

# Your Disability Benefits Guide

For Defined Benefit Members

2009-2010



CalSTRS is governed by the Teachers' Retirement Law. The information in this booklet is general. If there is a conflict between the law and this booklet, the law prevails.

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# Introduction

When your life and career are interrupted by a serious medical condition, medical and financial concerns can feel overwhelming. The CalSTRS Disability Program available to Defined Benefit Program members may help reduce your financial worries.

This guide will help you make informed decisions to best meet your needs and concerns.

This guide is for Defined Benefit members. It provides the specific requirements to apply for a disability benefit, what you can expect throughout the application process and applications.

Cash Balance Benefit Program participants should contact us for the appropriate Cash Balance disability benefit application. If you aren't sure whether you are a Defined Benefit member, a Cash Balance participant or both, contact us or check your most recent *Retirement Progress Report*.



This icon cues to a section for more information within this publication, *Your Disability Benefits Guide*.

CalSTRS can help you.



# Before You Apply

CalSTRS offers face-to-face and telephone benefits counseling appointments. When scheduling an interview, inform our scheduling coordinator that you wish to discuss a disability application.

## Benefits Counselors

We recommend you speak with a benefits counselor prior to submitting an application for disability benefits. Benefits counselors can help you understand the disability coverage you have, provide personalized estimates and assist you with initiating an application.

### In Person

You can schedule a face-to-face appointment by contacting one of the local offices listed at [CalSTRS.com/counseling](http://CalSTRS.com/counseling).

### By Telephone

You can schedule a telephone interview at 800-228-5453.

### Wait Time

Face-to-face appointments are usually scheduled four weeks in advance, and telephone appointments are scheduled about two to four weeks in advance.

## Don't Delay

A delay in submitting your application could affect your eligibility. If, for any reason, you can't schedule a benefits counseling appointment right away, call 800-228-5453 and ask to speak to a member of our Disability Program staff.

## Timely Submission of Your Application is Important

Processing your disability application can take from one to five months. Your cooperation and diligence in providing requested records will allow us to process your application more quickly. Your benefit effective date and your eligibility to receive this benefit are also affected by your timeliness in submitting an application.



See "Determining Your Eligibility" and "The Disability Benefit" for details.



# Is a Disability Benefit Right for Me?

A disability benefit is calculated differently from a service retirement benefit. The benefit amounts differ as well.

If you have more than 25 years service credit and are age 55 or older (50 or older with 30 or more years service credit), or if your disability benefit is reduced due to other benefits or employment income, you may find service retirement benefits are better than your available disability benefits.

Look closely at how each might meet your particular needs before deciding which to apply for.

Your specific benefit is calculated using multiple factors. Talk to a benefits counselor to get a side-by-side estimate of your available choices.

## formulas

### Service Retirement Benefit Formula:

Service Credit x Age Factor x Final Compensation = Member-Only Benefit

### Disability Benefit Formula:

50% of Final Compensation + 10% of Final Compensation per Dependent Child = Disability Benefit

## Carol and Henry make decisions about applying for a service retirement or a disability benefit.

### Service Retirement May Be the Best Decision

#### Example: Carol

Carol has 29 years of service as a full-time instructor and earned \$5,800 per month as her final compensation. Due to a debilitating health condition, she stopped working at age 58.

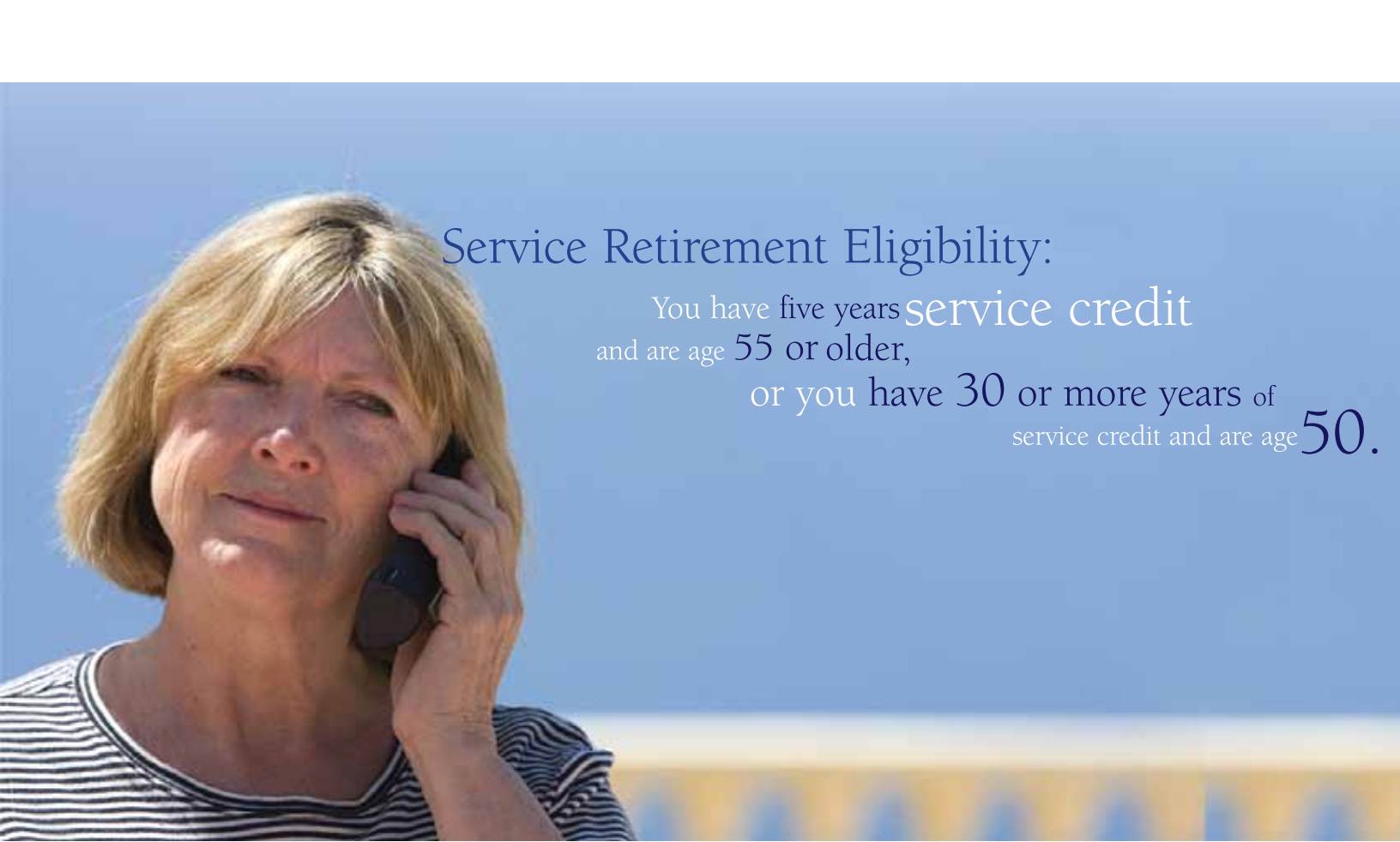
Carol used the service retirement calculator at CalSTRS.com and discovered that her estimated service retirement benefit would be \$2,960 per month.

Carol met with a benefits counselor to discuss her options, and upon reviewing the estimates, confirmed that her disability benefit would be approximately \$2,900, which is less than her service retirement benefit.

Although Carol may have been eligible for disability, she decided she was financially better off to service retire.

### When a service retirement is better

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Service credit	29 years
Final compensation	x \$5,800	Age factor (1.76% for age 58)	x .0176
		Final compensation	x \$5,800
<b>Monthly disability benefit</b>	<b>= \$2,900</b>	<b>Monthly service retirement benefit</b>	<b>= \$2,960</b>



## Service Retirement Eligibility:

You have five years service credit and are age 55 or older,  
 or you have 30 or more years of service credit and are age 50.

### Disability May Be the Best Decision

#### Example: Henry

Henry has 19 years of service and earned \$5,450 per month as his final compensation. Due to a medical condition, his career was cut short at age 55.

Henry met with a benefits counselor to discuss his options. He found out his service retirement would be approximately \$1,450 per month.

Henry's disability benefit would be approximately \$2,725 per month.

Although Henry is eligible for a service retirement, a disability benefit will provide him with a higher monthly benefit. As long as he is eligible and continues to qualify, Henry will receive the higher disability benefit.

### When a disability benefit is better

Monthly disability benefit		Monthly service retirement benefit	
50% (Member-Only disability benefit calculation)	.50	Service credit	19 years
Final compensation	x \$5,450	Age factor (1.4% for age 55)	x .014
		Final compensation	x \$5,450
<b>Monthly Member-Only disability benefit</b>	<b>= \$2,325</b>	<b>Monthly service retirement benefit</b>	<b>= \$1,450</b>

# Service Retirement During Evaluation of a Disability Application


If you are eligible to retire for service, you may wish to receive a service retirement benefit while your disability application is being processed.

Consider the following when applying for a service retirement pending the outcome of your disability application.

- You may receive a service retirement benefit effective the first of the month in which we receive your application. While you receive the service retirement benefit, we will review your disability application to determine if you meet the requirements for a disability benefit.
- Your service retirement benefit will be canceled and retroactively converted to a disability benefit if your disability application is approved.

If you've already retired, you are not eligible to apply for a disability benefit.

The partial lump-sum or participation in the Early Retirement Limited Term Reduction Program are not available to members who retire for service while having their disability application evaluated.

 See special considerations for receiving these benefits on pages 14, 15 and 17.

**Service Retirement Eligibility:**  
Five years service credit at age 55 or older, or 30 or more years of service credit at age 50.

## Health Benefits and Disability

CalSTRS doesn't provide health, dental or vision insurance to members, including those receiving a disability benefit. Contact your employer directly because health benefits vary from employer to employer. The health benefits employers provide are not governed by CalSTRS.

If you are not approved for the disability benefit, your service retirement will remain in effect.



# Determining Your Eligibility

Your disability determination is based on CalSTRS criteria, not those used by other disability benefit providers such as Social Security.

CalSTRS does not provide short-term disability benefits for conditions expected to last less than 12 months; limited-term disability of up to two years can be granted under certain circumstances.

To receive CalSTRS disability benefits, you must meet the requirements described in this chapter.

## Service Credit Requirements

For most members, you must have five or more years of service credit:

- At least four years credited for actual performance of Defined Benefit service, including service earned while receiving workers' compensation payments.
- Your last five years of credited service must have been performed in California.

You must earn one year of service credit if you previously received a refund, service retirement or disability benefit.

## Exceptions

There are specific exceptions to service credit eligibility requirements.

- If you have less than four years of actual performance of Defined Benefit service because of an on-the-job injury or disease that occurred while you were employed, you may meet the four-year service requirement by purchasing permissive service credit or through a redeposit of previously refunded contributions and interest.

- » The purchase of out-of-state or nonqualified service credit will not allow you to meet the service credit eligibility requirement.
- If you have earned at least one year of California service credit and your disability is the direct result of an unlawful act of bodily injury by another while you were performing your official duties in a position subject to coverage as a Defined Benefit member, you may be eligible to apply. You must provide documentation of the unlawful act, such as a police or employer incident report.

## Medical Requirements

Your impairment must meet the following criteria to qualify for CalSTRS disability benefits:

- It is permanent or expected to last 12 or more continuous months beyond your last day of work.
- It prevents you from performing your current job duties, duties with reasonable accommodation, or the job duties of a comparable level.
- If it predates your most recent CalSTRS membership date, your impairment must have substantially changed.

 See "Ability to Work" for details.

Additionally, your impairment must meet the following conditions:

- Substantiated by competent medical documentation.
- Not the result of a willful self-inflicted injury.



## Ability to Work

Your impairment must prevent you from performing all of the following job duties:

- Your usual duties, with or without reasonable accommodation from your employer.
- Duties of a comparable level to your usual duties, which (1) you're qualified for or (2) you can become qualified for within a reasonable period of time through education, training or experience.

Employment at a comparable level is a job at which you can earn at least two-thirds of your final compensation.

## When to Apply

Your application must be submitted during one of the following periods:

- While you are employed or on a compensated leave of absence.
- Within four months of your last day of actual, compensated work if you are on an unpaid leave of absence granted for reasons other than mental or physical impairment.
- Within 12 months of your last day of actual performance for which you received compensation if your employer approved your leave to study at an approved college or university.

- Within four months after you resign or are terminated from employment and not more than four months after your last day of actual, compensated work.
- While you are physically or mentally incapacitated and have been continuously unable to perform your job duties since your last day of actual, compensated work.

It can take one to five months to process your application. Do not delay in submitting your application, whatever your work status. If approved, your disability benefit will go into effect on whichever of the following dates occurs later:

- The first day of the month in which we receive your completed application.
- The day after your last day of compensation (including sick leave and sub-differential) from your employer.

## Age Restrictions

There may be an age requirement depending on your coverage.

### Coverage A

You must be under age 60 to apply for a disability benefit.

### Coverage B

There are no age requirements to apply for a disability benefit.

## There are two types of disability benefit coverage—Coverage A and Coverage B

Coverage A	Coverage B
If you became a member before October 16, 1992, and did not elect Coverage B, you have Coverage A.	If you became a member of CalSTRS on or after October 16, 1992, you have Coverage B.

You can determine if you have Coverage A or Coverage B by checking your *Retirement Progress Report*, by checking your *myCalSTRS* account at CalSTRS.com or by calling 800-228-5453.

## Required Documentation

You will be required to provide medical and nonmedical documentation to substantiate your disability.

It is your responsibility to provide the medical documentation that is requested by CalSTRS within 45 days of our request. You are responsible for submitting the medical documents and for any fees charged for providing the information to us.

If you provide physicians' letters and off-work notes, they must be substantiated by objective medical documentation. Objective medical documentation includes, but is not limited to:

- Medical treatment chart notes
- Lab test results
- Hospitalization records
- Workers' compensation records
- Consultative reports

## Your Information is Confidential

The medical information you provide is maintained with confidentiality and respect for your privacy.

## Reasonable Accommodation

Sometimes adjustments in the work environment can enable you to continue working. Federal and state laws require employers to make reasonable adjustments for employees. Making such adjustments is known as reasonable accommodation.

Examples of reasonable accommodation include employing a teacher's aide, changing your grade level or subject assignment, improving your classroom or parking assignment, relieving you from yard duty and assigning you to other positions for which you may be qualified based on your credential.

Depending on the specific job restrictions or limitations provided by your treating physician, CalSTRS may require you to request reasonable accommodation from your employer before your application processing can be concluded. All documentation between you and your employer should be in writing and must be provided to your CalSTRS case analyst upon request.

**A**  
*or*  
**B**

# The Disability Benefit

The Coverage A disability benefit is generally 50 percent of your final compensation and is not based on the amount in your Defined Benefit account.

**Example: Joanne has Coverage A**

Joanne is 51 years old with 15 years of service credit. Her final compensation was \$4,500 per month.

Joanne's disability benefit will be based on 50 percent of her final compensation.

$\$4,500 \times 50\% = \$2,250$  monthly disability benefit

**Alternate formula:** If you have Coverage A, are between 45 and 60 years of age and have less than 10 years of service credit, your benefit will be 5 percent of final compensation for each year of service credit up to a maximum of 50 percent of final compensation.

**Example: Alternate formula—Mary has Coverage A**

Mary is 51 years old with eight years of service credit. Mary's final compensation was \$4,500 per month.

Because Mary is between 45 and 60 years of age with less than 10 years of service credit, the alternate formula is used.

$\$4,500 \times (.05 \times 8) = \$1,800$  monthly disability benefit

The Coverage B Member-Only disability benefit is always 50% of final compensation.

## Benefit Amount

### Full-Time or Part-Time Employment

If you are approved to begin receiving disability benefits and your time base is not full time, the final compensation used to calculate your benefit will be based on your actual earnings and not your earnable contract.

### Dependent Children

CalSTRS pays an additional benefit amount for your eligible dependent children. The benefit is an additional 10 percent of final compensation for each child, up to an additional 40 percent. Your children may not be adopted by a person other than your spouse or registered domestic partner. They must be financially dependent, which means you provide at least one-half of your child's support. You will be required to provide evidence of your child's financial dependence.

You must notify CalSTRS when a dependent child no longer meets the eligibility requirements.

#### Coverage A:

Eligible children must be under the age of 22 and not married or in a registered domestic partnership. Your dependents' benefits are added to your benefit payment.

#### Coverage B:

Eligible children must be under the age of 21. Your dependents' benefits are paid separately and directly to each dependent.

## Reductions to Your Disability Benefit

If you are receiving payments or a lump sum from other sources for the same impairment(s), your CalSTRS disability benefit may be reduced. You are responsible for reporting these payments.

#### Coverage A:

Disability benefits will be offset by payments from other public systems, including:

- Workers' compensation
- Social Security disability
- Federal military disability
- Employer-paid income protection plans
- Other disability programs financed with public funds
- Federal civil service
- Railroad retirement
- Federal railroad retirement

#### Coverage B:

Disability benefits are offset by workers' compensation payments.



## Disability Benefit Effective Date

You should apply for disability benefits before you exhaust other benefits available to you. If approved, your disability benefit will go into effect on the later of one of these dates:

- The first day of the month in which we receive your completed application.
- The day after your last day of pay.

We will notify you in writing if your application is approved while you are still working. You must stop working and notify us of your last day of service within 90 days. Your effective date would then be the day following your last day of paid compensation. Failure to cease employment within 90 days will result in denial of your application.

### Example:

John is unable to work and went on medical leave beginning March 14. He exhausted his sick leave, and his last day of compensation was April 17.

He submitted a disability application, received by CalSTRS on June 14. The earliest day his disability benefit can be effective is June 1.

If he had submitted his application any time prior to the end of April, his disability benefit effective date would have been April 18.

## Limited-Term Disability Benefits

If your condition is expected to improve with mental, physical or vocational rehabilitation, you may be approved for limited-term disability benefits. These benefits are granted for a specific time period. They can be renewed if your condition does not improve.

## Vocational Rehabilitation

The CalSTRS rehabilitation program provides services to support your return to work.

If we determine you are a potential candidate for the rehabilitation program, a vocational consultant will conduct an independent vocational evaluation to assess your current capabilities and limitations with the goal of helping you return to a comparable level of employment.

## Right of Subrogation

Under the law, if someone other than your employer caused an injury that results in CalSTRS disability benefits being paid to you, CalSTRS has the right to recover up to one-half of the total benefit costs from the responsible party. This is known as a “right of subrogation.” Our right of subrogation does not include workers’ compensation or uninsured motorist claims.

If you pursue a claim against any person for the same injuries that entitle you to a disability benefit from CalSTRS, you must inform CalSTRS. This is true even if the claim has not yet resulted in a court action.

CalSTRS has the right to participate in the claim through filing our own action against the responsible party, intervening in your claim, or filing a lien against any judgment you may recover. If you settle such a claim without notifying CalSTRS, we may have the right to file a lawsuit against you for recovery under our subrogation rights.



# Providing a Monthly Lifetime Benefit to Someone After Your Death

Depending upon your coverage (A or B), you can decide whether you want to provide a lifetime monthly benefit to someone in the event of your death.

Coverage A	Coverage B	Either coverage: service retirement during evaluation of a disability application
You can make a preretirement election of an option once you are eligible to service retire.	You can elect a modified disability retirement benefit.	You can elect a modified service retirement benefit. If you are approved for a disability benefit, your election will be canceled along with your service retirement.
For more details about CalSTRS survivor benefits and option choices, see the <i>Member Handbook</i> , the <i>Survivor Benefits</i> brochure, or visit CalSTRS.com.		

## Electing An Option

### Coverage A:

You cannot elect an option for your disability benefit if you have Coverage A. Under Coverage A, your survivors (including your spouse or registered domestic partner, your children, or your dependent parents) may be eligible to receive an ongoing family benefit.

To elect an option beneficiary to receive a lifetime monthly benefit if you should die, you must be eligible to service retire and submit the *Preretirement Election of an Option* form found at CalSTRS.com. A family benefit will not be payable if there is a preretirement election of an option in effect. Instead, your option beneficiary will receive a lifetime benefit.

### Coverage B and Service Retirement During Evaluation of a Disability Application

You are required to elect either a Member-Only Benefit or a Modified Benefit.

If you do not want to provide a monthly benefit to someone after you die, elect the Member-Only Benefit on your application. You will receive your full retirement benefit. This is the highest monthly benefit possible.

Benefits will stop when you die. Any contributions and interest remaining in your account at the time of your death will be paid to your one-time death benefit recipient.

If you would like to provide a monthly benefit to someone after you die, elect a modified benefit on your application. You will need to choose an option and designate one or more option beneficiaries. Choosing an option will reduce your monthly benefit. The amount of the reduction depends on the option you choose, your age and the ages of your beneficiaries. You can decide to provide a monthly benefit for one beneficiary by electing the 100% Beneficiary Option, the 75% Beneficiary Option or the 50% Beneficiary Option. You may also elect the Compound Option to provide for one or more option beneficiaries.

You may be required to verify your birth date as well as the birth dates of your option beneficiaries.

Keep in mind that once your benefit begins, you cannot change your option election except under limited circumstances. See the *Member Handbook* for details.

## Option Descriptions

You may elect a Member-Only Benefit, or you may choose an option to provide a lifetime benefit to a beneficiary or multiple beneficiaries.

**The Member-Only Benefit** provides you with the highest benefit and it will continue throughout your lifetime. Benefits will stop when you die.

Your option choices follow. If you choose one of the following three options and your option beneficiary dies before you, your benefit will increase to the Member-Only Benefit.

**100% Beneficiary Option** provides your option beneficiary with 100 percent of the amount you were receiving.

**75% Beneficiary Option** provides your option beneficiary with 75 percent of the amount you were receiving.

**50% Beneficiary Option** provides your option beneficiary with 50 percent of the amount you were receiving.

**The Compound Option** allows three choices. If a beneficiary predeceases you, your benefit will adjust. You may:

- Name one option beneficiary and keep a portion of your benefit as a Member-Only Benefit.

- Name two or more option beneficiaries, with an option choice for each and keep a portion of your benefit as a Member-Only Benefit.
- Name two or more option beneficiaries, with an option choice for each and not keep any of your benefit as a Member-Only Benefit.

## Nonspouse Option Beneficiary

If you name someone other than your spouse or a former spouse to be your option beneficiary, the age of your beneficiary is restricted by federal law:

- Under the 75% Beneficiary Option, your nonspouse option beneficiary cannot be more than exactly 19 years younger than you.
- Under the Compound Option, your nonspouse beneficiaries cannot be either:
  - » More than exactly 19 years younger than you under the 75% Beneficiary Option, or
  - » More than exactly 10 years younger than you under the 100% Beneficiary Option

The federal age restrictions also apply to registered domestic partners and spouses of the same gender.

## Service Retirement During Evaluation of a Disability Application

If you are applying to receive a service retirement during evaluation of a disability application with Coverage A or B, you must elect a Member-Only Benefit or a modified benefit for the service retirement benefit. You can name the same beneficiary for disability and for service retirement.

If you are approved for disability, your modified benefit under service retirement will cease and your disability benefit will take effect.

If your disability application is denied and you remain retired for service, your service retirement option election will remain in place.



## Special Considerations for Members Eligible to Service Retire

The option factors for disability retirement under Coverage B differ from those used for service retirement. You should seek estimates for each benefit to determine how your election affects each benefit type.



### Example: Gina has Coverage B

Gina is 59 years old with 25 years of service credit and has a serious medical condition that prevents her from working. She is considering electing her spouse as an option beneficiary under the 100% Beneficiary Option.

Gina is sure a disability benefit will be higher than a service retirement, but she visits with a benefits counselor to be sure she's considered her choices carefully. She's surprised to find that it may be more advantageous to her and her spouse if she service retires.

Benefit type	Is disability retirement better?	Is service retirement better?
Member-Only	<b>\$2,500</b>	\$2,413
100% Beneficiary Option	\$1,925	<b>\$2,082</b>
75% Beneficiary Option	\$2,196	<b>\$2,265</b>
50% Beneficiary Option	\$2,056	<b>\$2,166</b>

#### Other considerations:

If her spouse dies before she does, Gina's benefit will rise to the Member-Only Benefit. If this happens, her benefit under disability retirement will be slightly more.

## Special Considerations for Coverage A Members Electing a Preretirement Election of an Option

Before making a preretirement election of an option, keep in mind that if you cancel or change your preretirement election of an option before you retire, your monthly retirement benefit may be reduced for your lifetime. In addition, if your beneficiary dies before you retire, your monthly retirement benefit may be reduced for your lifetime.



# Defined Benefit Supplement

If you have performed service in the Defined Benefit Program since January 1, 2001, you have a Defined Benefit Supplement (DBS) account, which has been accumulating contributions and interest. Your most recent *Retirement Progress Report*, which includes your annual statement of account, shows the total amount in your DBS account at the end of the last school year.

If you have less than \$3,500 in your DBS account when you begin to receive a benefit, you will receive the account balance as a lump-sum payment. Your lump-sum payment may be paid directly to you or rolled over to a qualified retirement plan.

If you have \$3,500 or more in your DBS account, you have more choices for receiving these funds.

## Defined Benefit Supplement Payment Descriptions

### Choices for a Member-Only Benefit

If you have Coverage A, or if you elect a Member-Only Benefit under your Coverage B disability application, and have at least \$3,500 in your DBS account, you have the following DBS payment choices:

1. **Lump-Sum Payment** provides a one-time payment of the total amount in your DBS account.
2. **Member-Only Annuity** provides a lifetime monthly payment. Any balance remaining upon your death will be paid to your one-time death benefit recipients.

3. **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10 years. The monthly amount you receive is based on the number of years over which the annuity is paid; the lower the number of years, the higher the amount payable. If you die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipients.
4. **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and one of the annuities above if you have more than \$3,500 in your DBS account minus your lump sum.

### Choices If You Elect an Option

If you elect an option under Coverage B disability or service retirement during evaluation of a disability application and have at least \$3,500 in your Defined Benefit Supplement account, you have six DBS payment choices:

1. **Lump-Sum Payment** provides a one-time payment of the total amount in your DBS account.
2. **100% Beneficiary Annuity** provides a lifetime monthly payment for your

lifetime and the lifetime of your annuity beneficiaries. One hundred percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.

3. **75% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiaries. Seventy-five percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.
4. **50% Beneficiary Annuity** provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiaries. Fifty percent of your monthly annuity would be paid to your annuity beneficiaries upon your death.
5. **Period-Certain Annuity** provides a monthly payment made for any number of whole years from three to 10 years. The monthly amount you receive is based on the number of years over which the annuity is paid; the lower the number of years, the higher the amount payable. If you die before the annuity period ends, the remaining payments will be paid to your one-time death benefit recipient or recipients.
6. **Combination of Lump-Sum Payment and Annuity** provides a lump-sum payment and one of the annuities. To select this choice, you must have \$3,500 or more in your DBS account minus your lump sum.

Your DBS annuity beneficiary is the same person you designated as your Defined Benefit option beneficiary. If you elect the Compound Option for your Defined Benefit pension, you may elect to receive your DBS benefit as any of the annuities listed here. However, the annuity you elected will be the same for each of your annuity beneficiaries, and the apportionment of the benefit will remain the same as it is for your Defined Benefit election.

## Considerations for Service Retirement During Evaluation of a Disability Application

If you receive your DBS funds for service retirement during evaluation of a disability application, and your application for disability benefits is approved, you may need to return the previously paid DBS funds to CalSTRS. The returned DBS funds would then be redistributed according to the laws governing the distribution of the DBS under disability.

### Rollover Considerations

Your DBS payout may be eligible for rollover to a qualified IRA. If you are applying for a service retirement pending a determination on your disability application, you will have an opportunity to choose how you want your DBS paid out for each benefit. However, because rollovers are not recoverable by CalSTRS and changes may carry heavy penalties, your two choices of DBS payout should match when you apply for a service retirement during evaluation of a disability application.

# If Your Application Is Approved

While you receive a disability benefit, you will be asked to provide medical and financial updates to show that you continue to qualify for benefits.

## Continuing to Qualify

Your disability benefit will end if:

- You return to your usual and customary job duties.
- You return to any work earning comparable salary.
- Your medical status no longer qualifies you for CalSTRS disability benefits.
- You do not provide evidence of your continued qualification upon request.

Your benefit will be reduced and you may become ineligible if you exceed your earnings limit.

*i* See "Earnings Limits" for details.

## Coverage A:

You are eligible to receive your monthly disability benefit until you turn 60 as long as you remain disabled. At age 60, your disability benefit will end, and you can apply for service retirement.

To receive a service retirement benefit, you must apply for service retirement. If you choose to service retire immediately, a formula will be used to calculate your service retirement benefit amount that includes projected service credit and compensation for the duration of your disability. Your benefit amount will be either the service retirement you are eligible to receive or the disability benefit amount you were receiving, whichever is less.

If you are age 60 or older, you'll continue to receive a disability benefit if your children who were eligible when you began receiving your benefit remain eligible. When your children are no longer eligible, your disability benefit will end, and you can apply for service retirement.



Keep CalSTRS informed  
of any changes to your eligibility  
or if you return to work.

**Example: Patti has Coverage A**

Patti has 28 years of service as a full-time instructor and earned \$5,800 as her final compensation. Due to a serious medical condition, she stopped working at age 58.

At the time she stopped working, her service retirement would have been slightly less than a disability benefit.

**Benefit estimates at age 58**

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Service credit	28 years
Final compensation	x <u>\$5,800</u>	Age factor (1.76% for age 58)	x .0176
		Final compensation	x <u>\$5,800</u>
<b>Monthly disability benefit</b>	<b>= \$2,900</b>	<b>Monthly service retirement benefit</b>	<b>= \$2,860</b>

If Patti receives a disability benefit for two years and then service retires at age 60, her projected service credit and projected final compensation can be used to generate a service retirement benefit estimate.

**Benefit estimates at age 60**

Monthly disability benefit		Monthly service retirement benefit	
50% (Coverage A disability benefit calculation)	.50	Projected service credit	30 years
Final compensation	x <u>\$5,800</u>	Age factor (2% for age 60)	x .02
Monthly disability benefit	= \$2,900	Projected final compensation	x <u>\$6,030</u>
<b>Monthly disability benefit with annual adjustments</b>	<b>= \$2,960</b>	<b>Projected monthly service retirement benefit</b>	<b>= \$3,620</b>

Under Coverage A, when Patti applies for service retirement, she either receives a new service retirement benefit or the amount she was receiving under disability, whichever is less. Patti would continue to receive the same amount she received under disability. In this case, because of an annual adjustment, that would be approximately \$2,960 by the time she reaches age 60.

**Coverage B:**

You receive a disability benefit for your lifetime, as long as you continue to qualify.

If you return to active service as a CalSTRS Defined Benefit member, or if your disability retirement is terminated, your ultimate service retirement benefit will be adjusted to account for the time you received a disability retirement benefit. You will not receive service credit for the time you received a disability retirement benefit.

## Earnings Limits

It can be helpful for you to work while on disability.

- You may teach under certain employer conditions, but are not allowed to earn CalSTRS service credit or contribute to CalSTRS while receiving a disability benefit.
- You may continue to receive your full disability benefit and earn money.
- You may not exceed the earnings limit.
  - » If your earnings exceed the limit, the excess amount is considered an overpayment and we must collect it.
- You will be required to provide CalSTRS with an annual report of your gross earnings from all employment.
  - » The Employment Development Department and your employer provide verification of the earnings you report to CalSTRS.

- Earning limitations vary. For up-to-date information, talk to a benefits counselor or call 800-228-5453 and ask to speak to the Disability Program staff.

### Coverage A:

The law establishes two separate earnings limits for members receiving Coverage A disability benefits: a single-month earnings limit and a six-month earnings limit.

- **Single-Month Earnings Limit**

Your single-month earnings limit is equal to your indexed final compensation. You can obtain your up-to-date indexed final compensation by contacting us.

- **Six-Month Earnings Limit**

You can exceed the single-month earnings limit and retain your disability benefit. However, if you are able to earn 66⅔ percent of your indexed final compensation over a consecutive six-month period, you are no longer considered disabled and your disability benefit will be terminated and any overpaid benefits must be returned to CalSTRS.



## What is indexed final compensation?

Each year an index factor, developed from the average salary increase of all CalSTRS active members, applied to your final compensation determines your indexed final compensation.

For example, if the average statewide teacher salary increases by 3.5 percent, CalSTRS adds 3.5 percent to your final compensation to determine your indexed final compensation.

**Example Coverage A: Single-month earnings limit**

Sherice has a base disability allowance of \$1,500 and employment earnings of \$2,075 in a single month. Her employment earnings plus the base disability benefit exceed 100 percent of indexed final compensation (\$3,100). The amount of this overpayment (\$475) must be returned to CalSTRS.

$$\begin{aligned} & \$ 1,500 \quad (\text{base disability allowance}) \\ & + \underline{2,075} \quad (\text{monthly employment earnings}) \\ & = 3,575 \quad (\text{total monthly income}) \\ & - \underline{3,100} \quad (\text{indexed final compensation}) \\ & = \$ 475 \quad (\text{overpayment}) \end{aligned}$$

**Example Coverage A: Six-month earnings limit**

Sherice earns \$2,075 monthly from employment earnings over a continuous six-month period. Because she is able to earn 66⅔ percent of the indexed final compensation from employment earnings, she is no longer considered disabled and consequently is no longer eligible to receive a disability benefit. Any benefit payments made after this period must be returned to CalSTRS.

$$\begin{aligned} & \$3,100 \quad (\text{indexed final compensation}) \times 66\frac{2}{3}\% \times 6 \text{ months} \\ = & \$12,400 \quad (\text{6 month earnings limit}) \\ & \$2,075 \quad (\text{monthly employment earnings}) \times 6 \text{ months} \\ = & 12,450 \quad (\text{6 month employment earnings}) \\ & -12,400 \quad (\text{6 month earnings limit}) \\ & = \$ 50 \quad (\text{overpayment}) \end{aligned}$$

**Coverage B:**

Coverage B has an annual earnings limit subject to change by the Teachers' Retirement Board. Your CalSTRS disability benefit will be reduced dollar for dollar by the total amount of earnings from all employment in excess of the 12-month calendar year limit.

# The Application Process

We understand that each disability case is unique. After you submit your application, we will send notification that your application has been received and give you contact information for your disability analyst. Your disability analyst will work with you throughout the disability benefits application process.

## Complete and Submit Your Application

**Complete all applicable sections** on forms, including signatures and dates.

- Include your Client ID number or your Social Security number** on any documents you submit to CalSTRS. Your Client ID can be found on your *Retirement Progress Report*.
- Do not postpone submitting** your *Disability Benefits Application*. You may obtain and submit other required documents later.
- Include clear, unaltered photocopies** of any necessary documentation and write your Client ID or Social Security number on them. For your protection, do not send any original:
  - » Birth certificate or other acceptable verification of date of birth for your option beneficiary, if selecting an option at retirement.
  - » Marriage certificate or other proof of a name change, if your option beneficiary's name is different from the name on his or her birth certificate.
- Include a complete copy of community property settlement documents** specifying the distribution of CalSTRS benefits if you are divorced or have terminated your registered domestic partnership.
- Have your spouse or registered domestic partner sign and date** the appropriate forms or include the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- Sign and date** your *Disability Benefits Application* and other forms.
- Keep a copy** of all completed forms for your records.
- Mail your signed and dated** completed *Disability Benefits Application* and other forms to:
  - CalSTRS
  - P.O. Box 15275, MS 43
  - Sacramento, CA 95851-0275

We recommend you send your application and other documents by certified mail, with return receipt for proof of delivery.

You can also hand deliver your application and forms to one of our participating benefits counseling offices. See listing at [CalSTRS.com](http://CalSTRS.com).

## General Instructions

When it comes time to fill out your forms, be sure to:

- Carefully read the instructions for each form.
- Make photocopies of the blank forms beforehand in case you need to start over. You can also download and print new forms from [CalSTRS.com](http://CalSTRS.com) (select *Forms and Publications* under *Tools*).

- If you need to make a correction, use a new form or draw a line through the error and make your correction, then place your initials next to the change.
- Print clearly in blue or black ink or type all information requested. Do not use pencil, erasable ink or light-colored ink.
- Remember to sign and date your *Disability Benefits Application* and other forms. Failure to sign required forms will cause your application to be rejected and may delay the date benefits become payable.
- For forms to be legally accepted by CalSTRS, you and your spouse or registered domestic partner must sign and date all forms where indicated. If your

spouse or registered domestic partner cannot sign the forms, complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form. This form may require supporting documentation.

- Keep a copy of each completed form you submit to CalSTRS for your records.

To make changes after you mail your *Disability Benefits Application* or to cancel your application, contact your assigned CalSTRS Disability Program analyst directly, or call 800-228-5453 and ask to speak to a CalSTRS Disability Program staff member.

## Forms You May Need

Form Name	Purpose	Why Use This Form
<b>Required (Included in this guide)</b>		
Disability Benefits Application	To apply for a disability benefit or service retirement during evaluation of a disability application	Required for a disability benefit or service retirement during evaluation of a disability application
<b>Recommended (Included in this guide)</b>		
Direct Deposit Authorization	To send your retirement benefit directly to your financial institution	Provides a convenient and safe way to receive your benefit check
One-Time Death Benefit Recipient	To designate one or more people to receive a lump-sum death benefit	Ensures your death benefit wishes are recorded at CalSTRS and avoids probate for this benefit after your death
<b>Special Circumstances (Included in this guide)</b>		
Justification for Non-Signature of Spouse or Registered Domestic Partner	To explain why there is no signature from your spouse or registered domestic partner on forms that require it	If you are married or registered as a domestic partner and your spouse or registered domestic partner does not sign
<b>Special Circumstances (Online at CalSTRS.com)</b>		
Insurance Premium Deduction Authorization	To have your insurance premium deducted from your benefit	Provides a convenient way to pay your health insurance premium
Preretirement Option Election (Coverage A only)	To designate one or more option beneficiaries to receive a benefit if you die	If you die before or during retirement, your option beneficiaries will receive a lifetime benefit payment
Preretirement Compound Option Election (Coverage A only)	To designate one or more option beneficiaries, with an option choice for each, and if you choose, retain a portion of your benefit as a Member-Only Benefit	When you want to name more than one option beneficiary and retain your Member-Only Benefit
Compound Option Election (Coverage B Disability/Service Retirement Applicants)	To designate one or more option beneficiaries, with an option choice for each, and if you choose, retain a portion of your benefit as a Member-Only Benefit	When you want to name more than one option beneficiary and retain your Member-Only Benefit

# Your Application Timeline

After you've sent in your *Disability Benefits Application*, your CalSTRS Disability Program analyst will guide you through the process.

Your cooperation and diligent follow-through in providing requested records and information will allow us to provide you with a timely decision.

After you submit your <i>Disability Benefits Application</i> , CalSTRS:	When
Ensures your application is acceptable (signed and completed) and that you meet minimum service credit and age eligibility requirements	Immediately upon receiving your application
Sends a letter acknowledging receipt of your application and provides you with your disability analyst's contact information	Within five days of receiving your application
May send you and your employer a written request for medical, employment or additional pertinent information	Within two weeks of receiving your application, and as required throughout the application process
Collects the information provided by you, your employer, physician, workers' compensation carrier and any other relevant parties	Within 45 days of the request
May schedule you for an independent medical evaluation	At any time during the application process
Sends a letter detailing whether your application has been approved or denied	Within five months of receiving your application
Ensures payment begins if your application is approved or provides appeal rights if your application is denied	Within 30 days of the decision

### **Privacy Notice**

The Information Practices Act of 1977 (Civil Code § 1798.17) and the Federal Privacy Act of 1974 (Title 5, United States Code § 552a(e)(3), § 7 Note) require that this notice be provided when collecting personal information and Social Security numbers from individuals. Information requested on this form is used by CalSTRS Disability and Survivor Benefits for the purposes of determining eligibility and qualification for a disability benefit. Legal references authorizing solicitation and maintenance of this personal information include Education Code § 22327, 22450, 22451 et al, 24003, 24013, 24103, and 24112. It is mandatory to furnish all information requested on the forms included in this guide. Failure to provide the mandatory information may result in the cancellation or rejection of your application.

Copies of these forms and other documents you may submit are maintained in CalSTRS electronic files indefinitely. Medical information is maintained separately and accessible exclusively to Disability and Survivor Benefits staff, and may be shared with other business areas or the Attorney General in cases of Executive or Legal review. Members have the right of access to their file upon request to CalSTRS Disability and Survivor Benefits Division, MS 43, P.O. Box 15275, Sacramento, CA 95851-0275, telephone 800-228-5453.

# Glossary

## Age Factor

A percentage of your final compensation based on your age on the last day of the month in which your retirement is effective. The basic age factor at age 60, the normal retirement age, is 2 percent. The maximum age factor is 2.4 percent.

- If you are 60 or older, the basic age factor increases by 0.0333 percent for every quarter year of age to a maximum of 2.4 percent at age 63 and older.
- If you are between 55 and 60, the basic age factor is reduced by 0.01 percent for each month or partial month you are under age 60 but at least 55. At age 55, the age factor equals 1.4 percent.
- If you are between 50 and 55, the age 55 factor (1.4 percent) is reduced by 0.005 percent for each month or partial month you are under age 55 but at least 50. At age 50, the age factor equals 1.10 percent.

## Annual Benefit Adjustment

An automatic annual increase to your monthly benefit. The increase is effective on September 1 of each year after the first anniversary of your benefit effective date and appears on your October 1 payment. Annual benefit adjustments are calculated at 2 percent of your initial benefit. The increase is not compounded or linked to inflation.

## Benefit Formula (Service Retirement)

For the Member-Only Benefit, the formula is Service Credit x Age Factor x Final Compensation. If choosing an option, multiply the Member-Only Benefit by the appropriate option factor.

## Benefit Formula (Disability)

For the Member-Only disability benefit, the formula is generally 50 percent of your final compensation.

## Client ID

A CalSTRS randomly generated number used to identify members. CalSTRS uses it instead of your Social Security number to secure your identity. Find your Client ID on your *Retirement Progress Report*.

## Comparable Level Position

Any job in which a member can earn 66⅔ percent or more of indexed final compensation.

## Coverage A

These disability and survivor benefit programs were available to members until October 15, 1992. Coverage A is mandatory for all members of the Defined Benefit Program who were receiving a disability or service retirement benefit on or before October 15, 1992. Members who were not receiving a benefit on or before that date could retain this coverage or elect Coverage B.

## Coverage B

The disability and survivor benefit programs mandatory for new members after October 15, 1992. Active members who were hired on or before October 15, 1992, may have elected this coverage.

## Defined Benefit Program

A benefit program within the State Teachers' Retirement Plan that provides lifetime retirement benefits (based on a formula using age, service credit and final compensation) and ancillary benefits for California's public school educators who are members of the program.

## Defined Benefit Supplement Program

A supplemental benefit program with benefits based on contributions and interest credited to individual member's accounts. From January 1, 2001, through 2010, funds come from 25 percent of your monthly CalSTRS contribution. Since July 1, 2002, funds have also come from compensation you earn from

service in one school year in excess of one year of service credit.

### **Disability or Disabled**

A medically determinable physical or mental impairment that is permanent or that can be expected to last continuously for at least 12 months. The disability must prevent you from performing your usual duties with reasonable accommodation or the duties of a comparable level for which you are qualified or can become qualified by education, training or experience. You may apply for disability while still employed. Any impairment from a willful self-inflicted injury does not constitute a disability.

### **Earnings Limits**

The amount a member receiving a disability benefit may earn from any employment in a month or a year without a reduction in the CalSTRS benefit. This is different from the earnings limit for a service retirement.

### **Family Allowance, Coverage A**

A monthly amount paid to your surviving spouse or registered domestic partner with eligible dependent children after your death. The maximum amount is 90 percent of your final compensation: 40 percent for your spouse or partner and 10 percent for each eligible dependent child up to five children.

### **Final Compensation**

The highest average annual earnable compensation by a member during a specified period of CalSTRS-covered paid employment. The period is one year if you have at least 25 years of credited service or if it is included in a written collective bargaining agreement for classroom teachers. Otherwise, the period is three consecutive years if you have fewer than 25 years of service credit.

### **Member-Only Benefit**

The highest monthly benefit you can receive when you retire for service or disability before any reduction to provide for an option beneficiary.

### **Option**

Plan feature that allows you to distribute your retirement benefit over your lifetime and the lifetime of other people.

### **Projected Service**

Under Coverage A, the amount of credited service plus the credited service you would have earned for the school years during which you received a disability benefit. The amount of service credited is based on the highest credited service earned during any one of the three school years immediately preceding your disability benefit effective date.

### **Reasonable Accommodation**

Federal and state laws give you the right to request accommodation that would allow you to continue working and obligates employers to make a good faith effort to accommodate these requests. Before making a final decision on your application for disability benefits, CalSTRS may require you to pursue a request for reasonable accommodation. This would enable you to continue employment in your same position or in one with comparable level responsibilities. Reasonable accommodation could be accomplished by changing the duties of your position, by reassigning you to alternate duties you are qualified to perform, through modification of your work site, or through other measures.

## Retirement Progress Report

An annual report to active and inactive members that includes:

- A summary of Defined Benefit and Defined Benefit Supplement program transactions during the prior year
- Service credit
- Contribution and interest balances
- Key provisions of the CalSTRS Defined Benefit and Defined Benefit Supplement programs
- Death benefit recipient information
- Two estimates of your retirement benefit when you turn age 45

CalSTRS also provides a *Retirement Progress Report* for participants of the Cash Balance Benefit Program.

## Service Credit

Accumulated period in years, including partial years, for which you earned creditable compensation and made contributions under CalSTRS Defined Benefit Program. Your service credit is one of the factors used to determine your eligibility for benefits payable under the Defined Benefit Program. Service credit cannot exceed 1.000 in any given school year.

## Service Retirement During Evaluation of a Disability Application

If you are applying for a disability benefit, you may be eligible to receive a service retirement benefit while CalSTRS evaluates your application for disability benefits. This will enable you to receive a monthly retirement income while awaiting the determination. However, you will not be eligible for a partial lump-sum payment or the Early Retirement Limited Term Reduction Program.

## Subrogation

A process that permits CalSTRS to participate in an action to recoup benefits paid, expenses and legal costs when a third party causes the injury or death of a CalSTRS member before retirement and the member or family pursues civil litigation.

## Survivor Benefit, Coverage B

Under the Survivor Benefits program, if you die before retirement and had a preretirement election of an option in place, a lifetime benefit will be payable to your option beneficiary. If you do not have a preretirement election of an option, a survivor benefit may be payable to your surviving spouse or registered domestic partner and eligible dependent children. See also: Coverage B.

# Disability Benefits Application Instructions

## About this Application

This application is for Defined Benefit members who are applying for a disability benefit. Within this application, you may also apply for service retirement during evaluation of a disability application.

Review the *Disability Benefits Application* sections by coverage and benefit. You should know your coverage type (A or B) and whether you are applying for disability benefit only or service retirement during evaluation of a disability benefit before completing the application.

The information you provide on this application will be used as a guideline for CalSTRS to

request specific medical, employer and other documentation from you. Even if you are not certain if information is relevant, please provide it on the application.

If you need more room than what is provided, please attach a separate sheet of paper labeled with your name, Client ID or Social Security number and section.

**Note:** It will be your responsibility to obtain and submit any documentation requested by CalSTRS within 45 days. Any fees associated with the gathering of records for this application are your responsibility.

## PRELIMINARY INFORMATION

### Indicate Your Coverage: A or B

Check your annual *Retirement Progress Report* for your coverage, or contact us at 800-228-5453.

### Indicate whether you are:

- **Applying for a disability benefit –** Check this box if you are applying for a disability benefit for the first time.
- **Re-applying for a disability benefit –** Check this box if you have applied for a disability benefit before, whether your previous application was approved, canceled or denied.
- **Applying for service retirement during evaluation of a disability application –** Check this box if you want to receive a service retirement benefit during the time CalSTRS processes your application for disability benefits.



See "Service Retirement During Evaluation of a Disability Application" in *Your Disability Benefits Guide* for important considerations about this program before selecting this option.

## SECTION 1.0 – MEMBER INFORMATION (Required)

This section is required for all applicants.

The name on your application should match the name on your Social Security card. If your name has changed, include any appropriate documentation that substantiates your name change, such as a marriage certificate, new Social Security card, ID card or driver's license.

Include your CalSTRS Client ID if you know it. Include your home phone number, work or cell phone number and an e-mail address where we can reach you.

## SECTION 1.1 – DEPENDENT INFORMATION

If you have eligible dependent children, list their full names, Social Security numbers and birth dates.

You must provide a copy of each listed child's birth certificate and Social Security card before any child's benefits can be paid.

## **SECTION 1.2 – EMPLOYMENT INFORMATION (Required)**

This section is required for all applicants.

Your benefit effective date will be after your last day of compensation. If you are still working and receiving compensation, indicate an estimated last day of work and compensation.

Information you provide regarding your work history will be examined to determine what types of employment or other documentation you will be asked to provide during the application process.

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 and attach documentation regarding the unlawful act, such as the police report or employer incident report.

*i* See "Service Credit Requirements" in *Your Disability Benefits Guide*.

### **Reasonable Accommodation:**

Indicate whether you have requested reasonable accommodation from your employer.

You are responsible for supplying 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 of your employer's response.

*i* See "Reasonable Accommodation" in *Your Disability Benefits Guide*.

## **SECTION 1.3 – MEDICAL INFORMATION (Required)**

This section is required for all applicants.

The information you provide here will determine what specific medical documentation your disability analyst will request.

Include any medical treatment providers that may have medical documentation relevant to your application. If you are applying due to multiple conditions, or a combination of

impairments, list all medical providers that have treated you for any of the conditions.

## **SECTION 1.4 – AUTHORIZATION (Required)**

This section is required for all applicants.

Review and sign the authorization section. This authorization allows us to obtain information relevant to your application.

## **SECTION 1.5 – STATEMENT OF IMPAIRMENT (Required)**

This section is required for all applicants.

Answer each question. You do not need to provide a detailed history. Documentation from your treating physicians provides the basis for determining the outcome of your application.

If you are currently receiving or planning to apply for benefits from workers' compensation, an insurance carrier or another public system, please provide that information. We will verify amounts that may be offset from the CalSTRS disability benefit.

*i* See "Benefit Amount" in *Your Disability Benefits Guide*.

## **SECTION 1.6 – SUBROGATION INFORMATION (Required)**

This section is required for all applicants.

Indicate if you or a member of your family have filed or plan to file a civil suit claiming your impairment was caused by a third party.

Indicate whether a third party (other than a workers' compensation claim or an uninsured motorist claim) caused your injury.

If yes, we will follow up with you to determine whether CalSTRS' subrogation rights apply to your particular situation.

## **SECTION 1.7 – DISABILITY OPTION ELECTION (Coverage B Required)**

### **Coverage B Only**

This section is required for all Coverage B applicants.

You may elect the Member-Only Benefit or a Modified Benefit.

**i** See "Option Descriptions" in *Your Disability Benefits Guide*.

If you request quotes or if you do not complete this section, we will begin processing your application. However, you will receive 30 days to complete your election or your benefit effective date will be delayed.

If you do not provide an election within six months, your application will be canceled.

If you want a Compound Option quote, attach a separate piece of paper labeled with your name, your Client ID or Social Security number and Section 1.7. List additional beneficiaries and specify a percentage of the benefit for each. If you want a quote to retain a percent of your benefit as Member-Only under the Compound Option, note the percentage on your quote request.

### **Service Retirement During Evaluation of a Disability Application**

If you are applying for a service retirement during evaluation of a disability application, a delay of your benefit effective date beyond the date of your service retirement will cause your disability benefits application to be rejected.

We strongly recommend that you complete this section now if you are applying for service retirement during evaluation of a disability application.

## **SECTION 1.8 – TAX WITHHOLDING PREFERENCES (Required)**

**Use this section to describe how you would like taxes withheld for your monthly disability benefit.**

This section is required for all applicants. It applies exclusively to the monthly benefits paid under disability Coverage A or B.

**i** Also see Sections 1.11, 2.1 and 2.4 for details about tax withholding.

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise on this form. If you do not complete this section of the form, we will withhold income tax from

your monthly payments in accordance with the established rate for a married individual claiming three withholding exemptions. If you do not want state tax withholding applied, you must check the *Do Not Withhold* box.

Federal law allows lump-sum payments or period-certain annuity payments lasting less than 10 years to be rolled over into a qualified plan. If you choose to have payments paid directly to you, we are required to withhold 20 percent for federal taxes. Your state tax will be automatically withheld at the required rate of 6 percent or you can defer payment of your state tax until you file your tax return by checking the *Do Not Withhold* box.

For more information, see our brochure, *Tax Considerations for Rollovers*, available at [CalSTRS.com](http://CalSTRS.com).

Your tax withholding preference will remain in effect until you change or cancel it. You can change or cancel your preference any time by using the tax withholding feature on *myCalSTRS*. Or complete the *Income Tax Withholding Preference Certificate* form available at [CalSTRS.com](http://CalSTRS.com) or by calling 800-228-5453, and send it to us.

Keep in mind that there may be penalties for not paying enough taxes on your benefits during the year, either through withholding or estimated tax payments.

If you are a U.S. citizen and you do not want federal income tax withheld from your benefit payment, you must give us a home address in the U.S. or U.S. territories. CalSTRS must withhold for federal tax if you provide a U.S. address for a nominee, trustee or agent to whom the benefits are to be delivered and you do not provide your own home address in the U.S. or U.S. territories.

**Addresses outside California:** Federal law prohibits California from taxing pension benefits paid to recipients who live outside the state. Therefore, if you reside outside California, we will not withhold state income tax from your benefit. However, if you feel you may still be liable for California state income tax, you may use the *Income Tax Withholding Preference Certificate* form to request us to withhold California income tax

from your payment. We cannot withhold income for other states.

**Addresses outside the U.S.:** Federal law requires federal income tax be withheld from any payment that is 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.

**Withholding Choices:** The number of state withholding exemptions you claim may be different from the number of exemptions you claim for federal withholding.

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 exemptions.

Non-U.S. resident aliens may use either the federal tax tables with single and one withholding exemption or the flat rate of 30 percent or lower treaty rate payments, if applicable. For more information, see IRS publication 519, *U.S. Tax Guide for Aliens*, available online at [irs.gov/publications/p519/index.html](http://irs.gov/publications/p519/index.html) 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 for advice.

### **SECTION 1.9 – DBS PAYMENT CHOICES FOR COVERAGE A (Coverage A Required)**

The amount in your Defined Benefit Supplement (DBS) account is shown on your *Retirement Progress Report*. If your account balance is greater than \$3,500, you have choices about how to receive these funds.

Check only one of the first three choices: “Lump-Sum Payment,” “Combination Lump Sum and Annuity Choice” or “Annuity Only.”

If you chose an annuity, select from the annuity choices.

If your account balance is less than \$3,500, you must take a lump-sum payment. Mark the “Lump-Sum Payment” box.

*i* See “Defined Benefit Supplement” in *Your Disability Benefits Guide*.

### **SECTION 1.10 – DBS PAYMENT CHOICES FOR COVERAGE B (Coverage B Required)**

The amount in your Defined Benefit Supplement (DBS) account is shown on your *Retirement Progress Report*. If your account balance is greater than \$3,500, you have choices about how to receive these funds.

Check only one of the first three choices: “Lump-Sum Payment,” “Combination Lump Sum and Annuity Choice” or “Annuity Only.”

If you chose an annuity, select from the annuity choices.

If your account balance is less than \$3,500, you must take a lump-sum payment. Mark the “Lump-Sum Payment” box.

*i* See “Defined Benefit Supplement” in *Your Disability Benefits Guide*.

### **SECTION 1.11 – TAX WITHHOLDING PREFERENCES**

Complete this section if you were directed to complete it in Section 1.9 or 1.10.

Use this section to describe how you would like taxes withheld for your Disability DBS monthly annuity benefit, if you are approved. This section applies exclusively to the lifetime or 10-year monthly annuity benefits paid under the Defined Benefit Supplement with disability, Coverage A or B.

*i* Also see Section 1.8 for details about tax withholding.

### **SECTION 1.12 – LUMP SUM OR PERIOD-CERTAIN ANNUITY 3-9 YEARS PAYMENT INSTRUCTIONS**

Complete this section if you were directed to complete it in Section 1.9 or 1.10.

The payment and withholding instructions in this section apply exclusively to the Defined Benefit Supplement account payment choice you selected in Section 1.9 or 1.10. The payment is a lump sum or a monthly annuity paid over three to nine years, depending on your election.

Select choice number 1 or 2 for your payout and complete your selection.

If you select choice number 2, the financial institution information must be completed by a representative from your financial institution before any payment can be made.

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**If you are not applying for service retirement during evaluation of a disability application, proceed to Section 3.0, Required Signatures.**

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## **SECTION 2.0 – SERVICE RETIREMENT APPLICATION**

If you are applying exclusively for disability benefits under Coverage A or B, proceed to Section 3.0, Required Signatures.

Sections 2.0 through 2.4 are required if you are applying to receive a service retirement benefit during evaluation of a disability application (Coverage A or B).

The elections you make on your service retirement application portion will remain in effect if your application for disability benefits is not approved. If your disability application is not approved, you will remain retired for service.

**Retirement Date:** You will be officially retired as of the retirement date you put on your application, subject to the following conditions:

1. The earliest date you can submit your application is six months before your retirement date.
2. Your application must be received by CalSTRS no later than the last day of the month you retire.
3. The earliest date you can retire is the day after your last day of work, vacation or authorized leave of absence, whichever is later. For example, if your last day of work is June 13, you can retire on June 14, even though you will receive a pay check for the month of June. Your application must be received by CalSTRS by June 30 for a retirement date in June.


4. If you are retiring after reinstating to active service from retirement, you cannot have a retirement date less than one calendar year from the date you reinstated.

**Other Public Retirement Systems:** See “What If I Am Retiring From Another California Public Retirement System?” in *Your Retirement Guide* available at CalSTRS.com.

**Defined Benefit Election:** Check one box only to indicate if you are electing the Member-Only Benefit or the Modified Benefit.

**Member-Only Benefit:** The Member-Only Benefit does not provide a monthly lifetime benefit to anyone when you die after retirement. It is the highest monthly benefit you can receive in retirement.

**Modified Benefit:** Complete this entire section only if you are electing an option beneficiary or if you completed the *Preretirement Election of an Option* form to provide a monthly benefit to your option beneficiary if you should die before you retire.

 See "Providing a Lifetime Benefit to Someone After You Die" in *Your Disability Benefits Guide*.


For an estimate of how each option would affect your monthly retirement benefit, make an appointment to talk to a CalSTRS benefits counselor, use the *Retirement Benefit Calculator* at CalSTRS.com/calculators or use the worksheets in the *Member Handbook* available at CalSTRS.com.

The option and option beneficiaries you elect on your application are not effective until your retirement date.

**Beneficiary Information:** Enter your beneficiary information if you elect an option other than the Compound Option. If you elect the Compound Option, do not enter beneficiary information here. You will need to complete the *Compound Option Election* form instead and include it in this application.

## SECTION 2.1 and 2.4 – TAX WITHHOLDING PREFERENCES

Use this section to describe how you would like taxes withheld for your monthly service retirement benefit and service retirement DBS benefit.

 Also see Section 1.8 for details about tax withholding.

## SECTION 2.2 – DEFINED BENEFIT SUPPLEMENT

### Choices for Service Retirement

The amount in your Defined Benefit Supplement (DBS) account is shown on your *Retirement Progress Report*. If your account balance is \$3,500 or more, you have choices about how to receive these funds. Step 1 of *Your Retirement Guide* available at [CalSTRS.com](http://CalSTRS.com) explains the Defined Benefit Supplement choices. Research and make your choice, then place an X in the appropriate box in Section 2.2 of your application. If your account balance is less than \$3,500, you must take a lump-sum payment. Mark the "Lump-Sum Payment" box in Section 2.2.

If you choose to receive your funds as a lump-sum payment or Period-Certain Annuity 3 to 9 Years, enter your payment instructions in Section 2.3.

## SECTION 2.3 – DEFINED BENEFIT SUPPLEMENT

### Payment Instructions

#### Lump Sum or Period-Certain Annuity 3 to 9 Years

Complete this section if you chose a lump sum or Period-Certain Annuity 3 to 9 Years in Section 2.2.

Federal law allows lump-sum payments or period-certain annuity payments of less than 10 years to be rolled over into a qualified plan.

If you chose an annuity payment other than a Period-Certain Annuity 3 to 9 Years, you do not need to complete Section 2.3. Your monthly annuity payments will be mailed to the same address or transferred to the same bank account as your retirement benefits.

If you would like your payment to be paid directly to you, check box number 1. If you would like to roll over your payment to a financial institution, check box number 2.

### Rollover of Tax-Deferred Contributions and Interest

The amount of tax-deferred contributions and interest in your DBS account is shown on your *Retirement Progress Report*. Enter the dollar amount or percentage (from 1% to 100%) that you would like to roll over. For example, if you expect to receive \$4,000 and choose a 50 percent rollover, \$2,000 will be rolled over and \$2,000 will be paid directly to you.

### Financial Institution Information

When providing information on your financial institution, do not attach transfer documents. Also, do not list "IRA" as the name of your financial institution. CalSTRS will mail the payment to the financial institution address you provide. We are not able to process a direct trustee-to-trustee transfer to a financial institution outside the U.S.

### Retirement Change Requests

If you have already submitted your *Service Retirement Application* and want to make a change, you must complete the *Retirement Application Change Request* form, available at [CalSTRS.com](http://CalSTRS.com) or by calling 800-228-5453.

This form lets you change your retirement date, option, option beneficiary and Defined Benefit Supplement choices.

CalSTRS must receive the *Retirement Application Change Request* form by the last day of your retirement month. It must include the signature of your spouse or registered domestic partner, if applicable.



## Submitting Your Application

### Mailing Address

Mail your application to:  
CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275

We recommend that you mail your application by certified mail, with proof of delivery.

### 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 Number

916-414-5040 (*new*)

### Hand Delivery

You can hand deliver your application to certain counseling offices found at [CalSTRS.com/counseling](http://CalSTRS.com/counseling) or our headquarters.

### CalSTRS

Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

### Questions?

If you have questions, call us toll free at 800-228-5453 or e-mail your questions using your *myCalSTRS* account or at [CalSTRS.com/contactus](http://CalSTRS.com/contactus).

### Additional Forms and Information You May Need

Please submit your application as soon as possible, even if you do not have all of your medical records or documents. You must submit them within 45 days of our request.

The following statements, documents and other information may be required (photocopies are acceptable):

- Relevant medical records
- Social Security numbers for dependents
- Birth certificate
- Marriage certificate
- Certificate of registered domestic partnership
- Workers' compensation information
- Tax records for dependent children
- Reasonable accommodation documents
- Off-work notes
- Others as required

### Name or Address Change

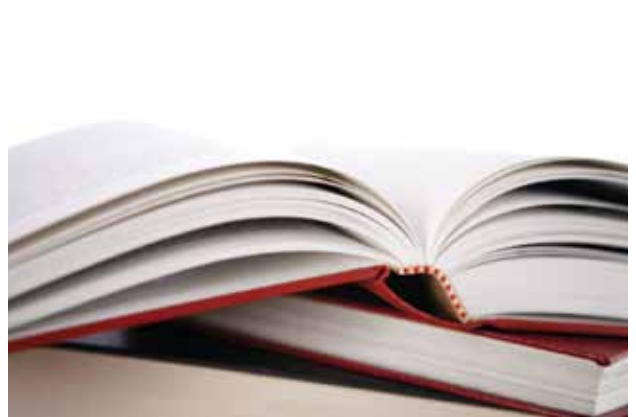
Notify us immediately in writing of any change in your name or mailing address. You can update your mailing address online using *myCalSTRS*. Otherwise, complete the *Address Change Request* form, available online at [CalSTRS.com](http://CalSTRS.com) (select *Forms and Publications*) or by calling 800-228-5453.

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**Remember to sign and date your Disability Benefits Application and other forms.**

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# Attention: Your Disability Benefits Application





CalSTRS can help you.



# Disability Benefits Application

(DS0260, rev. 11/09)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

## Disability Benefits Application

1. Complete the required sections of the application and return it to CalSTRS by mail or fax to begin the application process.
2. Confirm if you have Coverage A or Coverage B. Check your *Retirement Progress Report* or call 800-228-5453.
3. If you have Coverage A, follow the Coverage A path in the application.
  - a. Decide if you will apply for a disability benefit only or for a service retirement during evaluation of a disability application.
4. If you have Coverage B, follow the Coverage B path in the application.
  - a. Decide if you will apply for a disability benefit only or for a service retirement during evaluation of a disability application.
5. Submit your completed and signed *Disability Benefits Application* as soon as possible.
6. Additional information we will require is noted throughout the application with the "Provide a Copy" icon. If you do not have the attachments readily available, do not delay submitting your application. You will have an opportunity to submit additional information during the application process.

## Look for Icons

These icons will help direct you through this application.



Provide a copy



Fill additional form



Signature



Additional information available

## Disability Application Sections by Coverage and Benefit

The color coding applies to your coverage and benefit.

### Coverage A Disability Benefit Only

Fill Out the Following Sections:

- Sections 1.0 - 1.6, 1.8 & 1.9
- Sections 1.11 - 1.12
- Section 3.0 -- Signatures

### Coverage B Disability Benefit Only

Fill Out the Following Sections:

- Sections 1.0 - 1.8
- Sections 1.10 - 1.12
- Section 3.0 -- Signatures

### Coverage A Service Retirement During Evaluation of a Disability Application

Fill Out the Following Sections:

- Sections 1.0 - 1.6
- Sections 1.8 - 1.9, 1.11 & 1.12
- Sections 2.0 - 2.4
- Section 3.0 -- Signatures

### Coverage B Service Retirement During Evaluation of a Disability Application

Fill Out the Following Sections:

- Sections 1.0 - 1.8
- Sections 1.10 - 1.12
- Sections 2.0 - 2.4
- Section 3.0 -- Signatures

## Additional Forms and Information You May Need

Submit your application as soon as possible, even if you do not have all of your medical records or documents. You must submit them within 45 days of our request. The following statements, documents and other information may be required (photocopies are acceptable):

- › Relevant medical records
- › Social Security numbers for dependents
- › Birth certificate
- › Marriage certificate
- › Certificate of registered domestic partnership
- › Workers' compensation information
- › Tax records for dependent children
- › Reasonable accommodation documents
- › Off-work notes
- › Others as required



DS0260

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

- › Read the instructions carefully before filling out this application.
- › Type or print in blue or black ink.
- › If you need more room than what is provided, attach a separate sheet labeled with your name, your Client ID or Social Security number and the section number.

I have: (please check one)

- Coverage A                       Coverage B

I am: (please check one)

- Applying for a disability benefit  
 Re-applying for a disability benefit  
 Applying for service retirement during evaluation of a disability application

**Section 1.0: Member Information**



Name (Last, First, MI)	Client ID or Social Security Number	
Mailing Address	E-mail Address (Optional)	
City	State	Zip Code
Date of Birth (MM/DD/YYYY)	(    ) Home Telephone	(    ) Cell/Alt. Telephone

If you earned your highest salary more than 15 years ago, enter the beginning date of that period:

\_\_\_\_\_  
 MM/DD/YYYY

**Section 1.1: Dependent Information**



We will require a copy of the birth certificate and Social Security card of your named dependents prior to issuing an additional benefit for any dependent children. If you have more than four children, attach a separate sheet with your name, your Client ID or Social Security number and Section 1.1.

Name (Last, First, MI)	Social Security Number	Date of Birth (MM/DD/YYYY)
Name (Last, First, MI)	Social Security Number	Date of Birth (MM/DD/YYYY)
Name (Last, First, MI)	Social Security Number	Date of Birth (MM/DD/YYYY)
Name (Last, First, MI)	Social Security Number	Date of Birth (MM/DD/YYYY)



**Section 1.2: Employment Information**



District of Employment \_\_\_\_\_ County of Employment \_\_\_\_\_

School Name \_\_\_\_\_ Principal or Supervisor's Name \_\_\_\_\_

( )

School Address \_\_\_\_\_ School Telephone Number \_\_\_\_\_

School City, State, Zip Code \_\_\_\_\_

Grade Level Taught \_\_\_\_\_ Subjects Taught \_\_\_\_\_

Position Title \_\_\_\_\_ How Long Position Held \_\_\_\_\_

Are you currently working?  No  Yes

Last Day of Work (MM/DD/YYYY) \_\_\_\_\_ Last Day of Compensation (MM/DD/YYYY) \_\_\_\_\_  
The last day of actual performance on the job Estimate is okay; we will verify with your employer

If you have fewer than five years of service credit, you may be eligible for the disability benefit if your impairment is due to an unlawful act of bodily injury that occurred on the job.

Is your impairment the result of an unlawful act?  No  Yes



If yes, we will require a copy of the police or employer incident report.

**Reasonable Accommodation**



Have you discussed the possibility of reasonable accommodation with your employer? See "Reasonable Accommodation" in *Your Disability Benefits Guide*.

No – If no, we may require that you request a reasonable accommodation as a condition of your disability application.



Yes – If yes, provide a copy of your request and your employer's response, whether formal or informal.

Have any of your normal duty assignments been eliminated or modified to accommodate your impairments since your initial employment in your school district?

No  Yes – If yes, complete the following:

Duty Assignment	Accommodation Made	Date	Reason for Action

**Section 1.3: Medical Information**



Provide a list of physicians who examined or treated you for this impairment(s).  
Attach a separate sheet if needed.

\_\_\_\_\_  
Treating Physician's Name (Last, First, Title) Specialty

\_\_\_\_\_  
Physician's Mailing Address

\_\_\_\_\_  
City, State, Zip Code ( ) Physician's Phone

\_\_\_\_\_  
Treating Physician's Name (Last, First, Title) Specialty

\_\_\_\_\_  
Physician's Mailing Address

\_\_\_\_\_  
City, State, Zip Code ( ) Physician's Phone

\_\_\_\_\_  
Treating Physician's Name (Last, First, Title) Specialty

\_\_\_\_\_  
Physician's Mailing Address

\_\_\_\_\_  
City, State, Zip Code ( ) Physician's Phone

Have you been hospitalized for this condition?  Yes  No



If yes, provide a list of hospital(s) and hospital physician(s) that examined or treated you for this impairment(s).  
Attach a separate sheet if needed.

\_\_\_\_\_  
Hospital Name

\_\_\_\_\_  
Dates Hospitalized: From (MM/DD/YYYY) To (MM/DD/YYYY)

\_\_\_\_\_  
Name of Treating Physician at the Hospital (Last, First, Title)

\_\_\_\_\_  
Dates Treated: From (MM/DD/YYYY) To (MM/DD/YYYY)

**Section 1.4: Authorization**



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 U.S. Internal Revenue Service, Social Security Administration and the Veterans Administration; (5) any retirement or pension plan; (6) insurance companies, particularly 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.

In submitting this application, I agree, pursuant to California Education Code section 22400, to submit financial information, statements, and/or certified copies of state and federal income tax returns, upon request by the California State Teachers' Retirement System, 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.



Applicant Signature

Date

**Section 1.5: Statement of Impairment**



You may describe more than one impairment. Attach a separate sheet labeled with your name, your Client ID or Social Security number and Section 1.5.

1. What is your impairment? \_\_\_\_\_

Date of diagnosis (MM/DD/YYYY): \_\_\_\_\_

\_\_\_\_\_

2. What are your limitations due to your injury or illness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. How has your impairment affected your ability to perform your job? \_\_\_\_\_

\_\_\_\_\_

Date your impairment began affecting your job performance (MM/DD/YYYY) : \_\_\_\_\_

4. Other information you would like to provide: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Other Benefits**

Are you now receiving or do you plan to apply for benefits from workers' compensation or an insurance policy paid for by your employer or another public system, such as Social Security, for the impairments listed above?

No

Yes – Insurance Carrier: \_\_\_\_\_

Claim Number: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Yes - Name of Public System: \_\_\_\_\_



See "Benefit Amount" in *Your Disability Benefits Guide*.

**Section 1.6: Subrogation Information Notice**



Did a third party cause your disability?

- Yes       No

**i** If yes, CalSTRS has a potential right of subrogation. See "Right of Subrogation" in *Your Disability Benefits Guide*.

**Section 1.7: Disability Option Election Coverage B Only**



If you have Coverage A, proceed to Section 1.8.

See "Providing a Lifetime Benefit to Someone After You Die" in *Your Disability Benefits Guide*.

I elect a:

- Member-Only Benefit.

I elect a:

- Modified Benefit. If you check this box, choose a Modified Benefit option below:
- 100% Beneficiary Option
  - 75% Beneficiary Option
  - 50% Beneficiary Option
  - Compound Option (If you check this box, complete the *Compound Option Election* form at CalSTRS.com.)
- Send me Modified Benefit quotes for the option beneficiary below.



My option beneficiary for this *Disability Benefits Application* is listed below.

Beneficiary Name (Last, First, Initial) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

About your beneficiary:

Relationship:  Spouse    Registered Domestic Partner    Other

Gender:  Male    Female

Member of CalSTRS:  Yes    No

If no:

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



Attach verification, such as a birth certificate, of your beneficiary's birthdate.

If your beneficiary is a CalSTRS member, we may already have date of birth verification on file from his or her employer.

**Section 1.8: Tax Withholding Preferences**



**FOR MONTHLY DISABILITY BENEFIT**

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions. If you are unsure about your tax withholding preferences, consult your tax adviser.

**CALIFORNIA STATE INCOME TAX WITHHOLDING**

Do not withhold California state income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **California** state tax tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Head of Household \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.

*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

**FEDERAL INCOME TAX WITHHOLDING**

Do not withhold federal income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **federal tax** tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.

*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

**Section 1.9: DBS Payment Choices for Coverage A**



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 these funds. Mark your choice below.

- Lump-sum payment:** A single payment of your entire account balance. May be paid as:
- A direct rollover (financial institution representative signature is required)
  - A payment directly to you (mandatory taxes will be applied)

**Complete Section 1.12**

- Combination lump-sum and annuity choice.** Fill in the desired lump-sum amount and select an annuity below (at least \$3,500 must remain in your DBS account to be eligible for annuity payments).
- \$ \_\_\_\_\_ lump-sum amount and select one annuity below.

Select an annuity from “Annuity Choices” below and complete any other required sections.

**Complete Section 1.12**

- Annuity only.** Provides a monthly benefit payable to you for a specific time period or for your lifetime.
- Select an annuity from “Annuity Choices” below and complete the required sections.

**Annuity Choices**

If you selected the lump-sum only, proceed to Section 1.12. Otherwise, select an annuity choice below.

- Period-Certain Annuity of 3 to 9 Years:** A rollover-eligible monthly annuity payable from 3 to 9 years.
- May be paid as:
- A direct rollover (financial institution representative signature is required)
  - A payment directly to you (mandatory taxes will be applied)

**Circle number of years:**    3       4       5       6       7       8       9

**Complete Section 1.12**

- Period-Certain Annuity of 10 years:** A monthly annuity payable for 10 years.

**Complete Section 1.11**

- Member-Only Annuity:** A monthly annuity payable for your lifetime.

**Complete Section 1.11**

**Section 1.10: DBS Payment Choices for Coverage B**



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 these funds. Mark your choice below.
- Lump-sum payment:** A single payment of your entire account balance. May be paid as:
  - A direct rollover (financial institution representative signature is required)
  - A payment directly to you (mandatory taxes will be applied)

**Complete Section 1.12**

- Combination lump-sum and annuity choice.** Fill in the desired lump-sum amount and select an annuity below (at least \$3,500 must remain in your DBS account to be eligible for annuity payments).
  - \$ \_\_\_\_\_ lump-sum amount and select one annuity below.

**Select an annuity from “Annuity Choices” below and complete any other required sections.**

**Complete Section 1.12**

- Annuity only.** Provides a monthly benefit payable to you for a specific time period or for your lifetime. **Select an annuity from “Annuity Choices” below and complete the required sections.**

**Annuity Choices**

If you selected the lump-sum only, proceed to Section 1.12. Otherwise, select an annuity choice below.

- Period-Certain Annuity of 3 to 9 Years:** A rollover-eligible monthly annuity payable from 3 to 9 years. May be paid as:
  - A direct rollover (financial institution representative signature is required)
  - A payment directly to you (mandatory taxes will be applied)

**Circle number of years:**      3      4      5      6      7      8      9

**Complete Section 1.12**

- Period-Certain Annuity of 10 years:** A monthly annuity payable for 10 years.

**Complete Section 1.11**

- Member-Only Annuity:** A monthly annuity payable for your lifetime (only available if you elected the Member-Only Benefit in Section 1.7).

**Complete Section 1.11**

- Beneficiary Annuity:** A monthly annuity payable for your lifetime, and the lifetime of your option beneficiary (only available if you elected an *Modified Benefit* under the 100%, 75% or 50% beneficiary option in Section 1.7). Check the appropriate box:
  - 100% Beneficiary Annuity
  - 75% Beneficiary Annuity
  - 50% Beneficiary Annuity

**Complete Section 1.11**

**Section 1.11: Tax Withholding Preferences**



**FOR DBS MONTHLY ANNUITY PAYMENTS**

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions. If you are unsure about your tax withholding preferences, consult your tax adviser.

**CALIFORNIA STATE INCOME TAX WITHHOLDING**

Do not withhold California state income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **California** state tax tables using the marital status and the number of exemptions shown. Check one of the following:

- Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*
- Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*
- Head of Household \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

**FEDERAL INCOME TAX WITHHOLDING**

Do not withhold federal income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **federal tax** tables using the marital status and the number of exemptions shown. Check one of the following:

- Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*
- Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

**Section 1.12: Lump Sum or Period Certain Annuity 3 to 9 Years**



**Payment Instructions**



I have read the booklet, *Tax Considerations for Rollovers*, and received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a lump-sum distribution or period-certain annuity for my Defined Benefit Supplement payment.

I elect one of the following two distribution choices for my Defined Benefit Supplement payment.

1.  Pay my Defined Benefit Supplement distribution directly to me.  
I understand that 20 percent federal income tax will be withheld from the tax-deferred portion of this distribution. An additional 6 percent will be withheld in California state income tax unless I specify that no state income tax is to be withheld.  
Withhold California state income tax  **YES**  **NO**
2.  Roll over my Defined Benefit Supplement distribution to a qualified trust plan.

**Rollover of Tax-Deferred Portion.** I elect to roll over the taxed portion of the Defined Benefit Supplement distribution to the qualified trust plan listed below.

- Qualified IRA                       Qualified plan such as a 403(b), 401(k) or 457  
Amount to transfer \$ \_\_\_\_\_ **OR** Percentage to transfer \_\_\_\_\_ (please indicate 1%-100%)

**Financial Institution Information (All information is required.)**

Account Number \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(    )

Financial Institution Representative Signature \_\_\_\_\_ Telephone \_\_\_\_\_  
If no signature, we will require an authorization to transfer from your financial institution prior to issuing payment.

**Rollover of Taxed Portion.** I elect to roll over the taxed portion of the Defined Benefit Supplement distribution to the qualified trust plan listed below.

- Qualified IRA                       Qualified plan such as a 403(b), 401(k) or 457  
Amount to transfer \$ \_\_\_\_\_ **OR** Percentage to transfer \_\_\_\_\_ (please indicate 1%-100%)

**Financial Institution Information (All information is required.)**

Account Number \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
(    )

Financial Institution Representative Signature \_\_\_\_\_ Telephone \_\_\_\_\_  
If no signature, we will require an authorization to transfer from your financial institution prior to issuing payment.

If you are not applying for a service retirement during evaluation of a disability application, proceed to Section 3.0, Required Signatures.

# **Attention: Service Retirement During Evaluation of a Disability Application**



**If you are not applying for a service retirement during evaluation of a disability application, proceed to Section 3.0, Required Signatures.**



# Service Retirement During Evaluation of a Disability Application

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 2.0: Service Retirement Application



Are you applying for Service Retirement During Evaluation of a Disability Application?

- No  
If no, **go to Section 3.0.**
- Yes  
If yes, **complete Sections 2.0 - 3.0.**

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

Last date of paid employment (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, mark all that apply. Provide retirement date from the other systems.

CalPERS    SFERS    LRS    UCRS    1937 ACT COUNTY—County Name \_\_\_\_\_

Retirement date from other system (MM/DD/YYYY) \_\_\_\_\_

### Defined Benefit Election



I have read the instructions that describe the Defined Benefit options and I elect:

- Member-Only Benefit (Go to Section 2.1)
- Modified Benefit  
(If you check this box, choose an option below.)

### Modified Benefit

I previously submitted the *Preretirement Election of an Option* form.

The option you elected: \_\_\_\_\_

The name of your option beneficiary: \_\_\_\_\_



We must confirm your original election. If you would like to change or cancel your preretirement option, complete a new *Preretirement Election of an Option* form. Your form must be signed and dated before the effective date of your retirement. Go to Section 2.1.



I am electing an option at retirement. See "Option Descriptions" in *Your Disability Benefits Guide*. I elect one of the following options at retirement. Complete the beneficiary information below:

- 100% Beneficiary Option
- 75% Beneficiary Option
- 50% Beneficiary Option
- Compound Option  
(If you check this box, complete the *Compound Option Election* form available at CalSTRS.com.)



DSSR0059a

# Service Retirement During Evaluation of a Disability Application continued

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 2.0: Service Retirement Application (continued)



My option beneficiary for this *Service Retirement Application* is listed below. If you have chosen the Compound Option, complete the *Compound Option Election* form.

Beneficiary Name (Last, First, MI) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone \_\_\_\_\_

About your beneficiary:

Member of CalSTRS:  Yes  No Gender:  Male  Female

Relationship:  Spouse  Registered Domestic Partner  Other

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



Attach verification of your beneficiary's birthdate.

# Service Retirement During Evaluation of a Disability Application continued

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 2.1 Tax Withholding Preferences



### FOR MONTHLY SERVICE RETIREMENT BENEFIT

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions.

#### CALIFORNIA STATE INCOME TAX WITHHOLDING

Do not withhold California state income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **California** state tax tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Head of Household \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.

*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

#### FEDERAL INCOME TAX WITHHOLDING

Do not withhold federal income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **federal tax** tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.

*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 2.2: Defined Benefit Supplement Choices for Service Retirement



See "Defined Benefit Supplement Payment Descriptions" in *Your Disability Benefits Guide*.

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 these funds.

### Defined Benefit Supplement Lump-Sum Payment Choices

Lump-sum payments are eligible for rollover under federal law. If you choose to have the lump sum paid directly to you, it will be taxed at the mandated rate.

Lump-sum payment

- Check paid to me directly (Go to Section 2.3)
- Rollover to a financial institution (Go to Section 2.3)

Combination lump sum *and* annuity choice. Fill in the desired lump-sum amount and select an annuity below (at least \$3,500 must remain in your Defined Benefit Supplement account in order for CalSTRS to provide annuity payments). Once you select an annuity, complete Sections 2.3 and 2.4.

\$ \_\_\_\_\_ lump-sum amount *and* select one annuity below

### Defined Benefit Supplement Annuity Choices

#### Period-Certain Monthly Annuity of 3 to 9 years

Under federal law, period-certain annuities of 3 to 9 years are taxed differently than period-certain annuities of 10 years. Since period-certain annuities of 3 to 9 years are eligible for rollover, you will be taxed at the required federal rate of 20 percent and you may be taxed at the California state rate of 6 percent if you choose to have the monthly check paid directly to you. Period-certain annuities of 10 years are taxed at the rate consistent with your tax withholding preferences.

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

#### Defined Benefit Supplement Lifetime Monthly Annuities

If you elected the **Member-Only Benefit** on page 15, you have one choice:

Member-Only Annuity

If you elected the **Modified Benefit** on page 15, you have three choices. Select one:

100% Beneficiary Annuity

75% Beneficiary Annuity

50% Beneficiary Annuity

# Service Retirement During Evaluation of a Disability Application continued

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 2.3: Defined Benefit Supplement Payment Instructions



I have read the booklet, *Tax Considerations for Rollovers*, and received the 30-day notice. The 30-day notice period has either been met or I have waived the notification period and hereby apply for a lump-sum distribution or period-certain annuity for my Defined Benefit Supplement payment.

### Direct Payment: Lump Sum or Period-Certain Annuity of 3 to 9 Years

1.  I choose to have my Defined Benefit Supplement distribution paid directly to me. I understand that federal taxes will be withheld at the required rate of 20 percent. My state tax will be withheld at the rate of 6 percent or I can request that CalSTRS not withhold state tax. (Go to Section 2.4 and mark the box.)

### Rollover: Lump Sum or Period-Certain Annuity of 3 to 9 Years

2.  I choose to roll over all or part of my Defined Benefit Supplement distribution to a financial institution. Any amount not designated for transfer will be mailed directly to me. Complete the information below. (To defer state tax, go to Section 2.4 and mark the box.)

**Rollover of Tax-Deferred Contributions and Interest.** I elect to roll over my tax-deferred contributions and interest to one of the plans listed below.

- Qualified IRA       Qualified plan such as a 403(b), 401(k) or 457

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

#### Financial Institution Information (All information below is required.)

Account Number \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

 \_\_\_\_\_ ( )  
Financial Institution Representative Signature Telephone

**Rollover of Taxed Contributions and Interest** (not applicable for most accounts). I elect to roll over my taxed contributions and interest to one of the plans listed below.

- Qualified IRA       Qualified plan such as a 403(b), 401(k) or 457

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

#### Financial Institution Information (All information below is required.)

Account Number \_\_\_\_\_ Name of Financial Institution \_\_\_\_\_

Institution Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

 \_\_\_\_\_ ( )  
Financial Institution Representative Signature Telephone

Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

**Section 2.4: Tax Withholding Preferences**



**FOR DEFINED BENEFIT SUPPLEMENT PAYMENTS**

**Direct Payment Lump Sum and Period-Certain Annuities of 3 to 9 years**

Federal law requires that CalSTRS withhold federal income tax at the rate of 20 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. CalSTRS will automatically withhold your federal tax from your check.

State law allows you to defer your state income tax payment. If you do not choose to defer your tax payment, CalSTRS must withhold California state tax at the rate of 6 percent for all lump-sum payments and period-certain annuities of 3 to 9 years paid directly to you. Please place an X in the box below if you wish to defer your state income tax payments.

Do not withhold 6 percent California state tax

**Lifetime Monthly Annuity and Period-Certain Annuities of 10 years**

If you do not complete this section, CalSTRS must withhold state and federal income tax from your payment based on rates for a married person claiming three withholding exemptions.

**CALIFORNIA STATE  
INCOME TAX WITHHOLDING**

Do not withhold California state income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **California** state tax tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Head of Household \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the state tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

**FEDERAL INCOME  
TAX WITHHOLDING**

Do not withhold federal income tax from my monthly benefit payment.

**OR**

Calculate my monthly withholding from the **federal tax** tables using the marital status and the number of exemptions shown. Check one of the following:

Single \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

Married \_\_\_\_\_  
*(Enter 0 or number of exemptions)*

In addition to the amount withheld based on the federal tax tables, withhold an additional total of \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount. Do not enter a percentage.)*

Withhold only \$ \_\_\_\_\_ per month.  
*(Enter a dollar amount only. Do not enter a percentage.)*

# Signature page: Check one

Disability Benefits Application

or

Service Retirement During Evaluation of a Disability Application



Name (Last, First, MI) \_\_\_\_\_ Client ID or SSN \_\_\_\_\_

## Section 3.0: Required Signatures



Please check all that apply.

- 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 enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form and my signature is below.
- I have never been married or in a registered domestic partnership, or I am widowed or my registered domestic partner has died. My signature is below.
- I am or have been divorced or have terminated a registered domestic partnership during my membership with CalSTRS. My former spouse or registered domestic partner was awarded a portion of my CalSTRS benefits:
  - Yes  No

If yes, and you have not already done so, you may be required to provide your court order. If you do not have your documents readily available, do not postpone submitting this application. My signature is below.

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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



Spouse/Registered Domestic Partner's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Submitting Your Application

### Mailing Address

Mail your application to:  
CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275  
We recommend you track the delivery of your application.

### Hand Delivery

There are CalSTRS locations across the state where you can hand-deliver your application. Visit CalSTRS.com for a listing.

### Phone Contact

800-228-5453, ask to speak to a Disability Program staff member.

### 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:** 916-414-5040 (new)

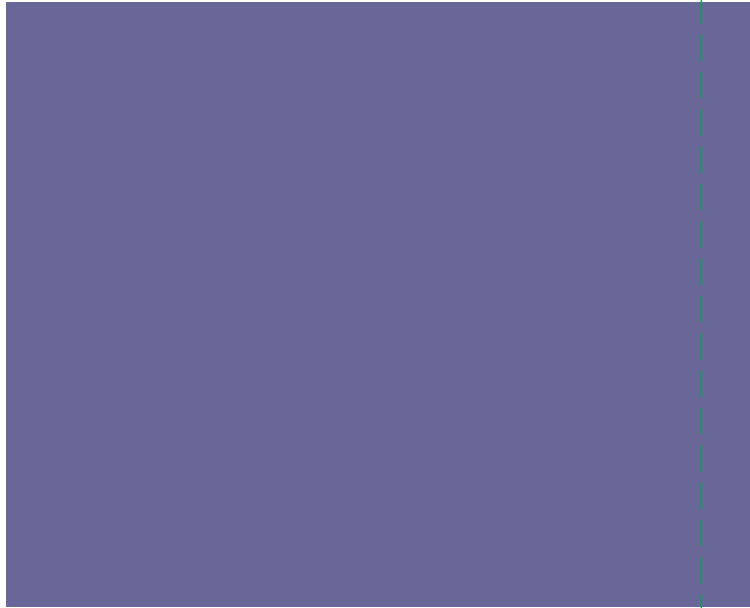
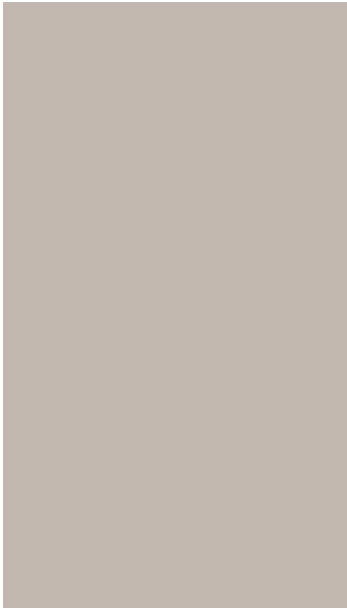
ATTENTION: SIGNATURE REQUIRED

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# Forms: Special Circumstances



- **Direct Deposit Authorization**
- **One-Time Death Benefit Recipient**
- **Justification for Non-Signature of Spouse or Registered Domestic Partner**



# Direct Deposit Authorization

MS 1130 (Rev. 6/09)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

This form authorizes CalSTRS to send your benefit payments to the designated account. 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010). Please type or use a ballpoint pen and print clearly. To cancel your direct deposit, please use the *Address Change Request* form available at [www.CalSTRS.com](http://www.CalSTRS.com) or by calling 800-228-5453.

## Section A Account Information

**Attach a voided check or statement from your financial institution indicating your account number, routing number and the type of account (checking or savings).**  
(Please do not attach a deposit slip.)

## Section B Authorization Information

I hereby authorize CalSTRS to directly deposit my benefit payments via electronic funds transfer.

SIGNATURE

PRINTED NAME

( )

DATE

TELEPHONE NUMBER

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

CITY, STATE AND ZIP CODE

E-MAIL ADDRESS (OPTIONAL)

**Do you want your benefit payment stubs sent to your mailing address? You can view and print your benefit payment stubs online at *myCalSTRS*.**

**No, do not mail my benefit payment stubs.**

**Yes, please mail my benefit payment stubs.**

## Section C General Information

Mail to: California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275



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# One-Time Death Benefit Recipient

MS0002 (Rev. 6/09)

# CALSTRS

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

## Section A Member Information

NAME (LAST, FIRST, INITIAL)		CLIENT ID OR SOCIAL SECURITY NUMBER		
ADDRESS (STREET)		DATE OF BIRTH (MM/DD/YYYY)		
CITY	STATE	ZIP CODE	E-MAIL ADDRESS	HOME TELEPHONE

I hereby revoke any previous designations and designate the following primary recipients to receive equal amounts, unless otherwise specified herein, or the survivors among them, as recipients for any benefit payable under the Teachers' Retirement Law at the time of my death. If I survive the primary recipients, then I designate the following secondary recipients share equally unless otherwise specified, or the survivors among them, as recipients for any benefit under the Teachers' Retirement Law at the time of my death. If I survive all of my named recipients, then any benefit payable at the time of my death under said law shall be paid to my estate. This form does not designate a beneficiary to receive a continuing monthly retirement benefit. This is solely for members of the Defined Benefit and Defined Benefit Supplement programs.

## Section B Primary Recipients or Trust

### Primary Recipients

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, INITIAL)	PERCENTAGE	TELEPHONE NUMBER
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY STATE ZIP CODE

### Trust

TRUST NUMBER	TRUST NAME	PERCENTAGE	TELEPHONE NUMBER
TRUST DATE	ADDRESS	CITY	STATE ZIP CODE

## Section C Secondary Recipients or Trust

### Secondary Recipients

SOCIAL SECURITY NUMBER	NAME (LAST, FIRST, INITIAL)	PERCENTAGE	TELEPHONE NUMBER
BIRTHDATE	RELATIONSHIP	ADDRESS	CITY STATE ZIP CODE

### Trust

TRUST NUMBER	TRUST NAME	PERCENTAGE	TELEPHONE NUMBER
TRUST DATE	ADDRESS	CITY	STATE ZIP CODE

Check box if additional recipients are listed on the back of this form.

## Section D Required Signatures *Please check all that apply.*

- 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 partner did not sign below. I have completed and signed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on page 2.
- I have never been married or in a registered domestic partnership, or I am widowed or my partner has died. My signature is below.
- I am or have been divorced or have terminated a registered domestic partnership during my membership with CalSTRS. My former spouse or registered domestic partner was awarded a portion of my CalSTRS benefits:
  - Yes  NoIf yes, and you have not already done so, you may be required to provide your court order. If you do not have your documents readily available, do not postpone submitting this application. My signature is below.

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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

			
MEMBER SIGNATURE	DATE (MM/DD/YYYY)	SPOUSE OR REGISTERED DOMESTIC PARTNER SIGNATURE	DATE (MM/DD/YYYY)





# Justification for Non-Signature of Spouse or Registered Domestic Partner

MS 1125A (Rev. 6/09)

# CALSTRS

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

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as the forms listed below, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this designation, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner.
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or partner has refused to sign the acknowledgment. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any benefits can be paid. Please submit a certified copy of the court order when you receive it.) Education Code section 22454

I hereby 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 up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).



MEMBER SIGNATURE

DATE (MM/DD/YYYY)

## Applications Submitted Please check the appropriate boxes.

- |   |   |
|---|---|
| <input type="checkbox"/> Service Retirement Application   | <input type="checkbox"/> Annuity Deposit Information                                  |
| <input type="checkbox"/> Refund Application   | <input type="checkbox"/> Letter Requesting a Change                                   |
| <input type="checkbox"/> Preretirement Election of an Option  | <input type="checkbox"/> Reinstatement After Retirement                               |
| <input type="checkbox"/> Preretirement Compound Option Election   | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Compound Option Election   | <input type="checkbox"/> Rollover of Limited-Term Disability Payments                 |
| <input type="checkbox"/> Retirement Change Request  | <input type="checkbox"/> Disability Allowance to Retirement Application               |
| <b>Option Change After Retirement</b>   | <input type="checkbox"/> Disability Benefits Application                              |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement<br>(Dissolution of Marriage or Registered Domestic<br>Partnership) | <input type="checkbox"/> Disability Retirement Option Selection                       |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement  | <input type="checkbox"/> Defined Benefit Supplement Application                       |



MS1125A

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## CalSTRS Resources

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### WEB

CalSTRS.com  
Click *Contact Us* to e-mail

403bCompare.com

www.Pension2.com



### CALL

800-228-5453  
7 a.m. to 6 p.m.  
Monday through Friday

866-384-4457  
Home Loan Program

888-394-2060  
CalSTRS Pension2<sup>®</sup>  
Personal Wealth Plan



### WRITE

CalSTRS  
P.O. Box 15275  
Sacramento, CA  
95851-0275



### VISIT

Member Services  
100 Waterfront Place  
West Sacramento, CA 95605



### FAX

916-414-5040 (*new*)

CalSTRS West Sacramento Headquarters may experience closures through June 30, 2010, due to ordered employee furloughs.

Please call to confirm business hours.

California State Teachers' Retirement System  
P.O. Box 15275  
Sacramento CA 95851-0275  
800-228-5453  
CalSTRS.com  
(COM1652 11/09)



# CALSTRS<sup>®</sup>