State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Disability Retirement Election Application

For detailed instructions on how to complete this form, please refer to the publication ***Disability Retirement Election Application*** (PUB 35).

Application Type

- ☐ Disability Retirement
- ☐ Industrial Disability Retirement
- ☐ Service Pending Disability Retirement
- ☐ Service Pending Industrial Disability Retirement

Section 1 — Information About You

Please provide your name as it appears on your Social Security card.

Your Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Address

City | State | ZIP | Country

Birth Date (mm/dd/yyyy) | Daytime Phone ( ) | Alternate Phone ( )

Email Address

Section 2 — Information About Your Retirement

Please enter the last day you were on payroll with a CalPERS-covered employer.

Last Day on Payroll (mm/dd/yyyy) | Your Retirement Date (mm/dd/yyyy)

Employer Full Name

Full Position Title

Other California Public Retirement Systems

If you are a member of a defined benefit plan with a California public retirement system other than CalPERS, please complete the following:

Name of Reciprocal System

Last Day of Employment With Reciprocal System (mm/dd/yyyy) | Retirement Date With Reciprocal System (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 3

Disability Information

Please complete all the questions. If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

What is your specific disability?

When did the disability occur? (mm/dd/yyyy)

How did the disability occur?

What are your limitations/preclusions due to your injury or illness?

How has your injury or illness affected your ability to perform your job?

Are you currently working in any capacity? ☐ No ☐ Yes

If yes, what is your employment status? ☐ Full time ☐ Part time

Job duties:

Other information you would like to provide:

If you indicated a third-party liability, CalPERS will require additional information.

Did a third party cause your injury? ☐ No ☐ Yes (If yes, CalPERS has a potential "right of subrogation.")

Section 4

Treating Physician Detail

If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

What is the complete name and address of your treating physician(s)?

First Name | Last Name

Address

City | State | ZIP | Country

Specialty | Secondary Specialty | ( ) Phone Number

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 5

Select Your Retirement Payment Option

Choose one of the following retirement payment options.

Your retirement payment option choice becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

☐ **Unmodified Allowance**	There is no beneficiary designation with this option. Skip to Section 7.
☐ **Return of Remaining Contributions Option 1**	Complete your beneficiary designation in Section 6c.
☐ **100 Percent Beneficiary Option 2**	Complete your beneficiary designation in Sections 6a and 6c.
☐ **100 Percent Beneficiary Option 2 with Benefit Allowance Increase**	Complete your beneficiary designation in Section 6a.
☐ **50 Percent Beneficiary Option 3**	Complete your beneficiary designation in Sections 6a and 6c.
☐ **50 Percent Beneficiary Option 3 with Benefit Allowance Increase**	Complete your beneficiary designation in Section 6a.
Flexible Beneficiary Option 4	Choose one of the options below.
☐ **Specific Percentage**	Complete your beneficiary designation in Section 6b.
☐ **Specific Dollar Amount**	Complete your beneficiary designation in Section 6b.

If you are required by a court order to designate your nonmember spouse or partner for an ongoing monthly benefit, choose one of the Court-Ordered Community Property Option 4 options for your share of the benefit.

Court-Ordered Community Property Option 4	Provide your former spouse/partner's information and choose one of the options below for your share of the benefit.

Former Spouse/Former Registered Domestic Partner (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

☐ **Unmodified Allowance**	There is no beneficiary designation with this option. Skip to Section 7.
☐ **Return of Remaining Contributions Option 1**	Complete your beneficiary designation in Section 6c.
☐ **Specific Percentage**	Complete your beneficiary designation in Section 6b.
☐ **Specific Dollar Amount**	Complete your beneficiary designation in Section 6b.

Section 6a

Complete Your Beneficiary Information – Ongoing Monthly Benefit

The beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

If you chose one of the following options, name one beneficiary to receive the ongoing monthly benefit upon your death.

- 100 Percent Beneficiary Option 2
- 100 Percent Beneficiary Option 2 with Benefit Allowance Increase
- 50 Percent Beneficiary Option 3
- 50 Percent Beneficiary Option 3 with Benefit Allowance Increase

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | ☐ Male ☐ Female ☐ Nonbinary Gender | Relationship to You

Address

City | State | ZIP | Country

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 6b

Complete Your Beneficiary Information – Specific Percentage or Specific Dollar Amount

Any beneficiary you name in this section becomes irrevocable 30 days from the date your first retirement check is issued unless you have a future qualifying event, such as the death of a beneficiary.

Complete all fields for each beneficiary and specify the percentage or dollar amount. If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of benefit.

If you chose one of the following options, name one or more beneficiaries to receive a specific percentage or dollar amount of your retirement benefit upon your death.

- Flexible Beneficiary Option 4/Specific Percentage or Specific Dollar Amount
- Court-Ordered Community Property Option 4/Specific Percentage or Specific Dollar Amount

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender ☐ Male ☐ Female ☐ Nonbinary | Relationship to You

$ Dollar Amount | % Percent of Benefit

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender ☐ Male ☐ Female ☐ Nonbinary | Relationship to You

$ Dollar Amount | % Percent of Benefit

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender ☐ Male ☐ Female ☐ Nonbinary | Relationship to You

$ Dollar Amount | % Percent of Benefit

Address

City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at 888 CalPERS (or 888-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Gender ☐ Male ☐ Female ☐ Nonbinary | Relationship to You

$ Dollar Amount | % Percent of Benefit

Address

City | State | ZIP | Country

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 6c

Complete Your Beneficiary Information – Return of Remaining Contributions

If you chose one of the following options, name one or more beneficiaries to receive a return of any of your remaining member contributions. You can change this beneficiary designation at any time.

- Return of Remaining Contributions Option 1
- 100 Percent Beneficiary Option 2
- 50 Percent Beneficiary Option 3
- Court-Ordered Community Property Option 4/Return of Remaining Contributions Option 1

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do **not** specify a percentage of benefit.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at **888 CalPERS** (or **888**-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | **Social Security Number or CalPERS ID**

Section 7

Retired Death Benefit – Beneficiary Designation

Name one or more beneficiaries to receive the Retired Death Benefit upon your death. The amount payable is based on your employer's contract with us. You can change this beneficiary designation at any time.

If you name more than one beneficiary and you want your beneficiaries to receive an equal share of your benefits, do **not** specify a percentage of benefit.

If you last worked with another California retirement system that provides a similar death benefit, the CalPERS Retired Death Benefit is not paid.

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

If you want to name more than four beneficiaries, call us toll free at **888 CalPERS** (or **888**-225-7377).

Name (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Relationship to You | Priority ☐ Primary ☐ Secondary | Percent of Benefit %

Address

City | State | ZIP | Country

Your Name | **Social Security Number or CalPERS ID**

Section 8

Survivor Continuance Information

1. Will you be married or in a registered domestic partnership on your retirement date? ☐ No ☐ Yes, provide:

Name of Spouse/Registered Domestic Partner (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy) | Date of Marriage or Registered Domestic Partnership (mm/dd/yyyy)

Address

City | State | ZIP | Country

2. Do you have any natural or legally adopted unmarried children under age 18? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City | State | ZIP | Country

Name of Child (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City | State | ZIP | Country

3. Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled? ☐ No ☐ Yes, provide:

Name of Child (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City | State | ZIP | Country

Name of Child (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City | State | ZIP | Country

Section 8 continues on page 8

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 8, continued

Survivor Continuance Information, continued

4. Are your parents dependent upon you for one-half of their support? ☐ No ☐ Yes, provide:

Name of Parent (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Birth Date (mm/dd/yyyy)

Address

City | State | ZIP | Country

Section 9

Workers' Compensation Detail

You must complete this section if you have filed a workers' compensation insurance claim for your current injury or illness.

If you need additional space, attach separate sheets and be sure to include your name and Social Security number or CalPERS ID on all sheets.

Do you have any workers' compensation claims? ☐ Yes ☐ No

Claim Number(s) | Date of Injury (mm/dd/yyyy) | Body Part(s)

Workers' Compensation Carrier

Adjuster: First Name | Last Name

( ) Phone Number | ( ) Fax Number | Email

Address of Workers' Compensation Claim Carrier

City | State | ZIP

Your Name | Social Security Number or CalPERS ID

Section 10

Tax Withholding Election

Please tell us about your citizenship and residency:

- ☐ I am a citizen of another country and live in the United States.
- ☐ I am a citizen of the United States and live in the United States.
- ☐ I am a citizen of the United States and live in another country.
- ☐ I am a non-resident alien.
  Provide your country of citizenship and legal residency.

Country of Citizenship | Country of Legal Residency

Step 1: Federal Tax Withholding Election

Please choose only one.

- ☐ Do not withhold federal income tax
  (Skip to California State Tax Withholding Election at the end of this section if you choose not to withhold federal income tax.)

Withhold federal income tax based on the tax tables for:

- ☐ Single or Married - Filing Separately
- ☐ Married - Filing Jointly or Qualifying Widow(er)
- ☐ Head of Household

Section 10 continues on page 10

Section 10, continued — Tax Withholding Election, continued

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to California State Tax Withholding on the next page.
For more information on each step, see pages 18-19 in the publication ***Disability Retirement Election Application*** (PUB 35).

Step 2:
Income from a Job and/or Multiple Pensions/Annuities (Including a Spouses' Job/Pension/Annuity)

Complete this step if you:
- have income from a job or more than one pension/annuity; or
- are married filing jointly and your spouse receives income from a job or a pension/annuity.

a) Job income. If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs less the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . . . . $ _____

b) Other Pension and Annuities. If you (and/or your spouse) have any other pensions/annuities that pay less annually than this one, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-". . . . . $ _____

c) Total: Add the amounts from items (a) and (b) and enter the total here. . . . . . > **2** **$** _____

TIP:
- To be accurate, submit a W-4P for all other pensions/annuities. Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.
- If Step 2(a) is blank and this pension/annuity pays the most annually, complete Steps 3-4(b) on this form. Otherwise, do not complete Steps 3-4(b) on this form.

Step 3:
Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

a) Multiply the number of **qualifying children** under age 17 by $2,000 . . . . $ _____

b) Multiply the number of **other dependents** by $500. . . . . $ _____

c) Add **other credits**, such as foreign tax credit and education tax credits. . . $ _____

Add the amounts for qualifying children, other dependents, and other credits and enter the total here . . . . . > **3** **$** _____

Step 4:
Other Adjustments (Optional)

a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . . . . . > **4(a)** **$** _____

b) Deductions. If you expect to claim deductions other than the basic standard deduction and want to reduce your withholding, enter the amount of deductions here . . . . . > **4(b)** **$** _____

c) Extra withholding. Enter any additional tax you want withheld from each payment . . . . . > **4(c)** **$** _____

Section 10, continued

Tax Withholding Election, continued

California State Tax Withholding Election

Please choose only one.

☐ Do not withhold State of California income tax.

State withholding is optional for out-of-state residents.

Withhold State of California income tax based on the tax tables for:

☐ Single or Married (with two or more incomes) . . . . Number of allowances: _____

☐ Married (one income) . . . . . Number of allowances: _____

☐ Head of Household. . . . . Number of allowances: _____

Additional amount, if any, you want withheld from your pension or annuity payment $_____
(Note: You cannot enter an amount here without entering a filing status and the number, including zero, of allowances.)

Designated amount you would like to withhold from each pension or annuity program $_____

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | **Social Security Number or CalPERS ID**

Section 11

Direct Deposit Information

*To comply with NACHA regulations regarding international ACH transactions, CalPERS will not accept requests for electronic fund transfers (EFT) in association with financial institutions outside of the territorial jurisdiction of the United States. (The territorial jurisdiction of the United States includes all 50 states, U.S. territories, U.S. military bases, and U.S. embassies in foreign countries.) If your entire benefit allowance will be received by a financial institution outside the territorial jurisdiction of the U.S., you will be issued a paper check in lieu of the EFT.

I certify I am entitled to receive this payment. I authorize my retirement payment to be sent to my financial institution and deposited to my designated account. I understand CalPERS does not accept a prepaid debit card as a payment option. I authorize amounts transferred after my death or transmitted in error to be debited from my account. Additionally, I certify that the funds received are not deposited to an account that is subject to being transferred to a foreign financial institution.*

☐ **Checking** ☐ **Savings** ☐ **Joint** ☐ **Trust Account ****

Routing Number (nine digits) | Account Number

If you are authorizing your payment to your savings account **or** do not have pre-printed, personalized checks, please have your financial institution complete the information below.

Please use tape to attach your voided, **pre-printed personalized check**. (Do not staple or paper clip. **No deposit slips**.)

Name of Financial Institution | ( ) Branch Phone Number

Address

City | State | ZIP

You confirm the identity of the above-named payee and the account number. As a representative of the above-named financial institution, you certify the financial institution agrees to receive and deposit the payment identified above.

Signature of Representative | Print Representative's Name | Date (mm/dd/yyyy)

**** Trust Account**
You also need to complete and submit a ***Request for Payment of Monthly Allowance to a Trust*** form available at **www.calpers.ca.gov** and a copy of the Certification of Trust from your trust document.

You can view and print your benefit statement, which shows your total deposit amount, including any reimbursements or authorized deductions, at **my.calpers.ca.gov**.

Information About Joint Account Holder, if applicable

Name | Social Security Number or CalPERS ID

Address | ( ) Daytime Phone

City | State | ZIP

Section 12

CalPERS Health Coverage

If you are currently enrolled in your own right for CalPERS health benefits, you can continue your health enrollment into retirement with no break in coverage.

If you do not want health coverage, you must cancel retiree health coverage by declining coverage below. You may be eligible to enroll in health coverage during the next Open Enrollment period.

☐ **I decline continuation of my CalPERS health coverage into retirement.**

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name | Social Security Number or CalPERS ID

Section 13

Spousal Consent to Beneficiary Designation

You must review and sign this acknowledgment if you are married or in a registered domestic partnership and you name someone other than your spouse or domestic partner as a beneficiary to receive an ongoing monthly benefit or any lump-sum benefits that may be payable upon your death.

Member Acknowledgment

I understand that if I am married or in a registered domestic partnership, my spouse or domestic partner may have community property rights in one or more of the following benefits (if applicable):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

If I name someone other than my spouse or domestic partner as my beneficiary for some or all of these benefits and I die before my spouse or domestic partner, he or she may still be entitled to receive his or her community property share of the benefit(s). If I name one or more other individuals as my beneficiary(ies) to receive a benefit listed above, and my spouse or domestic partner does not consent at this time by signing below, CalPERS will award 50 percent of the community property share of such benefit to my spouse or domestic partner in the event of my death unless he or she waives his or her community property interest in such benefit at the time the benefit becomes payable, and CalPERS will award the remaining 50 percent of the community property share, plus any separate property share, of such benefit to the named beneficiary(ies).

Your signature must be notarized by a notary public or witnessed by a CalPERS representative.

Your Signature | Date (mm/dd/yyyy)

Spouse's or Registered Domestic Partner's Consent

I hereby voluntarily and irrevocably consent to each of the beneficiary designation(s) by my spouse/registered domestic partner in this application. I acknowledge and understand that I am not obligated to consent and, if I do consent, and my spouse or registered domestic partner dies before me and has named a beneficiary other than me, some or all of the following benefits will be paid to a beneficiary other than me in accordance with the beneficiary designation(s):

- The monthly option benefit that continues following a member's death;
- The return of any remaining member contributions; and/or
- The Retired Death Benefit.

I understand that I may have community property or other rights in these benefits, and I hereby voluntarily waive and release any rights I may have to these benefits. I understand that I do not have to sign this consent and that if I do sign my consent is irrevocable. I acknowledge that I have received a complete explanation of each benefit listed above (if applicable), and I have had the opportunity to consult with an attorney or other professional concerning this waiver.

Your spouse or registered domestic partner should sign this consent if he or she consents to each of your beneficiary designations after reviewing this section. His or her signature must be notarized or witnessed by a CalPERS representative.

Your Spouse's or Domestic Partner's Signature | Date (mm/dd/yyyy)

Put your name and Social Security number or CalPERS ID at the top of every page.

Your Name	Social Security Number or CalPERS ID

Section 14

Signatures and Notary or Witness Acknowledgment

This section must be completed or your application will be returned.

I certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. **I understand that to change my elected retirement payment option or lifetime beneficiary(ies) I must notify CalPERS within 30 days of the issuance of my first retirement benefit check.** By signing below, I authorize the California Employment Development Department (EDD) to release my annual earnings information to CalPERS in accordance with Government Code (GC) section 20231 to verify my post-disability retirement earnings for compliance with GC sections 21232 and 21432. You may opt out of this authorization by initialing here _____ . By initialing here I opt out of EDD authorization and acknowledge that I must provide annual earnings information as requested by CalPERS including federal and state tax returns, W-2s, and 1099s. Failure to provide the requested information may result in the suspension of benefits.

Are you legally married or do you have a state-recognized registered domestic partner? ☐ Yes ☐ No

If no, please indicate: ☐ Never Married or in Domestic Partnership
☐ Divorced, Annulled, or Domestic Partnership Terminated
☐ Widowed

If you answered yes above, your spouse or registered domestic partner must sign this application unless you have elected 100 Percent Beneficiary Option 2 or 100 Percent Beneficiary Option 2 with Benefit Allowance Increase as your retirement payment option, **and** you designated your spouse or registered domestic partner as the beneficiary, **and** you designated him or her as the sole primary beneficiary of any lump-sum benefits. Otherwise, you must complete and submit the ***Justification for Absence of Spouse's or Registered Domestic Partner's Signature*** form.

Your signature and your spouse's or registered domestic partner's signature must be notarized by a notary public or witnessed by a CalPERS representative.

Your Signature	Date (mm/dd/yyyy)

Your Spouse's or Domestic Partner's Signature	Date (mm/dd/yyyy)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of _____ On _____ (Date) before me,

_____ (Name of Notary/Witness) personally appeared _____,

who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal **or** authorized CalPERS representative signature.

Signature of Notary or CalPERS Representative	Position Title	Date (mm/dd/yyyy)

Print Name	CalPERS Office (if applicable)

Mail to: **CalPERS Retirement Benefit Services Division** • P.O. Box 942711, Sacramento, California 94229-2711