENT ID OR SSN \_\_\_\_\_

### Section 3: Employment Information

Please attach a copy of your current or previous job description.

DISTRICT OF EMPLOYMENT \_\_\_\_\_ COUNTY OF EMPLOYMENT \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ PRINCIPAL'S OR SUPERVISOR'S NAME \_\_\_\_\_

( )

MAILING ADDRESS \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

GRADE LEVEL TAUGHT \_\_\_\_\_ SUBJECTS TAUGHT \_\_\_\_\_

POSITION TITLE \_\_\_\_\_ HOW LONG POSITION HELD \_\_\_\_\_

Are you currently working?  Yes  No

LAST DAY OF WORK (MM/DD/YYYY) \_\_\_\_\_ LAST DAY OF COMPENSATION (MM/DD/YYYY) \_\_\_\_\_

Are you currently working in any capacity—full-time, part-time or modified work?  Yes  No  
If yes, explain (not limited to public education; for example, real estate, tutoring, day care, counseling or artist).

Have you been in your current position for less than one year?  Yes  No

If in public education, provide:

( )

PREVIOUS SCHOOL \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

Do you now or have you ever owned your own business?  Yes  No

If yes, what is the name of the business? \_\_\_\_\_

Dates of ownership \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

If yes, explain the type of business (real estate, tutoring, day care, counseling, artist, other).

#### Professional credentials and vocational certificates or licenses held:

Credentials/Certificate/License

Issue Date

Expiration Date

\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience in the education field other than your present position? If yes, explain.

Do you have work experience or training in a field other than education? If yes, please provide types and dates.

\_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_ Dates \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)



### Section 3.1 Unlawful Act Information

If you have less than five years of service credit, you may be eligible to apply for a disability benefit if your impairment is the result of an unlawful act of bodily injury that occurred on the job.

Is your impairment the result of an unlawful act?  Yes  No

I have attached supporting documentation—the official police report or official employer’s incident report.

### Section 3.2 Reasonable Accommodation

CalSTRS may require you to request reasonable accommodation from your employer as a condition for receiving a disability benefit. A reasonable accommodation may enable you to continue employment in your same position or in one with comparable level responsibilities.

Reasonable accommodation requests to your employer should be in writing and all documentation between you and your employer must be provided to CalSTRS upon request.

Have you requested reasonable accommodation from your employer?

Yes If yes, attach a copy of your reasonable accommodation request, including your employer’s response.

No If no, why not? \_\_\_\_\_

Has your usual work assignment been modified or eliminated to accommodate your impairment since your initial employment in your school district?  Yes (Explain below.)  No

\_\_\_\_\_  
\_\_\_\_\_

### Section 4: Statement of Impairment

Respond to each question for each impairment. Use additional sheets if needed. Write your name and Client ID at the top of each page.

1. What is your specific diagnosis/impairment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Date of diagnosis/impairment (MM/DD/YYYY) \_\_\_\_\_

3. Date your impairment began affecting your ability to perform at work (MM/DD/YYYY) \_\_\_\_\_

4. What are your specific limitations or restrictions due to your diagnosis/impairment? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. How does your diagnosis/impairment prevent you from performing your usual duties? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

6. How does your diagnosis/impairment prevent you from performing your usual duties with accommodation, or the duties of a comparable level position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

NAME \_\_\_\_\_ CLIENT ID OR SSN \_\_\_\_\_

Did a third party cause your injury?  Yes (Explain below.)  No

---

---

### Section 5: Medical Information

Provide a list of physicians who examined or treated you for each diagnosis/impairment listed on page 3. Use additional sheets if needed. Write your name and Client ID at the top of each page.

\_\_\_\_\_ ( )  
Treating Physician's Name (Last, First, Title) Specialty Telephone Number

\_\_\_\_\_ City State ZIP Code  
Mailing Address

Dates of treatment: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_ ( )  
Treating Physician's Name (Last, First, Title) Specialty Telephone Number

\_\_\_\_\_ City State ZIP Code  
Mailing Address

Dates of treatment: \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

Have you been hospitalized for this condition?  Yes  No

If yes, provide the names of hospitals and hospital physicians who examined or treated you for each diagnosis/impairment. Use additional sheets if needed. Write your name and Client ID at the top of each page.

\_\_\_\_\_ Hospital Name and Mailing Address

Dates Hospitalized: From \_\_\_\_\_ to \_\_\_\_\_ (MM/DD/YYYY)

\_\_\_\_\_ Name of Treating Physician at the Hospital (Last, First, Title)

### Section 5.1 Workers' Compensation Information

Are you receiving or do you plan to apply for benefits under workers' compensation for any diagnosis/impairment listed on page 3?

Yes  No **If yes, complete the *Workers' Compensation Carrier Request for Information* form in the **Forms** section of this booklet.**

Has claim been settled?  Yes If yes, date settled \_\_\_\_\_ (MM/DD/YYYY)  
 No

\_\_\_\_\_ Workers' Compensation Carrier

\_\_\_\_\_ ( )  
Name of Adjuster Telephone Number

\_\_\_\_\_ City State ZIP Code  
Mailing Address

\_\_\_\_\_ Date of Diagnosis/Impairment (MM/DD/YYYY)  
Claim Numbers Relating to Diagnosis/Impairment

**Section 5.2 Other Benefits Information – Coverage A Members Only**

Are you receiving or do you plan to apply for benefits under any insurance policy (employer paid) or other public system for any impairment listed on page 3?  Yes  No

**Insurance Carrier or Other Public System Contact** (Social Security, CalPERS, military, other)

\_\_\_\_\_  
Name of Insurance Carrier or Public System

\_\_\_\_\_  
Contact Person

(    )

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

\_\_\_\_\_  
Claim Numbers Relating to Impairment

\_\_\_\_\_  
Date of Injury/Illness (MM/DD/YYYY)

**Section 6: Eligible Dependent Children Information**

Provide a copy of the birth certificate and Social Security card for your named dependent children. If there is a joint custody situation, provide a copy of child custody document or your most current tax records.

\_\_\_\_\_  
Child's Name (Last, First, Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name (Last, First, Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name (Last, First, Initial)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Child's Name (Last, First, Initial)

\_\_\_\_\_  
Date of Birth

Use additional sheets if needed. Write your name and Client ID at the top of each page.

I have attached a copy of each child's birth certificate and Social Security card.

I have attached additional documents, including: \_\_\_\_\_

**Section 7: Authorization to Release Information to CalSTRS****Authorization to Release Information to CalSTRS**

I hereby authorize and direct any and all organizations, agencies and individuals from whom the California State Teachers' Retirement System or its representatives require information to determine my disability status to disclose all requested information which they may possess. Such information may include, but is not limited to, medical or hospital reports, any benefit or rehabilitation information, tax returns, and legal documents and decisions. The sources may be, but are not limited to: (1) physicians; (2) hospitals; (3) state agencies, such as the California Franchise Tax Board and the Department of Industrial Relations; (4) federal agencies such as the Internal Revenue Service, Social Security Administration and Veterans Administration; (5) any retirement or pension plan; (6) insurance companies, including workers' compensation insurance carriers; (7) rehabilitation firms; (8) psychiatric, psychological or counselor practitioners; and (9) universities and colleges.

The information requested will be used to verify my present and past medical, legal and financial status for the purposes of determining eligibility for and/or continuing qualification for receiving a disability benefit. Rehabilitation/vocational information requested will be used for determining employment or rehabilitation potential and/or to assist in vocational rehabilitation planning.

I understand during the entire period my application is being considered or I am receiving a disability benefit from CalSTRS that the information and documentation pertaining to me may be released to all organizations, agencies and individuals performing business or legal services for CalSTRS in connection to my claim.

In submitting this application, I agree, pursuant to California Education Code section 22450, to submit employment, legal or medical documentation, financial statements, certified copies of state and federal income tax records, or evidence of financial status to CalSTRS, for either establishing eligibility for a disability benefit or continuing qualification to receive a disability benefit. A photocopy of this authorization shall be considered as effective and valid as the original. This authorization remains valid during the entire period my application is being considered and/or I am receiving a disability benefit from CalSTRS.

\_\_\_\_\_  
Member's Signature to Authorize Release of Information to CalSTRS\_\_\_\_\_  
Date Signed (MM/DD/YYYY)**GO TO NEXT PAGE TO CONTINUE COMPLETING THIS APPLICATION**

### Section 8: Your Defined Benefit

#### Section 8.1 Defined Benefit Election (Service Retirement)

Complete if you are applying for service retirement during evaluation of a disability application.

I have read the instructions that describe the **Defined Benefit** options and I elect (choose one):

- Member-Only Benefit (Coverage A–Service Retirement). Skip to section 8.3.
- Member-Only Benefit (Coverage B–Service Retirement). Go to section 8.2.
- Modified Benefit. If you check this box, choose one option below.


##### Modified Benefit

I previously submitted the *Preretirement Election of an Option* form.

Indicate the option you elected \_\_\_\_\_  
and the name of your option beneficiary \_\_\_\_\_ to confirm your original election.

##### OR

I am electing an option at retirement. (Your option beneficiary must be a living person or persons—your beneficiary cannot be a trust, estate, charity or other entity. This option is not the one-time death benefit.) I have read *Your Retirement Guide*, pages 9–11, that describe the Defined Benefit options available, and I elect one of the following options at retirement. Choose one and complete the beneficiary information below:

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option (If you choose the Compound Option, complete and attach the *Compound Option Election* form.) 

##### Option Beneficiary Information

Beneficiary's Name (Last, First, Initial)		Beneficiary's Social Security Number		
Mailing Address		City	State	ZIP Code
( )	( )			
Home Telephone	Alternate Number	Email Address		

Member of CalSTRS:  Yes  No

Gender:  Male  Female

Relationship:  Spouse  Registered Domestic Partner  Other


Date of Birth \_\_\_\_\_ (MM/DD/YYYY)

(Attach verification of your option beneficiary's birth date. Acceptable documents include a photocopy of a birth certificate, passport ID page and certain military IDs.)

NAME \_\_\_\_\_ CLIENT ID OR SSN \_\_\_\_\_

**Section 8.2 Defined Benefit Election–Coverage B (Disability Retirement)**

I have read the instructions that describe the **Defined Benefit** options and I elect (choose one):

- Member-Only Benefit. (Coverage B–Disability Retirement). Go to section 8.3.
- Modified Benefit. If you check this box, choose one option below and complete the beneficiary information below:
  - 100% Beneficiary Option
  - 75% Beneficiary Option
  - 50% Beneficiary Option
  - Compound Option (If you elect the Compound Option, complete and attach the *Compound Option Election* form, available at CalSTRS.com.) 

I request Modified Benefit quotes for the option beneficiary below.

**Beneficiary Information**

Beneficiary’s Name (Last, First, Initial) \_\_\_\_\_ Beneficiary’s Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Alternate Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Member of CalSTRS:  Yes  No Gender:  Male  Female

Relationship:  Spouse  Registered Domestic Partner  Other \_\_\_\_\_

Date of Birth \_\_\_\_\_ (MM/DD/YYYY)

(Attach verification of your option beneficiary’s birth date. Acceptable documents include photocopies of a birth certificate, passport ID page and certain military IDs.)

### Section 8.3 Defined Benefit Tax Withholding Preferences

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding allowances.

Remember, there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated taxes by having enough state and federal tax withheld from your monthly benefit payment.

#### CALIFORNIA STATE INCOME TAX WITHHOLDING

**Do not** withhold California state income tax.

**OR**

**Withhold** California state income tax.

Withhold only \$ \_\_\_\_\_ from each benefit payment.\* (Enter a flat dollar amount only. Do not enter a percentage.)

**OR**

Withhold California state income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Head of household with \_\_\_\_\_  
(Enter 0 or number of allowances.)

**Additional withholding: \$** \_\_\_\_\_

from each benefit payment in addition to the amount to be withheld based on state tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

\*A flat amount cannot be specified for federal income tax.

#### FEDERAL INCOME TAX WITHHOLDING

**Do not** withhold federal income tax from my monthly benefit payment.

**OR**

**Withhold** federal income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)

**Additional withholding: \$** \_\_\_\_\_

from each benefit payment in addition to the amount to be withheld based on federal tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

### Section 9: Your Defined Benefit Supplement

#### Section 9.1 Defined Benefit Supplement Election (Service Retirement)

Complete if you are applying for service retirement during evaluation of a disability application.

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a **Defined Benefit Supplement** account with CalSTRS. If your Defined Benefit Supplement account balance is:

- Under \$3,500, you must take a lump-sum payment. Mark the lump-sum payment box below.
- \$3,500 or more, you have choices about how to receive your funds.

#### Defined Benefit Supplement Choices

You have three payment choices for your Defined Benefit Supplement account. Choose only one:

##### 1. Lump-Sum Payment

- Check paid to me directly. (Skip to section 9.4, Direct Payment.)
- Rollover to a financial institution. (Skip to section 9.4, Rollover.)

##### 2. Annuity Payment

You have two choices. Choose one:

###### Period-Certain Monthly Annuity of 3 to 10 years\*

Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

###### Lifetime Monthly Annuity\*

If you elected the **Member-Only Benefit** on page 7, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 7, you have three choices. Choose one:

100% Beneficiary Annuity     75% Beneficiary Annuity     50% Beneficiary Annuity

##### 3. Combination Lump Sum *and* Annuity. After your lump-sum payment, at least \$3,500 must remain in your Defined Benefit Supplement account to fund an annuity. Indicate your lump-sum amount and choose one annuity.

\$ \_\_\_\_\_ Lump-Sum Amount

- Check paid to me directly. (Skip to section 9.4, Direct Payment.)
- Rollover to a financial institution. (Skip to section 9.4, Rollover.)

##### Annuity (choose one):

###### Period-Certain Monthly Annuity of 3 to 10 Years\*

Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

###### Lifetime Monthly Annuity\*

If you elected the **Member-Only Benefit** on page 7, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 7, you have three choices. Choose one:

100% Beneficiary Annuity     75% Beneficiary Annuity     50% Beneficiary Annuity

\*The lifetime monthly annuity and period-certain annuities of 10 years are not eligible for a rollover into a pretax account. See section 9.4 regarding tax considerations.



**Section 9.2 Defined Benefit Supplement Election—Coverage A (Disability Allowance)**

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a **Defined Benefit Supplement** account with CalSTRS. If your Defined Benefit Supplement account balance is:

- Under \$3,500, you must take a lump-sum payment. Mark the lump-sum payment box below.
- \$3,500 or more, you have choices about how to receive your funds.

**Defined Benefit Supplement Choices**

You have three payment choices for your Defined Benefit Supplement account. Choose only one:

**1.  Lump-Sum Payment**

- Check paid to me directly. (Skip to section 9.4, Direct Payment.)
- Rollover to a financial institution. (Skip to section 9.4, Rollover.)

**2.  Annuity Payment**

You have two choices. Choose one:

- Period-Certain Monthly Annuity of 3 to 10 years\***  
 Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

- Lifetime Monthly Annuity\***

**3.  Combination Lump Sum and Annuity.** After your lump-sum payment, at least \$3,500 must remain in your Defined Benefit Supplement account to fund an annuity. Indicate your lump-sum amount and choose one annuity.

\$ \_\_\_\_\_ **Lump-Sum Amount**

**Annuity (choose one):**

- Period-Certain Monthly Annuity of 3 to 10 Years\***  
 Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

- Lifetime Monthly Annuity\***

\*The lifetime monthly annuity and period-certain annuities of 10 years are not eligible for a rollover into a pretax account. See section 9.4 regarding tax considerations.

### **Section 9.3** **Defined Benefit Supplement Election—Coverage B** **(Disability Retirement)**

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a **Defined Benefit Supplement** account with CalSTRS. If your Defined Benefit Supplement account balance is:

- Under \$3,500, you must take a lump-sum payment. Mark the lump-sum payment box below.
- \$3,500 or more, you have choices about how to receive your funds.

#### **Defined Benefit Supplement Choices**

You have three payment choices for your Defined Benefit Supplement account. Choose only one:

#### **1. Lump-Sum Payment**

- Check paid to me directly. (Skip to section 9.4, Direct Payment.)
- Rollover to a financial institution. (Skip to section 9.4, Rollover.)

#### **2. Annuity Payment**

You have two choices. Choose one:

**Period-Certain Monthly Annuity of 3 to 10 years\***

Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

**Lifetime Monthly Annuity\***

If you elected the **Member-Only Benefit** on page 8, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 8, you have three choices. Choose one:

100% Beneficiary Annuity     75% Beneficiary Annuity     50% Beneficiary Annuity

#### **3. Combination Lump Sum *and* Annuity.** After your lump-sum payment, at least \$3,500 must remain in your Defined Benefit Supplement account to fund an annuity. Indicate your lump-sum amount and choose one annuity.

\$ \_\_\_\_\_ **Lump-Sum Amount**

- Check paid to me directly. (Skip to section 9.4, Direct Payment.)
- Rollover to a financial institution. (Skip to section 9.4, Rollover.)

**Annuity (choose one):**

**Period-Certain Monthly Annuity of 3 to 10 Years\***

Number of years (*circle one*) 3 4 5 6 7 8 9 10

**OR**

**Lifetime Monthly Annuity\***

If you elected the **Member-Only Benefit** on page 8, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 8, you have three choices. Choose one:

100% Beneficiary Annuity     75% Beneficiary Annuity     50% Beneficiary Annuity

\*The lifetime annuity and period-certain annuities of 10 years are not eligible for a rollover into a pretax account. See section 9.4 regarding tax considerations.

### **Section 9.4 Defined Benefit Supplement Payment Instructions**

I have received and read the *Special Tax Notice: Your Rollover Options* on pages 17–20 of this application.

**I understand I have at least 30 days before distribution to consider the information provided in this notice and decide whether to elect a direct rollover to another retirement plan or have the amount distributed to me.** The 30-day waiting period has been met or I waive the 30-day period.

Indicate below if you want to receive your Defined Benefit Supplement distribution as a **direct payment** or a **rollover**.

#### **Direct Payment**

I choose to have my Defined Benefit Supplement distribution paid directly to me. Skip to section 9.5.

**OR**

#### **Rollover**

I choose to roll over all or part of my Defined Benefit Supplement distribution to a financial institution. Complete the information below. (If you choose a rollover to CalSTRS Pension2®, CalSTRS staff will obtain the financial institution representative’s signature on your behalf.) *Any amount not designated for transfer will be mailed directly to me.* (See section 9.5 Direct Payment and mark the appropriate box).


### **THIS SECTION REQUIRES YOUR FINANCIAL INSTITUTION’S SIGNATURE (EXCEPT FOR PENSION2 ROLLOVERS)**

**Rollover of Tax-Deferred Contributions and Interest.** I elect to roll over my tax-deferred contributions and interest to one of the plans listed below.

Traditional IRA     Other eligible plan (403(b), 457, 401(k) or 401(a))     Roth IRA (taxable rollover)

**Select one:**  Amount to transfer \$ \_\_\_\_\_ **OR**  Percentage to transfer \_\_\_\_\_ (indicate 1%–100%)

#### **Financial Institution Information (All information is required.)**


Account Number	Make Check Payable to (Full Name of Financial Institution)		
Payment Mailing Address	City	State ( )	ZIP Code
Name of Financial Institution Representative	Telephone		
 Financial Institution Representative’s Signature*	Signature Date (MM/DD/YYYY)		

**Rollover of After-Tax Contributions.** I elect to roll over my after-tax contributions to one of the plans listed below (not applicable for most accounts).

Traditional IRA     Other eligible plan (403(b), 457, 401(k) or 401(a))     Roth IRA

**Select one:**  Amount to transfer \$ \_\_\_\_\_ **OR**  Percentage to transfer \_\_\_\_\_ (indicate 1%–100%)

#### **Financial Institution Information (All information is required.)**

Account Number	Make Check Payable to (Full Name of Financial Institution)		
Payment Mailing Address	City	State ( )	ZIP Code
Name of Financial Institution Representative	Telephone		
 Financial Institution Representative’s Signature*	Signature Date (MM/DD/YYYY)		

**\*Certification:** My signature above confirms the account number for the individual named at the top of this page. As a representative of the financial institution or plan named above, I certify that this institution or plan agrees to accept the funds described above as a direct trustee-to-trustee transfer from CalSTRS for deposit into a qualified IRA or other eligible plan as defined in the Internal Revenue Code. I understand that my signature above authorizes the transfer of funds as indicated above.

### Section 9.5 Defined Benefit Supplement Tax Withholding Preferences

When completing this section, remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated taxes by having enough state and federal tax withheld from your monthly benefit payment.

#### Direct Payment Lump Sum and Period-Certain Annuities of 3 to 9 Years

Federal law requires that CalSTRS withhold 20 percent federal income tax for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. CalSTRS will automatically withhold federal tax from your payment.

Under state law, you can choose not to have any state tax withholding. If you choose to have state tax withholding, CalSTRS will withhold at 2 percent for lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you.

Withhold California state income tax?  Yes  No

#### Lifetime Monthly Annuity and Period-Certain Annuity of 10 Years

If you do not complete the section below, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding allowances.

##### CALIFORNIA STATE INCOME TAX WITHHOLDING

Do not withhold California state income tax.

OR

Withhold California state income tax.

Withhold only \$ \_\_\_\_\_ from each benefit payment.\* (Enter a flat dollar amount only. Do not enter a percentage.)

OR

Withhold California state income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Head of household with \_\_\_\_\_  
(Enter 0 or number of allowances.)

**Additional withholding: \$** \_\_\_\_\_

from each benefit payment in addition to the amount to be withheld based on state tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

##### FEDERAL INCOME TAX WITHHOLDING

Do not withhold federal income tax from my monthly benefit payment.

OR

Withhold federal income tax based on the tax tables for (choose one):

Married with \_\_\_\_\_  
(Enter 0 or number of allowances.)

Single with \_\_\_\_\_  
(Enter 0 or number of allowances.)


**Additional withholding: \$** \_\_\_\_\_

from each benefit payment in addition to the amount to be withheld based on federal tax tables. (You cannot enter an amount without selecting one of the above options. Enter a dollar amount only.)

\*A flat amount cannot be specified for federal income tax.

### Section 10: Required Signatures

**Check all that apply.**

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed, signed and attached the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form. 
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

**Member's Signature**

I certify that I have read the Disability Benefits Application Instructions and the booklet, *Your Disability Benefits Guide*, and I am applying for a disability benefit and/or service retirement. I fully understand that if my service retirement is approved by CalSTRS and verified by my employer, I will be officially retired as of the retirement date I have requested if CalSTRS receives my application.

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 a fine of up to \$5,000 (Education Code section 22010).



\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Signature Date (MM/DD/YYYY)



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

\_\_\_\_\_  
Signature Date (MM/DD/YYYY)

### Submitting Your Application

Submit only pages 1–15 of your *Disability Benefits Application*. You'll also need to submit the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, if required.

Remember to sign and date your application and other forms.

**Hand Delivery**

Hand deliver your application to a local CalSTRS benefits counseling office. For a current listing, go to [CalSTRS.com/localoffices](http://CalSTRS.com/localoffices).

**Mailing Address**

Mail your application to:  
 CalSTRS  
 P.O. Box 15275, MS 43  
 Sacramento, CA 95851-0275

**Overnight Delivery**

If you are using a special mailing service such as UPS or FedEx, send your application to:  
 CalSTRS  
 Member Services  
 100 Waterfront Place  
 West Sacramento, CA 95605

**Fax Delivery**

916-414-5040

Keep a copy of your completed application for your records. If you fax your application, keep the confirmation page. We are unable to call and confirm receipt of your faxed application.

This page intentionally left blank.

**Section 11: Special Tax Notice: Your Rollover Options****INTRODUCTION**

You are receiving this notice because all or a portion of your CalSTRS Defined Benefit, Defined Benefit Supplement or Cash Balance payment may be eligible for a rollover to an IRA or an employer plan. This notice is intended to help you decide whether to do such a rollover.

Rules that apply to most CalSTRS payments are described in the “General Information About Rollovers” section. Special rules that only apply in certain circumstances are described in the “Special Rules and Options” section.

Certain California tax information also is provided. In general, California law conforms to the Internal Revenue Code. However, there are some differences between California and federal law. For additional information, visit [ftb.ca.gov](http://ftb.ca.gov).

**30-Day Notice Period and Your Right to Waive**

Generally, CalSTRS cannot make a direct rollover or a payment to you until at least 30 days after you receive this notice. If you do not wish to wait until this 30-day notice period ends before your payment is processed, you may waive the notice period.

**GENERAL INFORMATION ABOUT ROLLOVERS****How can a rollover affect my taxes?**

You will be taxed on your CalSTRS payment if you do not roll it over. If you are under age 59½ and do not do a rollover, you also will have to pay a 10 percent additional federal income tax and a 2.5 percent additional California state income tax on early distributions, unless an exception applies (see page 18 of this application).

If you do a rollover, however, you will not have to pay tax until you receive distributions later and the 10 percent additional federal income tax and 2.5 percent additional state income tax will not apply if those distributions are made after you are age 59½, or if an exception applies.

**Where may I roll over my CalSTRS payment?**

You may roll over the payment to either an IRA (an individual retirement account or individual retirement annuity) or an employer plan (a tax-qualified plan, section 403(b) plan, or governmental section 457(b) plan) that will accept the rollover. The rules of the IRA or employer plan that holds the rollover will determine your investment options, fees and rights to payment from the IRA or employer plan. For example, no spousal consent rules apply to IRAs and IRAs may not provide loans.

Further, the amount rolled over will become subject to the tax rules that apply to the IRA or employer plan.

**How do I do a rollover?**

There are two ways to do a rollover. You can do either a direct rollover or a 60-day rollover.

**Direct rollover:** If you do a direct rollover, CalSTRS will make the payment directly to your IRA or an employer plan. You should contact the IRA sponsor or the administrator of the employer plan for information on how to do a direct rollover.

**60-day rollover:** If you do not do a direct rollover, you still may do a rollover by making a deposit into an IRA or eligible employer plan that will accept it. You will have 60 days after you receive your CalSTRS payment to make the deposit.

**If you do not do a direct rollover, CalSTRS is required to withhold 20 percent of the payment for federal income tax and, if you choose, will withhold state tax at 10 percent of your federal income tax withholding (2 percent).** This means that, in order to roll over the entire payment in a 60-day rollover, you must use other funds to make up for the 20 percent withheld for federal tax and any state tax withheld. If you do not roll over the entire amount of the payment, the portion not rolled over will be taxed and will be subject to the 10 percent additional federal income tax and the 2.5 percent additional state income tax on early distributions if you are under age 59½, unless an exception applies.

**How much may I roll over?**

If you wish to do a rollover, you may roll over all or part of the amount eligible for rollover. Any CalSTRS payment is eligible for rollover except:

- Benefit payments spread over a period of at least 10 years or over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Required minimum distributions after age 70½ (or after death).
- Corrective distributions of contributions that exceed tax law limitations.

CalSTRS can tell you what portion of a payment is eligible for a rollover.

**If I don't do a rollover, will I have to pay the 10 percent additional federal income tax and the 2.5 percent additional state income tax on early distributions?**

If you are under age 59½, you will have to pay the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions for any CalSTRS payment, including amounts withheld for income tax, that you do not roll over, unless one of the exceptions listed below applies. This tax is in addition to the regular federal and state income taxes on the payment not rolled over.

The 10 percent additional federal income tax and the 2.5 percent additional state income tax do not apply to the following CalSTRS payments:

- Payments made after you separate from service if you will be at least age 55 in the year of the separation.
- Payments that start after you separate from service if paid at least annually in equal or close to equal amounts over your life or life expectancy (or the lives or joint life expectancy of you and your beneficiary).
- Payments made due to disability.
- Payments after your death.
- Corrective distributions of contributions that exceed tax law limitations.
- Payments made directly to the government to satisfy a federal tax levy.
- Payments made under a qualified domestic relations order (QDRO).
- Payments up to the amount of your deductible medical expenses.

**If I do a rollover to an IRA, will the 10 percent additional federal income tax and the 2.5 percent additional state income tax apply to early distributions from the IRA?**

If you receive a payment from an IRA when you are under age 59½, you will have to pay the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions from the IRA, unless an exception applies. In general, the exceptions to the additional federal and state income taxes for early distributions from an IRA are the same as the exceptions listed above for early distributions from a plan. However, there are a few differences for payments from an IRA, including:

- There is no exception for payments after separation from service that are made after age 55.

- The exception for qualified domestic relations orders does not apply. However, a special rule applies under which, as part of a divorce or separation agreement, a tax-free transfer may be made directly to an IRA of a spouse or former spouse.
- The exception for payments made at least annually in equal or close to equal amounts over a specified period applies without regard to whether you have had a separation from service.
- There are additional exceptions for (1) payments for qualified higher education expenses, (2) payments up to \$10,000 used in a qualified first-time home purchase, and (3) payments after you have received unemployment compensation for 12 consecutive weeks, or would have been eligible to receive unemployment compensation but for self-employed status.

**SPECIAL RULES AND OPTIONS**

**If Your Payment Includes After-Tax Contributions**

After-tax contributions included in a CalSTRS payment are not taxed. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is generally included in the payment. If you have pre-1987 after-tax contributions maintained in a separate account, a special rule may apply to determine whether the after-tax contributions are included in a payment.

You may roll over to an IRA a CalSTRS payment that includes after-tax contributions through either a direct rollover or a 60-day rollover (see page 17 of this application). You must keep track of the aggregate amount of the after-tax contributions in all of your IRAs (in order to determine your taxable income for later payments from the IRAs). If you do a direct rollover of only a portion of the amount paid from CalSTRS and a portion is paid to you, each of the payments will include an allocable portion of the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of your CalSTRS payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a complete distribution of your benefit that totals \$12,000, of which \$2,000 is after-tax contributions. In this case, if you roll over \$10,000 to an IRA in a 60-day rollover, no amount is taxable because the \$2,000 amount not rolled over is treated as being after-tax contributions.

You may roll over to an employer plan all of a payment that includes after-tax contributions, but only through a direct rollover—and only if the receiving plan separately



accounts for after-tax contributions and is not a governmental section 457(b) plan. You can do a 60-day rollover to an employer plan of part of a CalSTRS payment that includes after-tax contributions, but only up to the amount of the payment that would be taxable if not rolled over.

#### **If You Miss the 60-Day Rollover Deadline**

Generally, the 60-day rollover deadline cannot be extended. However, the IRS has the limited authority to waive the deadline under certain extraordinary circumstances, such as when external events prevented you from completing the rollover by the 60-day rollover deadline.

To apply for a waiver, you must file a private letter ruling request with the IRS. Private letter ruling requests require the payment of a nonrefundable user fee. For more information, see IRS Publication 590, *Individual Retirement Arrangements*.

#### **If You Were Born On or Before January 1, 1936**

If you were born on or before January 1, 1936, and receive a lump-sum distribution that you do not roll over, special rules for calculating the amount of the tax on the payment might apply to you. For more information, see IRS Publication 575, *Pension and Annuity Income*.

#### **If You Roll Over Your Payment to a Roth IRA**

You can roll over a payment from CalSTRS made before January 1, 2010, to a Roth IRA only if your modified adjusted gross income is not more than \$100,000 for the year the payment is made to you and, if married, you file a joint return. These limitations do not apply to CalSTRS payments made to you after 2009. If you did a rollover to a Traditional IRA because you were not eligible to do a Roth IRA until after 2009, you can now convert the Traditional IRA to a Roth IRA.

If you roll over your CalSTRS payment to a Roth IRA, a special rule applies under which the amount of the payment rolled over (reduced by any after-tax amounts) will be taxed. However, the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions will not apply (unless you take the amount rolled over out of the Roth IRA within five years, counting from January 1 of the year of the rollover). For payments from CalSTRS during 2010 that are rolled over to a Roth IRA, the taxable amount can be spread over a two-year period starting in 2011.

If you roll over the payment to a Roth IRA, later payments from the Roth IRA that are qualified distributions will not be taxed, including earnings after the rollover. A qualified distribution from a Roth IRA is

a payment made after you are age 59½—or after your death or disability, or as a qualified first-time homebuyer distribution of up to \$10,000—and after you have had a Roth IRA for at least five years. In applying this five-year rule, you count from January 1 of the year for which your first contribution was made to a Roth IRA. Payments from the Roth IRA that are not qualified distributions will be taxed to the extent of earnings after the rollover, including the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions, unless an exception applies. You do not have to take required minimum distributions from a Roth IRA during your lifetime. For more information, see IRS Publication 590, *Individual Retirement Arrangements*.

You cannot roll over a payment from CalSTRS to a designated Roth account in an employer plan.

CalSTRS is not responsible for assuring your eligibility to make a rollover to a Roth IRA. Consult your tax adviser if you are interested in rolling over your payment to a Roth IRA.

#### **If You Are Not a CalSTRS Member**

**Payments after a member's death.** If you receive a distribution after a CalSTRS member's death that you do not roll over, the distribution will generally be taxed in the same manner described elsewhere in this notice. However, the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions do not apply. The special rule described under the section "If you were born on or before January 1, 1936" applies only if the CalSTRS member was born on or before January 1, 1936.

**If you are a surviving spouse.** If you receive a CalSTRS payment as the surviving spouse of a deceased member, you have the same rollover options that the member would have had, as described elsewhere in this notice. In addition, if you choose to do a rollover to an IRA, you may treat the IRA as your own or as an inherited IRA.

An IRA you treat as your own is treated like any other IRA of yours, so that payments made to you before you are age 59½ will be subject to the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions, unless an exception applies. In addition, required minimum distributions from your IRA do not have to start until after you are age 70½.

If you treat the IRA as an inherited IRA, payments from the IRA will not be subject to the 10 percent additional federal income tax and 2.5 percent additional

state income tax on early distributions. However, if the member had started taking required minimum distributions, you will have to receive required minimum distributions from the inherited IRA. If the member had not started taking required minimum distributions, you will not have to start receiving required minimum distributions from the inherited IRA until the year the member would have been age 70<sup>1/2</sup>.

**If you are a surviving beneficiary other than a spouse.** If you receive a CalSTRS payment because of the member's death and you are a designated beneficiary other than a surviving spouse, the only rollover option you have is to do a direct rollover to an inherited IRA. Payments from the inherited IRA will not be subject to the 10 percent additional federal income tax and 2.5 percent additional state income tax on early distributions. You will have to receive required minimum distributions from the inherited IRA.

**Payments under a qualified domestic relations order.**

If you are the spouse or former spouse of a CalSTRS member who receives a payment from CalSTRS under a qualified domestic relations order, you generally have the same options the member would have (for example, you may roll over the payment to your own IRA or an eligible employer plan that will accept it). Payments under the QDRO will not be subject to the 10 percent additional federal income tax or 2.5 percent additional state income tax on early distributions.

**If You are a Nonresident Alien**

If you are a nonresident alien and you do not do a direct rollover to a U.S. IRA or a U.S. employer plan, CalSTRS is generally required to withhold 30 percent of the payment for federal income taxes. If the amount withheld exceeds the amount of tax you owe (as may happen if you do a 60-day rollover), you may request an income tax refund by filing IRS Form 1040-NR and attaching your IRS Form 1042-S. See Form W-8BEN for claiming that you are entitled to a reduced rate of withholding under an income tax treaty. For more information, see also IRS Publication 519, *U.S. Tax Guide for Aliens*, and IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

**OTHER SPECIAL RULES**

If a payment is one in a series of payments for less than 10 years, your choice whether to make a direct rollover will apply to all later payments in the series, unless you make a different choice for later payments.

If your payments for the year are less than \$200, CalSTRS is not required to allow you to do a direct rollover and is not required to withhold for federal income taxes. However, you may do a 60-day rollover.

When electing how to receive a CalSTRS payment that is rollover eligible, any amount not designated for a rollover will be mailed directly to you.

You may have special rollover rights if you recently served in the U.S. Armed Forces. For more information, see IRS Publication 3, *Armed Forces' Tax Guide*.

**FOR MORE INFORMATION**

See the *Tax Considerations for Rollovers* booklet at CalSTRS.com. You may wish to consult a professional tax adviser before taking a payment from CalSTRS.

In addition, you will find more information on the federal tax treatment of payments from employer plans in IRS Publication 575, *Pension and Annuity Income*, IRS Publication 590, *Individual Retirement Arrangements*, and IRS Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, at irs.gov or by calling 800-TAX-FORM (800-829-3676).

For information on state tax, contact the California Franchise Tax Board at [ftb.ca.gov](http://ftb.ca.gov) or call 800-852-5711 (or 916-845-6500 if calling from outside the U.S.).

## Direct Deposit Authorization—Instructions

---

Use this *Direct Deposit Authorization* form to enroll, change or cancel direct deposit for your CalSTRS payment. For faster processing, enroll and manage your direct deposit account online using your *myCalSTRS* account at CalSTRS.com.

The payee is the person receiving the payment.

### SECTION 1—PAYEE AUTHORIZATION: NEW, CHANGE OR CANCEL

**NEW OR CHANGE:** By checking the NEW or CHANGE box, signing and submitting this form, you are authorizing CalSTRS to transmit any benefit payments due by electronic funds transfer to the designated account.

Electronic payments to your designated account must meet NACHA requirements. The requirements are designed to comply with U.S. law and impose additional reporting requirements on all electronic payments, including direct deposits that directly involve a financial institution outside the territorial jurisdiction of the United States. Per the State Controller's requirements, if you receive your monthly benefit payment via direct deposit at a U.S. financial institution and then have the entire amount forwarded to a financial institution in another country, you will be issued a paper check in lieu of the direct deposit.

**CANCEL:** By checking the CANCEL box, signing and submitting this form, you are authorizing CalSTRS to cancel an existing direct deposit authorization.

### SECTION 2—PAYEE INFORMATION

Provide payee name, Client ID or SSN, mailing and email addresses, and telephone number.

**View and print your current and past benefit payment statements from your *myCalSTRS* account.**

### SECTION 3—PAYEE ACCOUNT INFORMATION

**Checking Account Deposits:** Select "Checking Account" box and attach a voided personal check to this authorization to assist us in verifying your account and routing numbers.

**Savings Account Deposits:** Select "Savings Account" box and provide your routing number and account number.

### GENERAL INFORMATION

Your benefit payment statements—current and past—will be provided on *myCalSTRS* unless you request otherwise. If you want to receive statements by mail, you can choose to receive them by mail twice a year—in February, with tax table changes, and in October, with the annual benefit adjustment; or by mail every month—by checking the appropriate box on the form.

Mail your completed Direct Deposit authorization to: **CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.**

Your first payment will be deposited into your account within 60 to 90 days after we receive the authorization.

**To avoid delay in processing your payments, do not close your old account until your first payment is deposited into your new account.**

Your direct deposit will continue to be deposited into your designated account until we are notified in writing using this form or online using your *myCalSTRS* account that you wish to change or cancel your direct deposit authorization.

To avoid delays in benefits or communications, promptly update changes to your mailing address online using your *myCalSTRS* account or the *Address Change Request* form, available at CalSTRS.com.

### PRIVACY NOTICE

CalSTRS is authorized by California Education Code sections 24604 and 22450 to collect and use the information on this form for identification and enrollment processing for payment of benefits by direct deposit. The information collected will be disclosed to the State Controller's Office, an originating financial institution and the Federal Reserve Bank for the purpose mentioned. You must provide all information on this form. Failure to provide the mandatory information may result in non-enrollment of your direct deposit, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by CalSTRS upon proper identification. Contact CalSTRS by calling 800-228-5453 or write to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275.

# Direct Deposit Authorization

AS 1130 (rev 01/14)

# CALSTRS

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

Use this form to authorize CalSTRS to send your benefit payments electronically to your designated account, or to change or cancel your current direct deposit authorization. For faster processing, use your myCalSTRS account. Please use black or blue ink and print clearly. Mail your completed *Direct Deposit Authorization* form to CalSTRS, P.O. Box 15275, MS 85, Sacramento, CA 95851-0275 or fax to 916-414-5474.

## Section 1: Payee Authorization: NEW, CHANGE or CANCEL (select one)

**NEW** or  **CHANGE** I authorize CalSTRS to directly deposit my benefit payments via electronic funds transfer. I agree to receive my benefit payment statements (also known as direct deposit advices) electronically unless I request otherwise. I certify that the entire payment amount of my direct deposit is NOT ultimately deposited into a financial institution outside of the United States. 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 a fine of up to \$5,000 (Education Code section 22010).

**CANCEL** I hereby cancel my Direct Deposit authorization.



PAYEE SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Section 2: Payee Information (person receiving benefit payment)

PAYEE PRINTED NAME

PAYEE CLIENT ID OR SSN

MAILING ADDRESS

TELEPHONE NUMBER

CITY, STATE AND ZIP CODE

EMAIL ADDRESS

## Section 3: Payee Account Information (select one)

**Checking** Attach a voided check from your financial institution here. (Do not attach a deposit slip.)

**Savings** Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Your benefit payment statements—current and past—are provided on myCalSTRS. If you would like to receive your statements by mail, please select one:

- Mail my benefit payment statements twice a year—in February, with tax table changes, and October, with the annual benefit adjustment.
- Mail my benefit payment statement each time.



AS1130

# Recipient Designation Form—Information

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

---

To be valid, this form must be received and accepted by CalSTRS before your death.

The *Recipient Designation* form replaces the *One-Time Death Benefit Recipient* form and the *Cash Balance Beneficiary Designation* form. If you have one of these forms currently on file with CalSTRS, you do not need to submit a new *Recipient Designation* form unless you wish to make a change to your recipient designation.

- ✳ Complete and submit this form online using your myCalSTRS account for faster processing. Step-by-step guidance means you complete the form correctly.

### DEFINED BENEFIT PROGRAM MEMBERS

Use this form to designate recipients to receive the one-time benefit that may be payable in the event of your death. If you are an active member at the time of your death, any accumulated contributions in your account will be paid to your designated recipients only if you did not elect an option beneficiary to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a family or survivor benefit allowance after your death.

If your death occurs before retirement, your recipients may be eligible to receive the balance in your Defined Benefit Supplement account as an ongoing annuity or a lump-sum payment. If your death occurs after retirement, your recipients may be eligible for the ongoing annuity you elected at retirement.

This form will not protect your survivor with a lifetime benefit. To provide your survivors with a lifetime benefit, submit the *Preretirement Election of an Option* form when you are eligible to retire.

### CASH BALANCE BENEFIT PROGRAM PARTICIPANTS

Use this form to designate recipients to receive the benefit in the event of your death.

If you are receiving an annuity at the time of your death, the benefit payable is determined based on the annuity you elected.

If your recipient's (other than an entity) share of your account balance is at least \$3,500, he or she may elect to receive an annuity in place of a lump-sum payment.

### IMPORTANT FACTS

- This form remains in effect until either you submit another valid *Recipient Designation* form, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. *It is important to keep this form current.*
- If your designated primary recipients predecease you, any benefit due will be paid to your secondary recipients, unless you submit a valid *Recipient Designation* form designating new recipients. If we are unable to locate your designated recipients, the death benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
- If you do not have a valid *Recipient Designation* form on file with CalSTRS before your death or if all your designated recipients predecease you, any benefit due will be paid to your estate.
- You may change your recipient designations at any time—before or after retirement. There is no fee or financial penalty for changing your designation.

### QUESTIONS

Email us at [CalSTRS.com/contactus](mailto:CalSTRS.com/contactus) or call 800-228-5453.

This form is available at [CalSTRS.com](http://CalSTRS.com).

Return your completed form to:

CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275

Fax delivery:  
916-414-5783  
916-414-5784

# Recipient Designation Form—Instructions

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

---

Print clearly in dark ink or type all information requested. Initial all corrections on the form.

Check the appropriate box to identify your CalSTRS membership status.

If you are both a Defined Benefit Program member and Cash Balance Benefit Program participant and you are designating different recipients for each, you must complete two separate *Recipient Designation* forms.

### SECTION 1: MEMBER/PARTICIPANT INFORMATION

Enter your full name, Client ID or Social Security number, complete mailing address, birth date, telephone number and e-mail address.

### SECTIONS 2 AND 3: PRIMARY AND SECONDARY RECIPIENTS OR TRUST

You may name a living person, an estate, a trust, a corporation, a charitable organization, a parochial institution or a public entity as your recipient.

- **Persons**—Provide full name, address, telephone number, Social Security number, birth date and relationship.
- **Organization**—To designate an organization, check the box and enter the name and address of the organization and the organization's tax identification number. Include organization contact information whenever possible.
- **Trust**—To designate a trust, check the box and enter the full name of the trust, the trustee's name and address, and the date the trust was created. CalSTRS will contact the trustee and pay benefits to the trust. You do not need to provide the trust document at this time.

- **Estate**—To designate your estate, check the box and enter "My Estate" for the recipient's name. Upon your death, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code section 13101.

Check the box on page 3 if additional recipients are listed on an attachment. Identify each as *primary* or *secondary*.

You may designate a percentage for each recipient. If you use percentages, the total must equal 100 percent for the primary recipient section and/or secondary recipient section.

### SECTION 4: REQUIRED SIGNATURES

You must sign and date your form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date your form acknowledging your recipients and provide his or her Social Security number and date of birth.

If your spouse or registered domestic partner does not sign your form, you must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner*.

Failure to have the required signatures will result in the rejection of your *Recipient Designation* form.

If you divorced or terminated a registered domestic partnership and a portion of your CalSTRS benefits was awarded to a former spouse or partner, check the box that indicates this. You may need to refer to your settlement agreement. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them.

# Recipient Designation Form

## One-Time Death Benefit/Cash Balance Lump-Sum Payment

(MS 0002, rev 01/13)

**CALSTRS**  
 California State Teachers' Retirement System  
 P.O. Box 15275, MS 43  
 Sacramento, CA 95851-0275  
 800-228-5453  
 CalSTRS.com

This form is for designating recipients to receive the death benefits payable in the event of your death under the CalSTRS Defined Benefit Program and the Cash Balance Benefit Program. Print clearly in dark ink or type all information requested and initial any corrections.

Check one of the following:

- I am a member of the Defined Benefit Program. My recipient designation is for the one-time death benefit payable upon my death.
- I am a participant of the Cash Balance Benefit Program. My recipient designation is for the lump-sum payment to be distributed upon my death.
- I am a member/participant of both the Defined Benefit and Cash Balance programs. My recipient designation is for the lump-sum death benefits payable under both programs. (Refer to instructions if recipients are different between programs.)

I hereby revoke any previous designations and designate the following primary recipients—or their survivors—to receive equal amounts, unless otherwise specified as recipients for any benefits payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, I designate the secondary recipients—or their survivors—to share equally unless otherwise specified as recipients for any benefits under law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death will be paid to my estate. I understand this form does not designate a recipient to receive a continuing monthly retirement benefit.

Return your signed form to: CalSTRS • P.O. Box 15275, MS 43 • Sacramento, CA 95851-0275 • Fax 916-414-5783 or 916-414-5784 • For faster processing, complete and submit this form on *myCalSTRS*.

### Section 1: Member/Participant Information

NAME (LAST, FIRST, INITIAL)			CLIENT ID OR SOCIAL SECURITY NUMBER
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY)
			(       )
CITY	STATE	ZIP CODE	HOME TELEPHONE
EMAIL ADDRESS			

### Section 2: Primary Recipients

Use this area to designate one or more *primary* recipients to receive a death benefit.

Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION			(       )
MAILING ADDRESS			TELEPHONE
CITY	STATE	ZIP CODE	
<input type="checkbox"/> Person – Relationship: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female			SOCIAL SECURITY NUMBER/TAXPAYER ID NUMBER/EMPLOYER ID NUMBER
<input type="checkbox"/> Organization – Contact Name: _____			DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)
<input type="checkbox"/> Trust <input type="checkbox"/> Estate			PERCENTAGE (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)



**Section 2: Primary Recipients** continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION \_\_\_\_\_

(     )

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Person – Relationship: \_\_\_\_\_  
 Male       Female

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER/TIN/EIN

Organization – Contact Name: \_\_\_\_\_

\_\_\_\_\_  
 DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

Trust

Estate

\_\_\_\_\_  
 PERCENTAGE  
 (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

FULL NAME OF PERSON, TRUST OR ORGANIZATION \_\_\_\_\_

(     )

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Person – Relationship: \_\_\_\_\_  
 Male       Female

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER/TIN/EIN

Organization – Contact Name: \_\_\_\_\_

\_\_\_\_\_  
 DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

Trust

Estate

\_\_\_\_\_  
 PERCENTAGE  
 (MUST TOTAL 100% FOR ALL PRIMARY RECIPIENTS)

**Section 3: Secondary Recipients**

Use this area to designate one or more *secondary* recipients to receive a death benefit should all of your primary recipients predecease you. Use additional sheets if needed.

FULL NAME OF PERSON, TRUST OR ORGANIZATION \_\_\_\_\_

(     )

MAILING ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Person – Relationship: \_\_\_\_\_  
 Male       Female

\_\_\_\_\_  
 SOCIAL SECURITY NUMBER/TIN/EIN

Organization – Contact Name: \_\_\_\_\_

\_\_\_\_\_  
 DATE OF BIRTH/TRUST DATE (MM/DD/YYYY)

Trust

Estate

\_\_\_\_\_  
 PERCENTAGE  
 (MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)



MS0002



**Section 3: Secondary Recipients** continued

FULL NAME OF PERSON, TRUST OR ORGANIZATION \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(      )

TELEPHONE \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP CODE \_\_\_\_\_

Person – Relationship: \_\_\_\_\_

Male

Female

SOCIAL SECURITY NUMBER/TIN/EIN \_\_\_\_\_

Organization – Contact Name: \_\_\_\_\_

DATE OF BIRTH/TRUST DATE (MM/DD/YYYY) \_\_\_\_\_

Trust

Estate

PERCENTAGE \_\_\_\_\_

(MUST TOTAL 100% FOR ALL SECONDARY RECIPIENTS)

Check this box if additional recipients are listed on an attachment. Identify each as *primary* or *secondary* and the percentages. Percentages must total 100% for all recipients.

**Section 4: Required Signatures**

Check all that apply.

- I am married or registered as a domestic partner and both our signatures are below.
- I am married or registered as a domestic partner and my spouse or partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the next page.
- I have never been married or in a registered domestic partnership, or I am widowed or my partner has died.
- I have been divorced or terminated a registered domestic partnership and my former spouse or partner was awarded a portion of my CalSTRS benefits.
- I have been divorced or have terminated a registered domestic partnership and my former spouse or partner was *not* awarded a portion of my CalSTRS benefits.

**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 a fine of up to \$5,000 (Education Code section 22010).**



MEMBER'S SIGNATURE \_\_\_\_\_

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



SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE \_\_\_\_\_

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

SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL) \_\_\_\_\_

SPOUSE'S OR PARTNER'S SOCIAL SECURITY NUMBER \_\_\_\_\_

SPOUSE'S OR PARTNER'S DATE OF BIRTH (MM/DD/YYYY) \_\_\_\_\_



MS0002

**Justification for Non-Signature of Spouse or Registered Domestic Partner**

As required by Education Code sections 22453 and 26703, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present requires the signature of the spouse or registered domestic partner unless one of the following conditions exist. If you are married or registered as a domestic partner and your spouse or partner does not sign this form, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner.
- My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or registered domestic partner has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or registered domestic partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any designation can be made. Submit a certified copy of the court order when you receive it.) Education Code sections 22454 and 26704

**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 a fine of up to \$5,000 (Education Code section 22010).**



MEMBER'S SIGNATURE \_\_\_\_\_

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

**If this form is not completely filled out, it will not be accepted and will be returned to you. Your current recipient status will not be updated. Review your form carefully before submitting:**

- Did you designate at least one primary recipient and provide all the requested information?
- If you designated a trust, did you provide the name and date the trust was created? Do not provide your trust document at this time.
- If you designated percentages, do they equal 100 percent for your primary recipients and/or secondary recipients?
- Did you sign and date the form?
- If you are married or in a registered domestic partnership, did your spouse or partner sign and date the form?
- If you cannot obtain your spouse or partner's signature, did you complete, sign and date the *Justification for Non-Signature of Spouse or Registered Domestic Partner*?



MS0002

# Justification for Non-Signature of Spouse or Registered Domestic Partner

MS 1125A rev 1/11

# CALSTRS<sup>®</sup>

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

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as the forms listed below, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this designation, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner.
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse or partner has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any benefits can be paid. Submit a certified copy of the court order when you receive it.) Education Code section 22454

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 a fine of up to \$5,000 (Education Code section 22010).



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Applications Submitted Check the appropriate boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> Service Retirement Application   | <input type="checkbox"/> Annuity Deposit Information                                  |
| <input type="checkbox"/> Reduced Benefit Election   | <input type="checkbox"/> Letter Requesting a Change                                   |
| <input type="checkbox"/> Refund Application   | <input type="checkbox"/> Reinstatement After Retirement                               |
| <input type="checkbox"/> Preretirement Election of an Option  | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Preretirement Compound Election Option   | <input type="checkbox"/> Rollover of Limited-Term Disability Payments                 |
| <input type="checkbox"/> Compound Option Election   | <input type="checkbox"/> Disability Allowance to Service Retirement Application       |
| <input type="checkbox"/> Service Retirement Application Change Request  | <input type="checkbox"/> Disability Allowance to Compound Option Election             |
| Option Change After Retirement  | <input type="checkbox"/> Defined Benefit Supplement Application for Retired Members   |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership) |   |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement  |   |



MS1125A

This page intentionally left blank.

# Workers' Compensation Carrier Request for Information

(DS 1657 rev 1/11)

**CALSTRS**  
California State Teachers' Retirement System  
P.O.Box 15275, MS 43  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

If you filed a workers' compensation claim for the impairment directly related to your *Disability Benefits Application*, this *Workers' Compensation Carrier Request for Information* form must be completed by your employer's workers' compensation carrier.

**Member:** Complete sections 1, 2 and 3 of this form and **send it directly to your workers' compensation carrier.** Your carrier will complete the second page and send the requested information to CalSTRS.

**Workers' Compensation Carrier:** Complete sections 4 and 5 of this form. Include copies of all reports for the claim numbers listed.

## Section 1: Member Information

NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

## Section 2: Workers' Compensation Information

NAME OF WORKERS' COMPENSATION CARRIER

WORKERS' COMPENSATION CLAIM NUMBER

DATE OF INJURY

BODY PARTS

WORKERS' COMPENSATION CLAIM NUMBER

DATE OF INJURY

BODY PARTS

WORKERS' COMPENSATION CLAIM NUMBER

DATE OF INJURY

BODY PARTS

## Section 3: Authorization to Release Workers' Compensation Information

The purpose of this authorization is to assist CalSTRS with determining my eligibility for receiving a CalSTRS disability benefit. I hereby authorize you to release to CalSTRS or its representatives any and all information, including photocopies of records in your possession, which CalSTRS requires solely to assist in determining my physical or mental impairment. This authorization remains valid during the entire period my application is being considered and/or I am receiving a disability benefit from CalSTRS.



Member's Signature to Authorize Release of Information to CalSTRS

Date Signed (MM/DD/YYYY)



DS1657

**Workers' Compensation Carrier  
 Request for Information** continued

Name \_\_\_\_\_ SSN \_\_\_\_\_

**Section 4: To Be Completed By Workers' Compensation Carrier Insurance Carrier**

	Claim 1	Claim 2	Claim 3
Claim Number	_____	_____	_____
Date of Injury	_____	_____	_____
Liability Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Condition P&S	_____	_____	_____
Body Parts	_____	_____	_____

IF LIABILITY IS NOT ACCEPTED, PROVIDE REASON (INCLUDE CLAIM NUMBER).

IF CONDITION IS NOT PERMANENT AND STATIONARY, WHAT IS ESTIMATED DATE? (INCLUDE CLAIM NUMBER)

	Claim 1	Claim 2	Claim 3
Has Settlement Occurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stipulated Award	_____ %	_____ %	_____ %
C&R	\$ _____	\$ _____	\$ _____
F&A	_____ %	_____ %	_____ %

	Claim 1	Claim 2	Claim 3
Further Exams Scheduled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Appointment Date:	_____	_____	_____
	<input type="checkbox"/> QME <input type="checkbox"/> AME	<input type="checkbox"/> QME <input type="checkbox"/> AME	<input type="checkbox"/> QME <input type="checkbox"/> AME
Treating Physician:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Doctor's Name:	_____	_____	_____
Specialty:	_____	_____	_____

**Section 5: Signature of Workers' Compensation Insurance Carrier**

Representative's Signature:  \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mail to: CalSTRS ▪ P. O. Box 15275, MS 43 ▪ Sacramento, CA 95851-0275 ▪ FAX 916-414-5040

# Glossary

## Age Factor

The percentage of your final compensation that you will receive as a retirement benefit for every year you work. The age factor is based on your age on the last day of the month in which your retirement is effective.

### CalSTRS 2% at 60:

The age factor at age 60 is 2 percent. The maximum agefactor is 2.4 percent. The age factor gradually decreases to 1.1 percent at age 55 if you retire before age 60, and increases to a maximum 2.4 percent at age 63 if you retire after age 60.

For example, if you retire at age 60 and have 20 years of service, you will receive 2 percent (your age factor at age 60) of your final compensation multiplied by the 20 years you worked, or 40 percent of your final compensation (2 percent x 20).

### CalSTRS 2% at 62:

The age factor at age 62 is 2 percent. The age factor for members under CalSTRS 2% at 62 is 2 percent at age 62 (the age factor gradually decreases to 1.16 percent at age 55 if you retire before age 62 and increases to a maximum 2.4 percent at age 65 if you retire after age 62).

## Annual Benefit Adjustment

An automatic annual increase to your monthly benefit. The increase is effective on September 1 of each year after the first anniversary of your benefit effective date and appears on your October 1 payment. Annual benefit adjustments are calculated at 2 percent of your initial benefit. The increase is not compounded or linked to changes in the cost of living.

## Benefit Formula (Service Retirement)

For the Member-Only Benefit, the formula is Service Credit x Age Factor x Final Compensation. If choosing an option, multiply the Member-Only Benefit by the appropriate option factor.

## Benefit Formula (Disability)

For the Member-Only disability benefit, the formula is generally 50 percent of your final compensation.

## Client ID

A CalSTRS randomly generated number used to identify members. CalSTRS uses it instead of your Social Security number to secure your identity. Find your Client ID on your *Retirement Progress Report*.

## Comparable Level Position

Any job in which you can earn 66⅔ percent or more of indexed final compensation, including employment outside public education.

## Coverage A

Coverage A Disability and Survivor benefit programs were available to members until October 15, 1992. Coverage A is mandatory for all members of the Defined Benefit Program who were receiving a disability or service retirement benefit on or before October 15, 1992. Members who were not receiving a benefit on or before that date could retain this coverage or elect Coverage B.

## Coverage B

Coverage B Disability and Survivor benefit programs are for new members after October 15, 1992. Active members who were hired before October 15, 1992, may have elected this coverage.

## Defined Benefit Supplement Program

A supplemental benefit program with benefits based on contributions and interest credited to your account. From January 1, 2001, through December 31, 2010, funds came from 25 percent of your monthly CalSTRS contribution. Your entire 8 percent contribution now goes into your Defined Benefit account. Since July 1, 2002, funds have also come from contributions for compensation you earn from service in one school year in excess of one year of service credit. This will continue.

## Disability or Disabled

A medically determinable physical or mental impairment that is permanent or that can be expected to last continuously for at least 12 months. The disability must prevent you from performing your usual duties with reasonable accommodation or the duties of a comparable level for which you are qualified. You may apply for disability while still employed. Any impairment from a willful self-inflicted injury does not constitute a disability.

## Earnings Limits

The amount you may earn from any employment in a month or a year without a reduction in your CalSTRS disability benefit. This is different from the earnings limit for a service retirement.

See the *Member Handbook* at [CalSTRS.com](http://CalSTRS.com) for more information.

## Final Compensation

The highest average annual earnable compensation during a specified period of CalSTRS-covered paid employment.

### CalSTRS 2% at 60:

The period is 12 consecutive months if you have at least 25 years of service credit or if it is included in a written collective bargaining agreement for classroom teachers. Otherwise, the period is three consecutive years (36 consecutive months) if you have fewer than 25 years of service credit.

### CalSTRS 2% at 62:

Final compensation is based on highest three consecutive years.

## Indexed Final Compensation

Your final compensation multiplied by an index factor determines your indexed final compensation. The index factor is the average salary increase of all CalSTRS active members.

## Member-Only Benefit

The highest monthly benefit you can receive when you retire for service or disability before any reduction to provide for your option beneficiary.

## Option

Plan feature that allows you to distribute your retirement benefit over your lifetime and the lifetimes of other people.

## Projected Service

Under Coverage A, the amount of service credit you actually earned plus the service credit you would have earned for the school years during which you received a disability benefit. The amount of service credit is based on the highest service credit you earned during any one of the three school years immediately preceding your disability benefit effective date.



### **Reasonable Accommodation**

Federal and state laws give you the right to request accommodation that would allow you to continue working and obligates employers to make a good faith effort to accommodate these requests. Before making a final decision on your application for disability benefits, CalSTRS may require you to pursue a request for reasonable accommodation. This would enable you to continue employment in your same position or in one with comparable level responsibilities. Reasonable accommodation could be accomplished by changing the duties of your position or reassigning you to alternate duties you are qualified to perform through modification of your work site or other measures.

### **Retirement Progress Report**

An annual report to active and inactive members that includes:

- A summary of Defined Benefit and Defined Benefit Supplement program transactions during the prior year.
- Service credit balance.
- Contribution and interest balances.
- Key provisions of the CalSTRS Defined Benefit and Defined Benefit Supplement programs.
- Death benefit recipient and option beneficiary information.
- Two estimates of your retirement benefit if you are 45 or older, based on when you are first eligible to retire and an additional projected retirement date.

### **Service Credit**

Accumulated period in years, including partial years, for which you earned creditable compensation and made contributions under CalSTRS Defined Benefit Program. Your service credit is one of the factors used to determine your eligibility for benefits payable under the Defined Benefit Program. Service credit cannot exceed 1.000 in any given school year.

### **Service Retirement During Evaluation of a Disability Application**

If you are applying for a disability benefit, you may be eligible to receive a service retirement benefit while CalSTRS evaluates your application for disability benefits. This will enable you to receive a monthly retirement income while awaiting the determination.

### **Subrogation**

A process that permits CalSTRS to participate in an action to recoup benefits paid, expenses and legal costs when a third party causes the injury or death of a CalSTRS member before retirement and the member or family pursues civil litigation.





## CalSTRS Resources

---



### WEB

CalSTRS.com  
Click *Contact Us* to email  
403bCompare.com  
Pension2.com

### STAY CONNECTED



### CALL

800-228-5453  
7 a.m. to 6 p.m.  
Monday through Friday  
888-394-2060  
CalSTRS Pension2®  
Personal Wealth Plan  
855-844-2468 (toll free)  
Pension Abuse Reporting Hotline



### WRITE

CalSTRS  
P.O. Box 15275  
Sacramento, CA  
95851-0275



### VISIT

Member Services  
100 Waterfront Place  
West Sacramento, CA 95605  
Find your nearest  
CalSTRS office at  
CalSTRS.com/localoffices



### FAX

916-414-5040

# CALSTRS

California State Teachers' Retirement System

COM 1652 (rev 1/14)

Printed on recycled paper 

