

Cash Balance Benefit Program

Disability Benefit Application - Instructions



A CB Benefit Program participant, or their guardian or conservator of a participant may apply to receive a disability benefit at any time by completing the Disability Benefit Application (CB587) and submitting the form to the California State Teachers' Retirement System's (CalSTRS) Cash Balance (CB) Benefit Program. The disability benefit is a benefit for total and permanent disability that is an amount equal to the sum of the employee account and the employer account, plus any accrued interest, as of the disability date.

Medical Documentation Required

A disability benefit shall become payable only upon determination by CalSTRS that the participant has a total and permanent disability. CalSTRS requires current relevant medical reports by licensed practitioners, including the completion of the *Physician's Certification (CB1528)*. CalSTRS may make any inquiries necessary to the determination of total and permanent disability as defined by CB Benefit Program Law.

Part 14, Section 26144 of Division 1 of the California Education Code, define a total and permanent disability as:

Any medically determinable physical or mental incapacity that is expected to prevent the participant from performing creditable service under this part for the employer for a continuous period of at least one year.'

If CalSTRS determines that the participant does not have a total and permanent disability, the Disability Benefit Application, and any designation of beneficiary for the benefit, shall automatically be cancelled.

Termination of Creditable Service – All creditable service subject to CalSTRS coverage shall be terminated prior to the disability date.

Distribution of Disability Benefit

The normal form of distribution is a lump-sum benefit. Upon distribution of the lump-sum payment to the participant, no further benefits shall be payable under the program.

A CB Benefit Program participant may elect to receive a disability benefit in the form of an annuity **provided the sum of the employee account and employer account equals or exceeds \$3,500**. If the participant elects to receive a monthly annuity, they may elect one of the following forms of payment:

NOTE: The annuity names and choices shown on this form reflect changes effective January 1, 2007, designed to simplify the array of annuities and provide better choices.

1. A Participant Only Annuity, which is the actuarial equivalent of the lump sum payable for the life of

the participant with any balance remaining upon the death of the participant payable in a lump sum to the beneficiary.

2. A 100% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with the monthly amount payable to the participant continuing to the surviving beneficiary upon the death of the participant. However, if the option beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.
3. A 75% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with three-quarters of the monthly amount payable to the participant continuing to the surviving beneficiary upon death of the participant. However, if the beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.

NOTE: If your annuity beneficiary is anyone other than your spouse and the beneficiary is more than exactly 19 years younger than the participant, you cannot select this annuity choice.

1. A 50% Beneficiary Annuity, which is the actuarial equivalent of the lump sum payable for the combined lives of the participant and the beneficiary, with one-half of the monthly amount payable to the participant continuing to the surviving beneficiary upon the death of the participant. However, if the option beneficiary predeceases the participant, the annuity without modification for the option shall be payable to the participant.
2. A period certain annuity, which is the lump sum payable over a specified number of years, from a minimum of three years to a maximum of 10 years but in any event not to exceed the life expectancy of the participant or the life expectancy of the participant and the participant's option beneficiary, until there is no balance remaining in the participant's employee account and employer account.

SUBMITTING YOUR DISABILITY BENEFITS APPLICATION CHANGE REQUEST FORM

Submit your *Disability Benefits Application Change Request* form by one of the methods below. Keep a copy of your completed form for your records. If you fax this form, keep a copy of the confirmation page. We are unable to call and

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confirm receipt of your faxed forms.

Online through *myCalSTRS*

You may submit your documentation by uploading your documents through the Upload Documents tool on your *myCalSTRS*.

Hand Delivery

Hand deliver your form to a local CalSTRS member service center. For a current listing of member service center locations, visit [CalSTRS.com/local-offices](https://www.calstrs.com/local-offices).

Mail Your Application

CalSTRS

P.O. Box 15275, MS 43

Sacramento, CA 95851-0275

Overnight Delivery

If you're using a special mailing service such as UPS or FedEx, send your form to:

CalSTRS

Member Services

100 Waterfront Place

West Sacramento, CA 95605

Fax Delivery

916-414-5784

QUESTIONS

Email questions using your *myCalSTRS* account or at [CalSTRS.com/contactus](https://www.calstrs.com/contactus) or call 800-228-545.

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CB587 REV 05/25

CALSTRS[®]

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

[For CalSTRS' Official Use Only]

Instructions: Print legibly in black ink. A delay may occur or your check may be misdirected if the information provided is incorrect or not legible. Do not erase or use white-out; erasures will not be accepted and will void the application. If you make a mistake, obtain a new form or line through the error, make the appropriate correction and initial the correction. Any errors or omissions on the Disability Benefit Application (CB587) will delay the processing of your distribution. Photocopied signatures will not be accepted.

This application is for disability benefits effective 1/1/2007 and later.

Section 1: Participant Information

Provide either your Client ID or Social Security number.

CLIENT ID

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

EMAIL ADDRESS

TELEPHONE

Section 2: Method of Payment

Please select one of the following methods of disability benefit payment:

- ☐ I choose to receive my disability benefit in the form of a one-time lump-sum payment.

I understand that upon distribution of the lump-sum payment, no further benefits are payable from the Cash Balance Benefit Program.

You must select one of the following methods of distribution:

- ☐ Mail the payment directly to me at the above address.

You must complete an *Income Tax Withholding Preference Certificate* form.

- ☐ Process the payment as a complete or partial trustee-to-trustee transfer (rollover).

You must complete the *Rollover Distribution* form (CB475).

-----OR-----



CB587

Section 2: Method of Payment, continued

☐ I choose to receive my disability benefit in the form of monthly annuity payments.

I understand that my Cash Balance Benefit Program account balance must equal or exceed \$3,500 to receive an annuity disability benefit.

You must select an annuity type:

- ☐ A Participant Only Annuity.
- ☐ A 100% Beneficiary Annuity. (*)
- ☐ A 75% Beneficiary Annuity. (*)
- ☐ A 50 % Beneficiary Annuity. (*)
- ☐ A period certain annuity. Number of years (choose one)
 - ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10

(*) Section 3. ANNUITY BENEFICIARY INFORMATION must be completed

If you selected a period certain annuity with a duration of 3 to 9 years, you may receive the payments as direct trustee-to-trustee transfers (rollover).

☐ Process the period certain annuity payments as complete trustee-to-trustee transfers.

You must complete the *Rollover Distribution* form, CB475. Skip the mailing options below. Continue to next page.

For annuity payments that will not be affected by a trustee-to-trustee transfer, choose one of the following mailing options.

☐ Mail the payments directly to me at the above address.

You must complete an *Income Tax Withholding Preference Certificate* form.

☐ Send the payments directly to my financial institution.

You must complete the *Direct Deposit Authorization* form (AS1130), and an *Income Tax Withholding Preference Certificate* form.

Section 3: Annuity Beneficiary Information (If applicable from Section 2)

Complete the section below only if you have chosen a monthly annuity payment ~ Do not complete for lump-sum distributions.

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

MI

ADDRESS (number, street, apt or suite no.)

TELEPHONE

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

Section 4: Required Signatures

Check all that apply to your current and previous marital status.

- ☐ 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 the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- ☐ I have never been married or in a registered domestic partnership.
- ☐ 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.

Required Signatures

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statement, including a false statement regarding my marital status, for the purpose of using it, or allowing it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by CalSTRS and it may result in penalties, including restitution, of up to one year in jail and/or a fine of up to \$5,000 (Education Code section 22010). It may also result in any document containing such false representation being voided.

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).

MEMBER SIGNATURE	DATE (MM/DD/YYYY)
CURRENT SPOUSE'S OR REGISTERED DOMESTIC PARTNER'S SIGNATURE	DATE (MM/DD/YYYY)
SPOUSE'S OR PARTNER'S PRINTED NAME (LAST, FIRST, INITIAL)	DATE (MM/DD/YYYY)