

Cash Balance Benefit Program Reinstatement After Retirement Instructions



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 (CB1102) 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 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 the earliest reinstatement date you can choose is July 1. Your monthly benefit will end as of your reinstatement date.

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

CHANGE A REINSTATEMENT DATE

If you decide to change your reinstatement date, you may do so by submitting a new *Cash Balance Benefit Program Reinstatement After Retirement* form with your updated reinstatement date indicated in section 2. We must receive this request no later than the last day of the month in which your reinstatement is to become effective.

CANCEL A REINSTATEMENT REQUEST

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

REQUIRED SIGNATURES

Check all boxes that apply, then sign and date your *Cash Balance Reinstatement After Retirement* form. Your signature date is the date you signed this form. If you are married or registered as a domestic partner, your spouse or partner must also sign and date this form.

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

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

CONTACT US

Contact CalSTRS by sending us an online message using your *myCalSTRS* account or at [CalSTRS.com/contact](https://www.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](https://www.calstrs.com/forms-drop)).

Mail Your Application

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

Overnight Delivery

If you're using mailing services 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

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Cash Balance Benefit Program Reinstatement After Retirement

CB1102 REV 05/25

CALSTRS®

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

[For CalSTRS' Official Use Only]

Please read the instructions before completing this form. By signing this form, you are certifying that you fully understand the impact of reinstatement to your future retirement benefits.

Section 1: Member Information

Provide either your Client ID or Social Security number.

CLIENT ID OR SOCIAL SECURITY NUMBER

DATE OF BIRTH (MM/DD/YYYY)

LAST NAME

FIRST NAME

MI

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

CITY

STATE

ZIP CODE

EMAIL ADDRESS

TELEPHONE

Section 2: Elect/Change Reinstatement Date

- ☐ I wish to terminate my Cash Balance Benefit Program annuity and reinstate to active member status effective ____/____/____.
- ☐ I wish to change my previously elected reinstatement date to ____/____/____.

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. (You must check at least one.)

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

Required Signatures

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

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

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