



## 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 mailing and email addresses, and home and alternate telephone numbers, 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. If you know it, include your Client ID instead of your Social Security number. Indicate your coverage: A or B. You can find your Client ID and coverage 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, subject to the following conditions:

1. You are eligible to service retire.
2. Your retirement date must be on or after January 1, 2014.
3. The earliest date you can retire is the day after your last day of work, vacation or compensated approved leave, whichever is later.
4. Your retirement date must be at least one day after your most recent reinstatement if you previously received a service retirement benefit.
5. If you are purchasing service credit, your retirement date cannot be earlier than the date you complete payment of your service credit purchase.
6. If you retire for service during evaluation of your *Disability Benefits Application* and you are later approved for disability benefits, the benefit

effective date for disability benefits will be the later of:

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

**NOTE:** If your retirement date is not the first day of the month, your first benefit payment will be prorated for that month.

### Last Date of Work, Vacation or Compensated

**Approved Leave:** Enter the last day of work, vacation or compensated approved leave for which you were paid. This date must be before your retirement date.

Please contact CalSTRS in writing if your eligible highest final compensation includes a period more than 15 years before your last date of work, vacation or compensated approved leave from your last CalSTRS-covered employer.

**Mid-Year Retirement:** The process of averaging for mid-year retirement often results in a final compensation that is lower than expected. See the *Your Retirement Guide* booklet at [CalSTRS.com/publications](http://CalSTRS.com/publications) to learn more.

**Other Public Retirement Systems:** See the *Your Retirement Guide* booklet and the *Concurrent Retirement* fact sheet at [CalSTRS.com/publications](http://CalSTRS.com/publications).

## 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) caused your injury. If yes, please provide all requested information. We will then 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.

It is your responsibility to provide all requested medical documentation to CalSTRS.

NOTE

## SECTION 8—YOUR DEFINED BENEFIT ELECTION

### 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. 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 the same benefit election. If you previously elected the Member-Only Benefit, you must keep the Member-Only Benefit; if you previously elected the Modified Benefit, you must keep the Modified Benefit and the same option beneficiary. If you re-retire after 12 months of reinstating, you may change or cancel your election

before or at retirement, but CalSTRS will apply a lifetime assessment to your retirement benefit. The assessment may reduce your retirement benefit for life. Once you have retired, you may only make a postretirement option change under very limited circumstances. See the *Member Handbook* to learn more.

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

**Modified Benefit**—The Modified Benefit provides you with a modified monthly lifetime benefit as well as a modified monthly lifetime benefit for your option beneficiary after your death. Complete this section if you are electing an option beneficiary or if you elected an option beneficiary before retirement.

Your option beneficiary must be a living person or persons or a special needs trust. Your option beneficiary cannot be another type of 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 specialist, use the *Retirement Benefits Calculator* at [CalSTRS.com/calculators](http://CalSTRS.com/calculators) or complete the benefit estimate worksheet in the *Member Handbook*.

The option and option beneficiary you elect on your retirement application become effective on your retirement date. To provide for someone or a special needs trust if you should die before retirement, see Step 1 of *Your Disability Benefits Guide* for information on the Preretirement Election of an Option.

If you are electing an option due to a divorce or termination of a domestic partnership, contact the Community Property Section of the CalSTRS Office of General Counsel at 916-414-1725.

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

**Beneficiary Information**—Enter your option beneficiary information if you elect an option other than the Compound Option. Include birth date verification if your beneficiary isn't a CalSTRS member. Acceptable birth date verification documents include a photocopy of a birth certificate, state-issued ID,

U.S. passport ID page or certain U.S. 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*.

NOTE: If you wish to elect an option for the benefit of a special needs trust, you must include the *Certification of a Special Needs Trust* form (DS-1854), available at [CalSTRS.com/forms](http://CalSTRS.com/forms), with this application. You cannot receive service retirement benefits during the evaluation of your disability application until the required forms are returned.

Your option beneficiary election is different from your one-time death benefit recipient. To designate a recipient to receive the death benefits payable in the event of your death, complete the *Recipient Designation* form.

### **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, or a special needs trust, and cannot be another type of 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 specialist. 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, state-issued ID, U.S. passport ID page or certain U.S. 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*.

NOTE: If you wish to elect an option for the benefit of a special needs trust, you must include the *Certification of a Special Needs Trust* form (DS-1854) with your application or wait until you are contacted by your disability analyst.

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

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise. (See “Additional Information on Tax Withholding Preferences” on page 7 for more information, including state tax withholding for nonresidents.)

If you do not complete this section or do not provide specifics for the withholding rate, CalSTRS will withhold income tax from all your monthly benefit payments according to the established rate for a married individual claiming three withholding allowances, unless you live outside California.

If you do not want taxes withheld, check the *Do Not Withhold* boxes. Be aware that there are penalties for not paying enough federal and state tax during the year, either through withholding or estimated tax payments. See IRS Publication 505, *Tax Withholding and Estimated Tax*, at [irs.gov](http://irs.gov). It explains estimated tax requirements and describes penalties in detail. You may be able to avoid quarterly estimated tax payments by having enough withheld from your benefit payments. If you want taxes withheld, mark the appropriate boxes and specify the number of allowances. You may specify an *additional* dollar amount to withhold for state and federal taxes. NOTE: For California state income tax only, you may elect to withhold a flat dollar amount without specifying allowances.

If you're considered to be a nonresident of California, you may claim exemption from California income tax withholding. If you live outside of California but are still considered to be a resident or domiciliary of California, your benefit is still subject to California income tax. If you are unsure about your California resident status, seek advice from a competent professional.

### **SECTION 9—YOUR DEFINED BENEFIT SUPPLEMENT ELECTION**

#### **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.

If you made retirement contributions to CalSTRS on or after January 1, 2001, you have a Defined Benefit Supplement account.

**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 to receive these funds as a lump-sum payment, an annuity payment or a combination of a 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, which may be paid directly to you or rolled over to a qualified plan such as Pension2, if the balance is at least \$200. See the *Your Retirement Guide* booklet for more information.

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

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

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 to receive these funds as a lump-sum payment, an annuity payment or a combination of a 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 “Defined Benefit Supplement Distribution” in *Your Disability Benefits Guide* for descriptions of your choices.

**SECTION 9.3—DEFINED BENEFIT SUPPLEMENT ELECTION (COVERAGE B DISABILITY RETIREMENT)**

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

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 to receive these funds as a lump-sum payment, an annuity payment or a combination of a 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 “Defined Benefit Supplement Distribution” in *Your Disability Benefits Guide* 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 if you choose a lump-sum payment or period-certain annuity of three to nine years for your defined benefit supplement funds. If you choose an annuity payment other than a period-certain annuity of three to nine years, you do not need to complete this section.

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 benefit.

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 would like to roll over your payment to a financial institution, check the *Rollover* box. Be sure to read *Special Tax Notice: Your Rollover Options* on pages 9–12 of the Instructions.

**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 or After-Tax Contributions and Interest**

—The amount of tax-deferred or after-tax 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 a rollover-eligible distribution of \$4,000 and you choose to roll over 75 percent of the distribution to a qualified IRA or an eligible plan, CalSTRS will distribute \$3,000 directly to the plan you specify. 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 because \$200 is withheld for federal tax (or less, if you choose to have state tax withheld).

Be sure to read the *Special Tax Notice: Your Rollover Options* on pages 9–12 of the Instructions.

**SECTION 9.4.1—ROLLOVER TO PENSION2**

Complete this section if you are doing a rollover to CalSTRS Pension2. If you select Pension2 for your rollover, we will obtain the required signatures on your behalf.

**CalSTRS Pension2® Rollovers:** If you select Pension2 for your rollover, we will obtain the required signatures on your behalf. If you already have a Pension2 account, we will roll over your Defined Benefit Supplement funds to that account. If you do not have a Pension2 account, we will open a Pension2 403(b) account for

you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. For more information or to enroll right now, visit [Pension2.com](http://Pension2.com) or call toll free 844-electP2 (844-353-2872).

### **SECTION 9.4.2—ROLLOVERS TO ANOTHER FINANCIAL INSTITUTION**

If you are rolling over your Defined Benefit Supplement funds to a financial institution other than CalSTRS Pension2, you must get a signature from your financial institution before submitting your application.

In addition, you will not be able to submit your application online using *myCalSTRS*. You must submit a hard copy of your application or fax it to CalSTRS.

When providing your financial institution information, do not attach transfer documents or list “IRA” as

the name of your financial institution. We will mail your payment to the financial institution address you provide, so it is imperative that the financial institution name, address and account number are correct. If the information is incomplete, incorrect, not legible, or the financial institution representative’s signature is not provided, your rollover will be delayed. We are not able to process direct trustee-to-trustee transfers to financial institutions outside the U.S.

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

#### **Direct Payment: Lump Sum or Period-Certain**

**Annuity of 3 to 9 Years**—If you choose to have payments paid directly to you, we must withhold 20 percent for federal taxes. If you choose to have state tax withheld, we will withhold at 2 percent. California does not tax benefits of nonresidents. See “Additional Information on Tax Withholding Preferences” below.

## **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/forms](http://CalSTRS.com/forms).

*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 following worksheets:

- State withholding certificate DE-4P at [edd.ca.gov/pdf\\_pub\\_ctr/de4p.pdf](http://edd.ca.gov/pdf_pub_ctr/de4p.pdf)
- Federal withholding certificate W-4P at [irs.gov/pub/irs-pdf/fw4p.pdf](http://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, California does not tax the CalSTRS benefits of nonresidents. If you don’t meet the California residency criteria, elect “do not withhold California state income tax.” However, if you think you may be liable for California state income tax, you may request CalSTRS to withhold state income tax. We do 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 providing CalSTRS your home address in the U.S. or in a U.S. possession. If you give CalSTRS 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.

**Lifetime Monthly Annuity or Period-Certain**

**Annuity of 10 Years**—If you elect to receive a Lifetime Monthly Annuity or a Period-Certain Annuity of 10 years, you will need to specify your tax withholding preferences. If you do not want taxes withheld, mark the *Do Not Withhold* boxes. If you want taxes withheld, mark the appropriate boxes and specify the number of allowances. If you do not complete this section, we will withhold income tax from your monthly payments according to the established rate for a married individual claiming three withholding allowances.

You may specify an *additional* dollar amount to withhold for state and federal taxes. For California state tax only, you may elect to withhold a flat dollar amount without specifying allowances. California does not tax benefits of nonresidents. See “Additional Information on Tax Withholding Preferences” on page 7.

**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 signed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form, available at [CalSTRS.com/forms](http://CalSTRS.com/forms), 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. In addition, if your court documents have not been reviewed by CalSTRS, you may be asked to provide them. This can delay the processing of your application.

Please be advised that if you provide inaccurate information regarding your marital status, your application may be void.

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

**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 on pages 9–12 of the Instructions to help you decide whether or not to do a rollover.

**SUBMITTING YOUR APPLICATION**

**Submit pages 1–17 of your *Disability Benefits Application* by one of the following methods. Keep a copy for your records.**

**Hand Delivery**

Hand deliver your application to a local CalSTRS office (see page 23 of the *Your Disability Benefits Guide* or visit [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop)).

**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**

916-414-5965 or 916-414-5964

**QUESTIONS**

Email your questions using your *myCalSTRS* account or at [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 no later than 30 days from the date your first benefit payment is issued. This form is available at [CalSTRS.com/forms](http://CalSTRS.com/forms) or by calling us. Use the form to change your retirement date, option, option beneficiary, Reduced Benefit Election, or Defined Benefit Supplement election or to make other changes.

**NAME OR ADDRESS CHANGE**

Notify us immediately if you change your name or mailing address. Update your contact information using your *myCalSTRS* account or the *Address Change Request* form, available at [CalSTRS.com/forms](http://CalSTRS.com/forms) or by calling us.



# Special Tax Notice: Your Rollover Options

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## INTRODUCTION

You are receiving this notice because all or a portion of your CalSTRS Defined Benefit Supplement, Defined Benefit refund or Cash Balance payment may be eligible for a rollover to an IRA or another eligible 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 is also provided. In general, California law conforms to federal tax law. However, there are some differences between California and federal law. In addition, if you do not meet California residency criteria, your CalSTRS benefits are not subject to state income tax. 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.

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 another eligible employer plan (a tax-qualified plan, 403(b) plan or 457(b) plan) that will accept the rollover. The rules of the IRA or 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 choose 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 another eligible employer plan. You should contact the IRA sponsor or the administrator of the plan for information on how to do a direct rollover.

If you do a direct rollover of only a portion of your CalSTRS payment and a portion is paid to you at the same time, the portion directly rolled over consists first of the amount that would be taxable if not rolled over.

**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 taxes. Unless you elect to not have state tax withheld or you are a nonresident of California, CalSTRS will withhold at 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 taxes 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 in the year distributed 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 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 for health insurance premiums 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 your payment are not taxed upon distribution. If a payment is only part of your benefit, an allocable portion of your after-tax contributions is included in the payment, so you cannot take a payment of only after-tax contributions. However, 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. In addition, special rules apply when you do a rollover, as described below.

You may roll over to an IRA a payment that includes after-tax contributions through either a direct rollover or a 60-day rollover. 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 your CalSTRS payment and the rest is paid to you, the portion directly rolled over consists first of the amount that would be taxable if not rolled over. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions. In this case, if you directly roll over \$10,000 to an IRA that is not a Roth IRA, no amount is taxable because the \$2,000 amount not directly rolled over is treated as being after-tax contributions. If you do a direct rollover of your entire CalSTRS payment to two or more destinations at the same time, you can choose which destination receives the after-tax contributions.

If you do a 60-day rollover to an IRA of only a portion of a payment made to you, the after-tax contributions are treated as rolled over last. For example, assume you are receiving a distribution of \$12,000, of which \$2,000 is after-tax contributions, and no part of the distribution is directly rolled over. In this case, if you roll over \$10,000 to an IRA that is not a Roth 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 eligible 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 eligible 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. If you inadvertently fail to complete the rollover within 60 days, you may be able to obtain a waiver of the 60-day time limit through a self-certification procedure if you meet certain requirements. For more information, see IRS Publication 590-A, *Contributions to 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**

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 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).

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

Publications 590-A, *Contributions to Individual Retirement Arrangements* and 590-B, *Distributions From Individual Retirement Arrangements*.

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 70½.

### **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 (QDRO), 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. eligible 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 1040NR 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*, IRS Publication 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*, and FTB Publication 1100, *Taxation of Nonresidents and Individuals Who Change Residency*.

### **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 rollover will be issued directly to you according to the payment preference on file for your account.

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 should also 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 Publications 575, *Pension and Annuity Income*, Publication 590-A, *Contributions to Individual Retirement Arrangements*, 590-B, *Distributions From Individual Retirement Arrangements*, and Publication 571, *Tax-Sheltered Annuity Plans (403(b) Plans)*. These publications are available from a local IRS office, at [irs.gov](http://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.). Also see FTB Publication 1005, *Pension and Annuity Guidelines*.

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

(DS 0260 rev 12/17)

**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.**

**Check one only:**

- 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
<b>Member Coverage:</b> <input type="checkbox"/> Coverage A <input type="checkbox"/> Coverage B		

## Section 2: Service Retirement Information

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

		-			-				
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**Retirement date** (MM/DD/YYYY)

The effective date of your service retirement will be no earlier than the first day of the month in which your application for disability benefits is received, or the day following your last day of compensation, whichever later, unless your disability application is denied or canceled and you have designated an earlier retirement date above. Please note the service retirement date designated cannot be earlier than January 1, 2014.

		-			-				
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**Last date of work, vacation or compensated 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 for service that does not overlap. Mark all that apply and your retirement dates.

I am a member of the following California public retirement systems:

- CalPERS     SFERS     LRS     UCERS     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 and Education Information

**You are required to provide a copy of your most recent job description or duty statement. Please attach a copy of your job description or duty statement with your application.**

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 in CalSTRS-covered employment?  Yes  No

LAST DAY OF ACTUAL OR EXPECTED ON-THE-JOB PERFORMANCE (MM/DD/YYYY) \_\_\_\_\_ LAST DAY FOR WHICH YOU HAVE RECEIVED OR EXPECT TO RECEIVE  
COMPENSATION FROM YOUR DISTRICT/EMPLOYER (MM/DD/YYYY) \_\_\_\_\_

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

If yes, explain:  
\_\_\_\_\_

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, please provide tax records including all schedules and K-1s).

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

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

If yes, explain the type of business (for example, 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

You are required to attach supporting documentation—the official police report and/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 must be considered. The Education Code requires that you work with your doctor and your employer to accomplish this in order to be eligible for CalSTRS disability benefits.

If your doctor determines that you can work with accommodations, then you must contact your employer to begin the interactive process to request reasonable accommodations before you will be eligible for disability retirement.

Has your doctor given you work restrictions?  Yes  No

If yes, you must engage in the interactive accommodation process with your school district. Please attach the school district's official response.

**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. Please note that the information below will need to be substantiated through medical documentation.

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. **Work Status:** Has your doctor instructed you to remain off work for your stated impairment? If yes, you will be asked to provide verification.

Please provide a beginning and end date for the time off work period if applicable:

From (MM/DD/YYYY) \_\_\_\_\_ through (MM/DD/YYYY) \_\_\_\_\_.

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

### Section 4:1 Subrogation

If your injury was proximately caused by a third party (other than your employer) and a disability allowance or disability retirement benefit is paid to you, CalSTRS has a right to subrogation and may recover an amount equal to the actuarial equivalent of CalSTRS benefits payable to you because of the injury less any amounts CalSTRS may be obligated to pay under the plan without regard to the actions of the third party. As a result, you are required to notify CalSTRS as soon as you make a claim against the third party. You must also receive CalSTRS' consent before entering into any settlement with the third party.

Was your injury caused by a third party other than your employer?     Yes         No

If yes, please describe the injury causing event and provide the name and contact information for the third party, including any contact information for attorneys: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If your injury was caused by a third party, have you initiated or are you contemplating a claim or litigation against the third party?     Yes         No

If yes, please either attach a copy of the claim/complaint, or provide the name of the court in which the complaint was filed, the case number, and the date the complaint was filed, as well as an update as to the current status of the claim/complaint:  
 \_\_\_\_\_  
 \_\_\_\_\_

### Section 5: Medical Information

Provide a list of physicians who examined or treated you for each diagnosis/impairment listed. Use additional sheets if needed. Write your name and Client ID at the top of each page. You are responsible for providing medical records and other documentation that fully substantiates your impairment and supports you are prevented from continuing to work. You are also responsible for any fees associated with the completion or duplication of the records requested.

Treating Physician's Name (Last, First, Title)	Specialty	(    ) Telephone Number
Mailing Address	City	State        ZIP Code
Dates of treatment: _____ to _____ (MM/DD/YYYY)		

Treating Physician's Name (Last, First, Title)	Specialty	(    ) Telephone Number
Mailing Address	City	State        ZIP Code
Dates of treatment: _____ to _____ (MM/DD/YYYY)		

Have you been hospitalized for this condition?     Yes         No



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

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**

 Have you applied or do you plan to apply for benefits under workers' compensation?  Yes  No

**If yes, complete the *Workers' Compensation Carrier Request for Information* form in the Forms section of this booklet.**

If you are approved for a disability benefit, your benefit will be reduced dollar for dollar due to workers' compensation paid or payable for the same impairment or impairments.

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

---

 Workers' Compensation Carrier

Name of Adjuster

( )

Telephone Number

Mailing Address

City

State

ZIP Code

---

 Claim Numbers Relating to Diagnosis/Impairment

Date of Diagnosis/Impairment (MM/DD/YYYY)

### **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)

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

**Section 6: Eligible Dependent Children Information**

Provide a copy of the birth certificate and Social Security card for your named dependent children. In many instances you may also be required to submit a copy of your latest tax records, and/or child custody agreement, to substantiate financial dependency.

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**

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

### Section 8: Your Defined Benefit Election

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

**Complete only if you are applying for service retirement during evaluation of a disability application.** You may revoke or change your election no later than 30 days from the date of your initial service retirement payment.

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

**I previously submitted the *Preretirement Election of an Option* form or the *Preretirement Compound***


***Option Election* form.** To confirm your original election, indicate the option you elected and your beneficiary:

(100%, 75%, 50% or Compound): \_\_\_\_\_


Name of your option beneficiary or beneficiaries: \_\_\_\_\_

**OR**

**I am electing an option at retirement.** (Your option beneficiary must be a living person or persons, or a special needs trust, and cannot be another type of trust, charity, estate or other entity. This option is not the one-time death benefit.) Choose one and complete the beneficiary information section 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, available at CalSTRS.com) 

#### OPTION BENEFICIARY INFORMATION

If you are electing a beneficiary option at retirement, enter your beneficiary information. If you are electing a special needs trust, check the box, provide your beneficiary information below, and complete the *Certification of a Special Needs Trust* form, available at CalSTRS.com/forms, and submit it with your *Service Retirement Application*. You may revoke or change your election no later than 30 days from the date of initial payment. 

**I am electing a special needs trust.**

Beneficiary's Name (Last, First, Initial) \_\_\_\_\_ Beneficiary's Social Security Number or Tax ID \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**Member of CalSTRS:**  Yes  No

**Gender:**  Male  Female

**Relationship:**  Spouse  Registered Domestic Partner  Other

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


**If your beneficiary is not a member of CalSTRS, you must attach birth date verification:**

- State-issued ID
- Birth Certificate
- U.S. Passport ID
- Other

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 available and I elect the (choose only 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 Option Beneficiary Information section 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.** (Your option beneficiary must be a living person or persons, or a special needs trust, and cannot be another type of trust, charity, estate or other entity. This option is not the one-time death benefit.)

#### **OPTION BENEFICIARY INFORMATION**

If you are electing a beneficiary option at retirement, enter your beneficiary information. If you are electing a special needs trust, check the box, provide your beneficiary information below, and complete the *Certification of a Special Needs Trust* form, available at CalSTRS.com/forms, and submit it with your *Service Retirement Application*. You may revoke or change your election no later than 30 days from the date of initial payment. 

**I am electing a special needs trust.**

Beneficiary's Name (Last, First, Initial) \_\_\_\_\_ Beneficiary's Social Security Number or Tax ID \_\_\_\_\_

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

( ) ( )  
 Home Telephone \_\_\_\_\_ Alternate Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**Member of CalSTRS:**  Yes  No

**Gender:**  Male  Female

**Relationship:**  Spouse  Registered Domestic Partner  Other

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

**If your beneficiary is not a member of CalSTRS, you must attach birth date verification:**

State-issued ID  Birth Certificate  U.S. Passport ID  Other

### Section 8.3 Defined Benefit Tax Withholding Preferences

If you do not complete this section, CalSTRS will withhold state and federal income tax from your payment based on rates for a married person claiming three withholding allowances. (If you're a nonresident of California, you don't have to pay state income tax. If you don't live in California but think you may be liable for California state income tax, you may request us to withhold state income tax below.)

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.

You can update your tax withholding preferences online using your *myCalSTRS* account or the *Income Tax Withholding Preference Certificate* form, available at [CalSTRS.com/forms](http://CalSTRS.com/forms).

#### 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.

**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.)

NOTE: A flat amount cannot be withheld for federal income tax, unless you also withhold according to the federal tax tables.

### Section 9: Your Defined Benefit Supplement Election

#### 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 those funds.

#### Defined Benefit Supplement Choices

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

**1.  Lump-Sum Payment or Rollover** You have three choices. Choose one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension<sup>2</sup>. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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 Then select one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension<sup>2</sup>. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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. Select 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 payment amount and select one annuity.

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

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension<sup>2</sup>. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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 Then select one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension<sup>2</sup>. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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. **Select one:**

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

**\*The Lifetime Monthly Annuity and Period-Certain Annuity of 10 years are not eligible for a rollover. See section 8.3 for tax withholding preferences.**

### **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**

Please note: If you are applying for disability benefits only, your Defined Benefit Supplement funds will not be paid out until your *Disability Benefits Application* has been approved.

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

**1.  Lump-Sum Payment or Rollover** You have two choices. Select one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to a qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**2.  Annuity Payment** You have two choices. Select one:

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

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

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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 payment amount and select one annuity.

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

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**OR**

**Lifetime Monthly Annuity\***

**\*The Period-Certain Annuity of 10 years and the Lifetime Monthly Annuity are not eligible for a rollover. See Section 8.3 for tax withholding preferences.**



### 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 or Rollover** You have three choices. Choose one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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 Then select one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**OR  Lifetime Monthly Annuity\***

If you elected the **Member-Only Benefit** on page 9, you have one choice:

- Member-Only Annuity

If you elected the **Modified Benefit** on page 9, you have three choices. Select 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 payment amount and select one annuity.

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

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**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 Then select one:

- Check paid to you directly. (Skip to section 9.4 and select Direct Payment.)
- Rollover to CalSTRS Pension2. (Skip to section 9.4, select Rollover, then go to section 9.4.1.)
- Rollover to another qualified plan with a financial institution. (Skip to section 9.4, select Rollover, then go to section 9.4.2.)

**OR  Lifetime Monthly Annuity\*** If you elected the **Member-Only Benefit** on page 9, you have one choice:

- Member-Only Annuity

If you elected the **Modified Benefit** on page 9, you have three choices. **Select one:**

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

**\*The Lifetime Monthly Annuity and Period-Certain Annuity of 10 years are not eligible for a rollover. See section 8.3 for tax withholding preferences.**

### Section 9.4 Defined Benefit Supplement Payment Instructions

I have received and read the *Special Tax Notice: Your Rollover Options* on pages 9–12 of the Disability Application Instructions. **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. **Select one:**

- 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 qualified plan with a financial institution. I understand that only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. I have completed the information below. Note: *Any amount not designated for rollover will be mailed directly to me. See section 9.5, Direct Payment and mark the appropriate box for your tax withholding preferences.*

#### Section 9.4.1 Rollovers to Pension2 (Does Not Require a Financial Institution Signature)

**Complete this section if your rollover is to CalSTRS Pension2.**

I choose to roll over all or part of my Defined Benefit Supplement distribution to CalSTRS Pension2. Only lump-sum payments and period-certain annuities of three to nine years are eligible for a rollover. Complete the information below. If you already have a Pension2 account, we will roll over your Defined Benefit Supplement funds to that account. If you do not have a Pension2 account, we will open a Pension2 403(b) account for you and your investment will be defaulted into Voya Fixed Plus III, a fixed investment that guarantees your principal and a specific interest rate. You can reallocate your investment at any time. To access your account, visit [CalSTRS.com/Pension2](http://CalSTRS.com/Pension2) or call 844-353-2872.

##### Rollover of Tax-Deferred Contributions and Interest

I elect to roll over my tax-deferred contributions and interest to CalSTRS Pension2.

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

##### Rollover of After-Tax Contributions

I elect to roll over my after-tax contributions to CalSTRS Pension2.

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

**Next:** If you:

- Chose to **roll over 100 percent** of your Defined Benefit Supplement account to CalSTRS Pension2, **skip to section 10.**
- Chose to **roll over less than 100 percent** of your Defined Benefit Supplement account, **go to section 9.5** to indicate your tax withholding preferences.

##### CalSTRS Pension2 403(b) and 457(b) Plans

Pension2, CalSTRS' voluntary defined contribution plan, offers 403(b), 457(b), Roth 403(b) and Roth 457(b) plans with flexible investment choices and low costs:

- Investments selected and monitored by CalSTRS for every type of investor—an investment with a competitive guaranteed rate of return, Easy Choice Portfolios provide ready-made diversified portfolios, Core Investment Options to build your own portfolio, including institutional class mutual funds with lower expense ratios than retail mutual funds, and a Self-Directed Brokerage Account, for experienced investors.
- Simple, low-cost and transparent costs—there are no commissions, no surrender charges, no front- and back-end load fees.
- Services, planning tools and a team to help you succeed.

To learn more, go to [Pension2.com](http://Pension2.com), call toll free 888-394-2060 or email [Pension2@CalSTRS.com](mailto:Pension2@CalSTRS.com)

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

### **Section 9.4.2** Rollovers to Another Qualified Plan With a Financial Institution (Requires Your Financial Institution's Signature)

**Complete this section if your rollover is to another qualified plan with a financial institution.** If you roll over your Defined Benefit Supplement funds to an institution other than CalSTRS Pension2, you must obtain original signatures from your financial institution. If you're rolling over funds to a qualified plan other than CalSTRS Pension2, you cannot submit your application online using myCalSTRS. You must submit a hard copy of your application or fax it to CalSTRS.

#### **Rollover of Tax-Deferred Contributions and Interest**

I elect to roll over my tax-deferred contributions and interest to one of the plans below.

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

**Select one:**  Traditional, SEP or SIMPLE IRA  Other eligible plan (403(b), 457(b), 401(k) or 401(a))  
 Roth account (taxable rollover)

#### **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's Representative	( )	Telephone	

***Certification:** My signature below 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 below authorizes the transfer of CalSTRS funds as indicated above.*

<b>Financial Institution Representative's Signature</b>	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).

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

**Select one:**  Traditional or SEP IRA  Other eligible plan (403(b), 457(b), 401(k) or 401(a))  Roth account

#### **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's Representative	( )	Telephone	

***Certification:** My signature below 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 below authorizes the transfer of CalSTRS funds as indicated above.*

<b>Financial Institution Representative's Signature</b>	Signature Date (MM/DD/YYYY)
---------------------------------------------------------	-----------------------------

### 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 benefit payment. California does not tax benefits of nonresidents. If you don't live in California but think you may be liable for California state income tax, you may request us to withhold state income tax.

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

Federal law requires CalSTRS to withhold to 20 percent federal income tax from all lump-sum payments and period-certain annuities of three to nine years that are 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 withheld, CalSTRS will withhold at 2 percent.

**Withhold** California state income tax?  Yes  No

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

If you do not provide specific instructions in the section below, CalSTRS will withhold state and federal income tax from your payment based on rates for a married person claiming three withholding allowances. If you do not provide specific instructions on state tax withholding and you provided a non-California address on your application, we will assume you are not a California resident and so we will not withhold state income tax.

#### 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.

**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.)

NOTE: A flat amount cannot be withheld for federal income tax, unless you also withhold according to the federal tax tables.

### Section 10: 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, 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 registered domestic 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 registered domestic 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. If I applied for service retirement while my disability application is being evaluated, I fully understand that if my properly completed, signed and dated retirement application is approved by CalSTRS and verified by my employer, I will be officially retired as of my requested retirement date. In addition, I waive my right to the 30-day notice period for a Defined Benefit Supplement distribution direct payment or rollover (sections 9.1, 9.2, 9.3 and 9.4.)

I understand the 180 calendar day separation-from-service requirement, the annual earnings limit and the consequences of both, if I return to work after retirement and perform retired member activities.

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, 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's Signature \_\_\_\_\_

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



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

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

**NOTE: Signature dates can be no earlier than six months before your requested retirement date.**

### Submitting Your Application

Submit pages 1–17 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. Keep a copy for your records. If you fax your application, keep the confirmation page. We are unable to call and confirm receipt of your faxed application.

#### Hand Delivery

Hand deliver to a local CalSTRS office. Find one at [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop).

#### Fax Delivery

916-414-5964 or  
916-414-5965

#### Mail Your Application

CalSTRS  
P.O. Box 15275, MS 65  
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

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