

Cash Balance Benefit Program Reinstatement After Retirement – Information

Reinstatement allows you to voluntarily end your Cash Balance Benefit Program retirement annuity and reinstate to active membership after your retirement effective date by submitting the *Cash Balance Benefit Program Reinstatement After Retirement* form (CB 1102) to CalSTRS.

Before reinstating, consider the following:

ACCOUNT BALANCE

Once you reinstate, canceling your Cash Balance Benefit Program annuity, your account will be credited with the actuarial equivalent of your retirement benefit as of your reinstatement effective date. Reinstatement will not restore the balance prior to your most recent retirement.

SUBSEQUENT RETIREMENT

Your earliest retirement date must be at least one day after your reinstatement date.

You will be subject to the separation-from-service requirement. If you return to CalSTRS-covered employment during the first 180 calendar days after your most recent retirement date, your retirement annuity benefit will be reduced dollar for dollar, up to your benefit payable during the 180-day separation period.

If you choose a lump-sum distribution, there is a 180-day waiting period from the date of termination of employment before your benefit will become payable. If you perform creditable service within the 180-day waiting period, your Cash Balance retirement benefit will be automatically canceled.

REINSTATEMENT EFFECTIVE DATE

Your reinstatement date will be the first day of the month you designate.

Your reinstatement date can be no earlier than the first day of the month in which CalSTRS receives this form. We must receive this form no earlier than six months before your requested reinstatement date and no later than the last day of the month in which your reinstatement becomes effective. For example, if you want your retirement to end in July, this form must be received by CalSTRS no later than July 31 and your reinstatement date will be July 1. Your monthly benefits will end as of your reinstatement date.

Be sure to notify your employer that you are reinstating to active membership.

CANCEL A REINSTATEMENT REQUEST

If you reconsider and decide not to reinstate after submitting this form, you may cancel your reinstatement by completing section 3 of this form. We must receive your request no later than the last day of the month in which your reinstatement is to become effective.

CONTACT US

Contact CalSTRS by sending us an online message using your *myCalSTRS* account or at CalSTRS.com/contact or call 800-228-5453.

SUBMITTING YOUR APPLICATION

Hand Delivery

Hand deliver your application to a local CalSTRS office. (see the *Your Retirement Guide* booklet or visit CalSTRS.com/forms-drop).

Mail Your Application

CalSTRS
P.O. Box 15275, MS 65
West Sacramento, CA 95605

Overnight Delivery

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

CalSTRS
Member Services
100 Waterfront Place
West Sacramento, CA 95605

Fax Delivery

916-414-5964 or 916-414-5965

Cash Balance Benefit Program Reinstatement After Retirement

CB 1102 new 02/17

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

Please read the instructions before completing this form.

Section 1: Member Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

CITY

STATE

ZIP CODE

()
HOME TELEPHONE

EMAIL ADDRESS

()
ALTERNATE TELEPHONE

Section 2: Reinstatement Date


- I wish to terminate my Cash Balance Benefit Program Annuity and reinstate to active member status effective ____ / 01 / ____ (your reinstatement date will be the first day of the month you designate).

Section 3: Reinstatement Cancellation

- I wish to cancel my previously submitted *Cash Balance Benefit Program Reinstatement After Retirement* form.

Section 4: Required Signatures

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

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

Required Signatures

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

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



Member's Signature

Signature Date (MM/DD/YYYY)



Spouse's or Registered Domestic Partner's Signature

Signature Date (MM/DD/YYYY)



CB1102