

# Reduced Benefit Election—Instructions

## Limited-Term Reduction Program

Before electing the Reduced Benefit Election, talk to a CalSTRS benefits counselor to make sure you fully understand the program and how it affects your retirement benefit.

Complete this form and submit it with your *Service Retirement Application* only if you are electing a reduced benefit under the Reduced Benefit Election (Limited-Term Reduction Program). See page 12 of the *Your Retirement Guide*.

If you are at least age 55, but under age 60, and have at least five years of service credit, you can apply for retirement under this alternate program.

If you choose the Reduced Benefit Election, you will receive one-half of the monthly retirement benefit calculated as if you were age 60. The reduced benefit will continue for the same number of months after age 60 that you received benefits before age 60. After that, you will receive your full retirement benefit.

See the sample worksheet below to estimate your reduced benefit and when your benefit would increase to its full amount.

If you elected this program and wish to cancel your election, CalSTRS must receive the *Service Retirement Application Change Request* form or written request no later than 30 days from the date your first benefit payment is issued.

You are not eligible for this program if you previously received a service retirement or a Coverage A or a Coverage B disability benefit from CalSTRS, or are applying for service retirement while your disability application is being evaluated.

### SECTION 1—MEMBER INFORMATION

Enter your Client ID or Social Security number, full name, date of birth, complete mailing address and telephone number.

### SECTION 2—REDUCED BENEFIT ELECTION

Check the box to elect the Reduced Benefit Election. By checking this box, you acknowledge that you have read the information about the program and understand how electing the program affects your benefit.

### SECTION 3—REQUIRED SIGNATURES

Sign and date the *Reduced Benefit Election* form and submit it to CalSTRS with your *Service Retirement Application*. If you are married or registered as a domestic partner, your spouse or partner also must sign and date both forms. Your signature date is the date you signed your application.

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

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

### Reduced Benefit Election Example

In this example, a member who is age 57 and five months at retirement, has a final compensation of \$5,000, and 25 years of service credit would receive \$1,250 a month from retirement until age 62 and seven months (five years and two months after retirement). The member's retirement benefit then would permanently increase to the Member-Only Benefit amount of \$2,500. The member would not receive an annual benefit adjustment until he or she starts receiving the Member-Only Benefit amount.

Use your actual numbers to determine your approximate benefit reduction amount and the length of time you would receive the reduced benefit.

<i>Final Compensation</i>		<i>Age Factor at Age 60</i>		<i>Years of Service Credit</i>		<i>Member-Only Benefit</i>
\$5,000	X	.02	X	25	=	\$2,500
		<i>Member-Only Benefit Amount (from above)</i>		<i>Member-Only Benefit Amount (from above)</i>		<i>Reduced Benefit Amount</i>
		\$2,500	X	.50	=	\$1,250
<i>Age</i>		<i>Age at Retirement</i>		<i>Age Difference</i>		<i>Duration of the Reduced Benefit Amount</i>
60    0	—	57    5	=	2    7	X 2 =	5    2
YRS    MOS		YRS    MOS		YRS    MOS		YRS    MOS

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# Reduced Benefit Election Limited-Term Reduction Program

(SR 1613, rev. 01/12)

# CALSTRS®

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

If you would like to elect the **Reduced Benefit Election** (Limited-Term Reduction Program), complete, sign, date and submit this form with your *Service Retirement Application*. If you are at least age 55, but under age 60, and have at least five years of service credit, you can apply for retirement under the Reduced Benefit Election.

I understand I will receive one-half of the monthly retirement benefit calculated as if I were age 60. The reduced benefit will continue for the same number of months after age 60 that I received benefits before age 60. After that, I will receive my normal retirement benefit.

## Section 1: Member Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MAILING ADDRESS

DATE OF BIRTH (MM/DD/YYYY)

( )

CITY

STATE

ZIP CODE

HOME TELEPHONE

E-MAIL ADDRESS

## Section 2: Reduced Benefit Election


I read and understand the description above of the Reduced Benefit Election and elect:

- Reduced Benefit Election.** I am applying for retirement and elect this alternate program. I understand my monthly benefit will be reduced for a period of time.

## Section 3: Required Signatures

I have read *Your Retirement Guide* and understand if I want to make a change to this alternate election, CalSTRS must receive my request for a change no later than 30 days from the date my first benefit payment is issued.

**Check all that apply.**

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



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**Section 4: Required Signatures continued**

**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).



Member's Signature

Signature Date (MM/DD/YYYY)



Spouse's or Registered Domestic Partner's Signature

Signature Date (MM/DD/YYYY)