

## Express Benefit Report—Information and Instructions

---

The *Express Benefit Report* form is required for retirement. This form is used to request accumulated unused sick leave balance information from your last employer. Your last employer must report and certify required employment information on this form to comply with California law.

Credit for unused sick leave is included in the calculation for your retirement benefit. The earlier CalSTRS receives this information, the earlier you start to receive your full benefit. If your employer submits this form after you submit your retirement application, it will not delay your *initial* benefit. Your corrected benefit will be calculated when the *Express Benefit Report* form is received and processed. You will receive a payment for any accumulated difference.

An award letter with the updated information will be mailed to you. Contact your employer if there are discrepancies between your records and what your last employer reported to CalSTRS.

After completing sections 2–4, your employer will return the *Express Benefit Report* form directly to CalSTRS.

### SECTION 1: MEMBER INFORMATION (TO BE COMPLETED BY MEMBER)

Enter your full name, Social Security number or Client ID, date of birth, mailing address, telephone number, position title, and the retirement date you requested on page 1 of your *Service Retirement Application*.

Complete only section 1 of the *Express Benefit Report* form and give the form and these instructions to your last employer. Your employer will complete sections 2–4 and return the form directly to CalSTRS. Your last employer must complete and certify the information in the remaining sections.

### SECTION 2: EMPLOYER INFORMATION (TO BE COMPLETED ONLY BY EMPLOYER)

Complete the employer information after the member/employee has completed the member information in section 1.

**County and District Codes:** Enter the appropriate county and district codes. Example: Kern County, Edison, would be 15-012.

**Employer Contact Name, Address and Telephone:** Enter the name, mailing and email addresses and phone and fax numbers of the person CalSTRS should contact if there are questions about information submitted on this form.

**Employment Termination Date:** Enter the date the member separated from employment or the last day the member was on paid leave. This date should be the same as, or later than, the last day of paid employment. This date must be before the retirement date.

**Last Day of Paid Employment:** Enter the last day the member was paid for working. This is the last day of classroom instruction. If on a leave of absence, enter the actual last day for which the member was paid, including differential pay. This date can be the same as, or before, the employment termination date. This date also must be before the retirement date.

#### Sick Leave Days:

##### *Accumulated Unused Regular Sick Leave Days*

Enter the number of accumulated unused sick leave days the member will have as of the last day of paid employment.

##### *Unused Excess Sick Leave Days*

Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment. Excess sick leave is sick leave granted by the employer after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks.

Excess sick leave is paid by the employer. CalSTRS will bill the employer for the amount due to pay for the excess sick leave reported. A present-value calculation is used to determine the amount due.

If you wish, complete the worksheet on the form for the present-value calculation for excess sick leave. The worksheet is not required. CalSTRS will send a bill for the amount due for the unused excess sick leave days reported. This applies only if you are reporting unused excess sick leave days.

##### *Total Sick Leave Days*

Accumulated Unused Regular Sick Leave Days + Unused Excess Sick Leave Days = Total Sick Leave Days

**Contract Base Service Days (final year):** To determine Contract Base Service Days, subtract the number of school and legal holidays from the full-time equivalent (FTE), if they are included in the FTE. The base service days cannot be fewer than 175 days.

FTE is the number of days that a person is required to work in that position for the school year if employed full time.

**SECTION 3: EMPLOYER FINAL COMPENSATION INFORMATION (TO BE COMPLETED ONLY BY EMPLOYER)**

**One-Year Final Compensation:** Check this box only if the district has a collective bargaining agreement that authorizes one-year final compensation and the member meets the eligibility requirements. See the most recent Employer Directive regarding one-year final compensation for more information.

Do not check the box if the member statutorily qualifies for one-year final compensation because of having earned 25 or more years of service credit.

**Final Compensation Salary Reduction:** Check this box and include the school year if the member has received a salary reduction due to a reduction in school funds and is eligible to use any three nonconsecutive years for his or her final compensation.

**SECTION 4: REQUIRED SIGNATURES (TO BE COMPLETED ONLY BY EMPLOYER)**

Print the name of the superintendent or authorized designee, official title and telephone number. Sign and date the form. Return the form to CalSTRS within 30 days of the member's/employee's retirement date. CalSTRS may assess penalties for delinquent reports.

**SUBMITTING THE REPORT**

**Mail to:**

CalSTRS  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275

**Fax to:**

916-414-5964 or 916-414-5965

**Overnight or hand deliver to:**

If you are hand delivering or using a special mailing service such as UPS or FedEx, send the form to:

CalSTRS Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

**QUESTIONS—MEMBERS ONLY**

E-mail your questions using your *myCalSTRS* account or at [CalSTRS.com/contactus](http://CalSTRS.com/contactus), or call 800-228-5453.

# Express Benefit Report

(SR 0554E, rev. 01/12)

# CALSTRS

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

**Members:** Complete *only* section 1, then submit this form to your last employer. This form allows you to request your accumulated unused sick leave balance and employment information from your last employer. Credit for unused sick leave is included in your final retirement benefit calculation. **This form is not an application for a benefit.**

**Employers:** Complete sections 2-4 and return directly to CalSTRS. This form is used to report employment and sick leave benefit information, including the termination of employment and unused and excess sick leave. This form must be certified by the county superintendent or authorized designee. Employers are required to certify employment termination and sick leave information within 30 days of the member's/employee's retirement date. CalSTRS may assess penalties for delinquent reports.

## Section 1: Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)			SOCIAL SECURITY NUMBER
MAILING ADDRESS			DATE OF BIRTH (MM/DD/YYYY) ( )
CITY	STATE	ZIP CODE	HOME TELEPHONE
POSITION TITLE			RETIREMENT DATE

**Members: Stop here and forward this form to your last employer to complete and return to CalSTRS.**

## Section 2: Employer Information

(To be completed by last employer and returned directly to CalSTRS)

<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>		( )
COUNTY AND DISTRICT CODE	EMPLOYER CONTACT NAME	EMPLOYER TELEPHONE
EMPLOYER ADDRESS	CITY	STATE ZIP CODE ( )
EMPLOYER EMAIL ADDRESS		EMPLOYER FAX

EMPLOYMENT TERMINATION DATE (MM/DD/YYYY)

(ENTER THE DATE THE MEMBER SEPARATED FROM THE EMPLOYER OR THE LAST DAY THE MEMBER WAS ON PAID LEAVE.

**THIS DATE MUST BE EARLIER THAN THE RETIREMENT DATE.)**

LAST DAY OF PAID EMPLOYMENT (MM/DD/YYYY)

(ENTER THE LAST DAY THE MEMBER WAS PAID FOR WORKING. **THIS DATE MUST BE EARLIER THAN THE RETIREMENT DATE.)**

**Continue on reverse side.**



SR0554E

MEMBER'S NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

**Section 2: Employer Information** continued

**Sick Leave Days**

Report unused and excess sick leave as of the member's anticipated last day of paid employment. If the *Express Benefit Report* is submitted before the last day of paid service and the member uses sick leave after submitting this form, the district must submit a correction on the *Employment Termination or Sick Leave Data Correction* form to CalSTRS to ensure the member receives an accurate final benefit.

**Unused Sick Leave Report/Unused Excess Sick Leave Billing**

Enter days only. Do not enter hours. If the employee has no accumulated unused sick leave days, enter zero.

<i>Accumulated Unused Regular Sick Leave Days</i>	<i>Unused Excess Sick Leave Days*</i>	<b>+</b>	<b>=</b>	<i>Total Sick Leave</i>	<i>Contract Base Service Days</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Worksheet** (Optional)

If excess sick leave days were accumulated and unused, complete the present-value calculation given below.

<i>Unused Excess Sick Leave Days</i>	<i>Contract Base Service Days</i>	<b>÷</b>	<b>X</b>	<i>Prior Year Earnable</i>	<b>X</b>	<i>Present-Value Factor</i>	<b>=</b>	<i>Present Value</i>
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>			<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

\* CalSTRS will send a bill for unused excess sick leave days reported. Send the present-value amount to CalSTRS within 30 days following the retirement date or interest will accrue. For additional information about excess sick leave, see the *Express Benefit Report* instructions.

**Section 3: Employer Final Compensation Information** (To be completed by last employer)

**One-year final compensation**

I certify pursuant to the district bargaining agreement that the present-value payment for one-year final compensation will be made to CalSTRS within 30 days of receiving billing for the member, who has fewer than 25 years of service credit.

**Final compensation salary reduction**

I certify that because of a reduction in school funds, the member's salary was reduced during the following school year(s) \_\_\_\_\_/\_\_\_\_\_. The member is eligible to use any three nonconsecutive years for final compensation.

**Section 4: Required Signatures**

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

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

	(    )
PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DESIGNEE	TELEPHONE

**Signature**



SIGNATURE (SUPERINTENDENT OR AUTHORIZED DESIGNEE)	DATE (MM/DD/YYYY)

OFFICIAL TITLE