



California State Teachers'  
Retirement System

**CALSTRS**  
HOW WILL YOU SPEND YOUR FUTURE?

# Your Retirement Guide

STEPS TO COMPLETING THE RETIREMENT APPLICATION  
FOR DEFINED BENEFIT MEMBERS

2004

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*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 takes precedence.*

*Note: All references to registered domestic partners in this guide are effective as of January 1, 2005. On this date, the California Domestic Partner Rights and Responsibility Act of 2003 goes into effect.*





# Welcome

## Congratulations

You are approaching one of life's most important passages—retirement from your working career. Your smooth transition to this new stage of your life requires thoughtful planning to ensure your retirement is all you want it to be. You are not alone in making this move. You can trust CalSTRS to help you every step of the way.

In addition to this guide, we offer the CalSTRS Retirement Check-Up workshop and one-on-one appointments with benefits counselors. Taking advantage of these resources will help you feel more calm and confident that you're making informed retirement decisions. If you have questions, you can call us at 800-228-5453 or click on *Contact Us* at [www.calstrs.com](http://www.calstrs.com) to send an e-mail.

You can also rest assured that your retirement benefit is a defined benefit. This means it is guaranteed for your life and the life of one or more beneficiaries, if you choose. It is based on your age, salary and years of service credit, not on how much is in your account.

This booklet, *Your Retirement Guide*, is designed to take you through the application process. Inside, you'll find the *Retirement Application* and optional forms on tear-out sheets, along with other information you may need. There is also a glossary on page 53 to explain any terms you may not understand. We hope you will use all of the resources mentioned in this guide to help you plan for a future as rewarding as your career.

### **YOUR RETIREMENT TIMELINE**

Applying for retirement takes time, just as any other important event in your life. The next page shows a general timeline of events that may occur from up to a year before your retirement until you receive your first retirement benefit payment. Your specific timeline may differ from what you see here, but this will give you a good idea of what to do and when.

*This booklet contains information and forms for a CalSTRS Defined Benefit retirement. If you think you may be eligible for a disability retirement, please contact CalSTRS for a Disability Retirement Application.*

*Cash Balance Benefit Program participants should contact CalSTRS for the appropriate Cash Balance benefit application packages.*



# Retirement Timeline

## WHAT TO DO

## WHEN

### STEP 1

You plan and research your retirement decisions (pages 3-10)

10 - 12 months before your retirement date

### STEP 2

You complete, sign and submit your forms (pages 11-48)

Signed forms must be received by CalSTRS:

- no earlier than six months prior to your retirement date
- no later than the last business day of the month in which you retire

### STEP 3

CalSTRS sends your initial benefit payment (page 14)

30 - 45 days after your retirement or the date your application is received (whichever is later)

*Note: There could be changes in your monthly payment for several months beyond your retirement date as CalSTRS receives and processes additional information from your employer.*

## Step 1: Planning Checklist



The following checklist shows each step in planning and researching your retirement.

- ❑ Attend a CalSTRS Retirement Check-Up workshop. For workshops near you, visit [www.calstrs.com](http://www.calstrs.com) or call 888-394-2060.
- ❑ Meet with a CalSTRS Benefits Counselor. See page 4 for information on scheduling an appointment.
- ❑ If you do not talk with a benefits counselor, calculate your monthly benefit using the online calculators at [www.calstrs.com](http://www.calstrs.com) or by using the benefit estimate worksheet in the *Member Handbook*.
- ❑ If you did not purchase additional service credit earlier in your career, decide whether you want to purchase it now to increase your benefit. For more information, order the *Purchase of Additional Service Credit* booklet at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.
- ❑ Consider making a pre-retirement election of an option to provide a lifetime monthly benefit to one or more individuals if you die before retirement. The *Pre-Retirement Election of an Option* form is available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.
- ❑ Read *Tax Considerations for Rollovers* before taking any lump-sum payments. This booklet is available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.
- ❑ Gather clear, unaltered photocopies of any necessary documentation. If you elected an option before retirement and previously submitted documentation, you do not need to include the documents in the first two bullets below.
  - Birth certificate or other acceptable verification of birth date 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 the birth certificate
  - Community property settlement documents specifying the distribution of retirement benefits if you are divorced or dissolved your registered domestic partnership.
- ❑ Check to see if new legislation may affect your benefits. Sources for this include your legislative representative, your union representative, a benefits counselor or the *Benefit Alert* under *Publications* at [www.calstrs.com](http://www.calstrs.com). Legislation Web sites you may want to check include [www.assembly.ca.gov/acs/defaulttext.asp](http://www.assembly.ca.gov/acs/defaulttext.asp), [www.sen.ca.gov](http://www.sen.ca.gov) and [www.legislature.ca.gov](http://www.legislature.ca.gov).

CalSTRS *Member Handbook* and other publications mentioned in this guide are available at [www.calstrs.com](http://www.calstrs.com) or by calling 800-228-5453.

# STEP 1 – You Plan and Research Your Retirement Decisions

Now that you are thinking about retiring, you have choices to research and decisions to make. During this time you are encouraged to attend a CalSTRS Retirement Check-Up Workshop, meet with a CalSTRS benefits counselor and research information on your own.

Unfamiliar with a term?  
See the Glossary on  
page 53.

## BENEFITS COUNSELORS

Benefits counselors can help you plan your retirement by providing retirement estimates and explaining how different choices will affect your benefit. You can talk to a counselor in person, over the phone or at a group workshop.

To schedule a face-to-face meeting or register for a workshop, contact one of the local offices listed below. You can schedule a telephone interview by calling 800-228-5453. Face-to-face appointments are usually scheduled about four weeks in advance and telephone appointments are scheduled about two weeks in advance.

<b>County/City</b>	<b>Phone Number</b>
Alameda/Hayward .....	510-670-4200
Alameda/Pleasanton/Dublin .....	925-426-0102
Contra Costa/Pleasant Hill .....	925-942-5375
El Dorado/Placerville .....	530-745-1466
Fresno/Fresno .....	559-497-3797
Kern/Bakersfield .....	661-636-4880
Los Angeles/Downey .....	562-922-6414
	Or 562-922-6838
Merced/Merced .....	209-381-6627
Monterey/Salinas .....	831-784-4195
Orange/Costa Mesa .....	714-966-4251
Placer/Auburn .....	530-745-1466
Sacramento/Carmichael .....	916-971-7918
Sacramento/Elk Grove .....	916-686-7778 ext 7449
San Bernardino/Colton .....	909-433-4686
San Diego/San Diego .....	858-292-3565

San Francisco/San Francisco .....	415-355-7756 or 415-355-7757
San Joaquin/Stockton .....	209-468-4864
San Mateo/San Mateo .....	650-312-7712
Santa Barbara/Santa Maria .....	805-928-0542
Santa Clara/San Jose .....	408-535-6171
Santa Cruz/Capitola .....	831-476-7140
Shasta/Redding .....	530-225-0203
Solano/Fairfield .....	707-399-4445
Sonoma/Santa Rosa .....	707-524-2627
Stanislaus/Modesto .....	209-525-4831
Tulare/Visalia .....	559-733-6760
Ventura/Camarillo .....	805-383-1993
Yuba/Marysville .....	530-749-4900

## YOUR RETIREMENT QUESTIONS

To make your retirement decisions, you will need to answer these questions:

- Am I eligible to retire?
- How much will my benefit be each month?
- Do I want to provide a monthly benefit to someone after I die?
- How do I want my Defined Benefit Supplement to be paid?
- Do I want to take part of my retirement benefit as a partial lump sum?
- What if I am retiring from another California public retirement system?

Step 1 — careful planning and research — will help you answer these questions so you can make decisions before you complete your application. Helpful information sources are cited with each decision.

Information sources include the CalSTRS Web site ([www.calstrs.com](http://www.calstrs.com)), the *Member Handbook* and your most recent Annual Statement of Account, which is now



available on the Web site under myCalSTRS. To access myCalSTRS, click on the *Register* button if you're a first-time user or the *Login* button if you're already registered.

Once you answer all of your questions about retirement, you are ready to go to Step 2, Submit Forms, on page 12.

## YOUR RETIREMENT DECISIONS

### ■ Am I eligible to retire?

Your age and service credit at retirement are used to determine your eligibility for a CalSTRS retirement benefit. You are eligible to retire under the CalSTRS Defined Benefit Program if you are age 50 and have at least 30 years of service credit or age 55 and have at least five years of service credit. You can find your CalSTRS service credit on your Annual Statement of Account.

If you are at least age 55, and eligible to retire from certain other public retirement systems in California, you may retire with fewer than five years of service credit if you retire from both systems at the same time. See page 10 for a list of eligible systems.

### ■ How much will my benefit be each month?

Your benefit is based on your service credit, age and final compensation. If you do not already have a benefit estimate from a CalSTRS benefits counselor, you can calculate it at [www.calstrs.com](http://www.calstrs.com). Or use the benefit estimate worksheet in the *Member Handbook*.

#### Community Property Settlements

If you have been divorced, legally separated or dissolved your registered domestic partnership while a CalSTRS member, your monthly benefit may be subject to a community property settlement. CalSTRS must have a clear, endorsed copy of a legal document and property settlement agreement specifying the distribution of retirement benefits. For more information, see the *Community Property Information* booklet available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.

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If you want to increase your service credit, you may want to redeposit refunded Defined Benefit contributions and interest or purchase additional service credit. For more information, read the *Purchase Additional Service Credit* booklet. You can also download the *Redeposit or Purchase of Permissive or Nonqualified Service Credit* form at [www.calstrs.com](http://www.calstrs.com).

### Retirement Incentive Program

Check with your employer for a description of current retirement incentive programs that may increase the service credit or age factor used to calculate your retirement benefit.

### Career Factor

If you retire with at least 30 years of service credit, a bonus of 0.2 percent will be added to your age factor up to the maximum age factor of 2.4 percent. Service credit from unused sick leave, the Retirement Incentive Program or the purchase of nonqualified service credit cannot be used to qualify for the career factor.

### Longevity Bonus

If you accumulate at least 30 years of service credit anytime before January 1, 2011, a longevity bonus will be added to your monthly unmodified retirement benefit as follows:

Service Credit	Longevity Bonus
30 years	\$200
31 years	\$300
32 or more years	\$400

Service credit from unused sick leave, the Retirement Incentive Program or the purchase of nonqualified service credit cannot be used to qualify for the longevity bonus.

#### ■ Do I want to provide a monthly benefit to someone after I die?

If no, then check the *unmodified benefit* box on your *Retirement Application*. This is the highest monthly benefit possible and it will continue throughout your lifetime. 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 yes, you will need to choose an option and designate an option beneficiary(ies) on the application. Choosing an option will permanently reduce your monthly benefit.

This is known as a modified benefit. You can decide to provide a monthly benefit for one option beneficiary by selecting from Options 2 through 7, or you can select Option 8 and provide for two or more beneficiaries. If you choose Option 8, you will need to complete the *Option 8 Election* form in this guide. Birth date verification may be required for you or your option beneficiary(ies). (*Please note, once you retire, your option election cannot be changed, except under limited circumstances. See the Member Handbook.*)

### Option Descriptions

If you decide to elect an option instead of the unmodified benefit, the options are described below. To find out how each option would affect your unmodified retirement benefit, make an appointment with a benefits counselor or use the *Retirement Benefits Calculator* at [www.calstrs.com](http://www.calstrs.com).

- **Option 2** (Option 1 has been discontinued)—provides you with a modified lifetime monthly benefit. When you die, your option beneficiary continues to receive the same monthly benefit you were receiving.
- **Option 3** provides you with a larger monthly benefit than Option 2. However, when you die, your option beneficiary's benefit will be one-half the amount you were receiving.
- **Option 4** provides a modified monthly benefit while both you and your option beneficiary are living. In the event of your death or your option beneficiary's death, the survivor will receive two-thirds the modified benefit.
- **Option 5** provides a modified monthly benefit while both you and your option beneficiary are living. In the event of your death or your option beneficiary's death, the survivor will receive one-half the modified benefit.

- **Option 6** provides you with a modified monthly benefit. Upon your death, your option beneficiary will receive the same modified benefit you received. If your option beneficiary dies before you, your benefit will rise to the unmodified level.
- **Option 7** provides you with a higher modified monthly benefit than Option 6. Upon your death, your option beneficiary will receive one-half of your modified benefit. If your option beneficiary dies before you, your benefit will rise to the unmodified level.
- **Option 8** allows you to name two or more option beneficiaries. Your modified benefit depends on the ages of your beneficiaries and the option(s) you elect for each beneficiary. You must name two or more option beneficiaries and elect from Option 2 through 7 for each

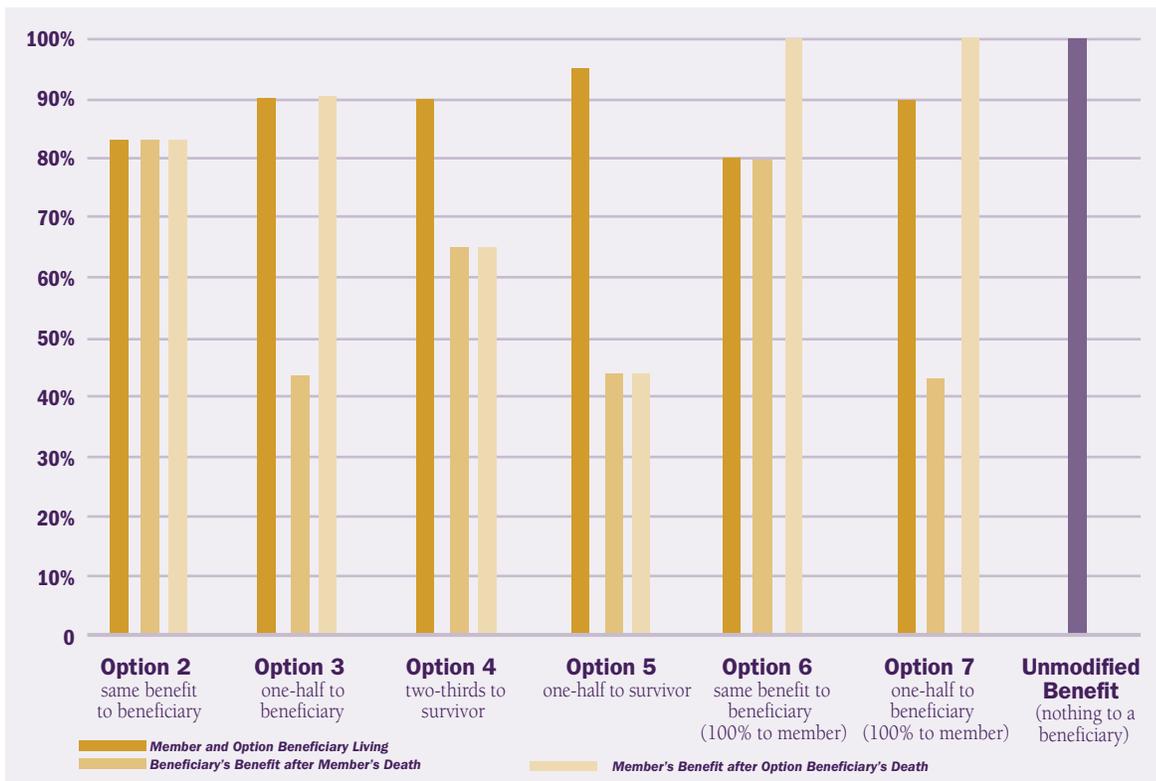
beneficiary. If you are divorced, you may elect Option 8 and choose only one option beneficiary if it is specified in your dissolution court order. You may retain a portion of your benefit as unmodified and/or select a different benefit percent for each beneficiary. Upon your death, your option beneficiaries will each receive a benefit based on the formula used to calculate benefits under each option elected. If an option beneficiary dies before you, your benefit will change as stated under the selected option.

### Comparing the Options

The graph below compares options 2 through 7. The actual percentage for each option depends on your age and the age of your beneficiary on your retirement date.

### Option Example

(The percentages shown here are for a member, age 60, who designates an option beneficiary, age 57.)



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Before you make any decision about taking a partial lump-sum or Defined Benefit Supplement payment, read *Tax Considerations for Rollovers*. This booklet is available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.

### Providing a Benefit Before You Retire

If you elect an option on your *Retirement Application*, it does not go into effect until your retirement date. To provide your survivors with a lifetime monthly benefit if you die *before* your retirement date, you must be eligible to retire and complete a *Pre-Retirement Election of an Option* form.

The form is available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453 and can also be used to make changes to your pre-retirement election.

There are disadvantages to making a pre-retirement election of an option. If you cancel or change your pre-retirement election of an option before you retire, your monthly retirement benefit will be reduced for life. If your option beneficiary dies before you retire and you had elected an option, the election will be automatically cancelled and your monthly retirement benefit will be permanently reduced.

#### ■ How do I want my Defined Benefit Supplement to be paid?

In addition to the Defined Benefit Program, you have a Defined Benefit Supplement account with CalSTRS that has been accumulating contributions and interest since January 1, 2001. Your most recent Annual Statement of Account shows the total in your Defined Benefit Supplement account at the end of the last school year.

If you have less than \$3,500 in your Defined Benefit Supplement account at the time you retire, you will receive the account balance as a lump-sum payment. Your lump-sum payment may be mailed directly to you or rolled over to a qualified trust plan. If the amount is at least \$3,500, you have more choices about how you would like to receive these funds.

These choices are described below and depend on whether you decide to take an unmodified Defined Benefit or elect an

option. The *DBS Annuity Estimate*, available at [www.calstrs.com](http://www.calstrs.com) under *Calculators*, provides an estimate for each annuity type based on various account balances and ages at retirement.

### DBS Payment Descriptions *Choices for an Unmodified Benefit*

If you elect an unmodified Defined Benefit and have at least \$3,500 in your Defined Benefit Supplement account, you have the following DBS payment choices:

#### 1) Lump-sum payment

A one-time payment of the total amount in your DBS account.

#### 2) Single-Life Annuity with Cash

A lifetime monthly payment. Any balance remaining upon your death will be paid to your one-time death benefit recipient(s).

#### 3) Single-Life Annuity without Cash

A lifetime monthly payment with no cash refund payable upon your death.

#### 4) Period-Certain Annuity

A monthly payment made for any number of years from three to 10. The 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 annuity). If you die before the annuity period ends, the remaining payments are paid to your one-time death benefit recipient(s).

#### 5) Combination of Lump-Sum Payment and Annuity

If your DBS account balance, less the lump-sum amount you select, is at least \$3,500, you can choose a lump-sum payment and one of the above annuities.

### *Choices if You Elect an Option*

If you elect an option for your Defined Benefit and have at least \$3,500 in your Defined Benefit Supplement account, you have the following DBS payment choices:

### 1) Lump-Sum Payment

A one-time payment of the total amount in your DBS account.

### 2) 100% Joint and Survivor Annuity

Provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiary. One hundred percent of your monthly annuity would be paid to your option beneficiary upon your death.

### 3) 50% Joint and Survivor Annuity

Provides a lifetime monthly payment for your lifetime and the lifetime of your annuity beneficiary. Fifty percent of your monthly annuity would be paid to your option beneficiary upon your death.

### 4) Period-Certain Annuity

A monthly payment made for any number of years from three to 10. The 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 annuity). If you die before the annuity period ends, the remaining payments are paid to your one-time death benefit recipient(s).

### 5) Combination of Lump-Sum Payment and Annuity

If your DBS account balance, less the lump-sum amount you select, is at least \$3,500, you can choose a lump-sum payment and one of the above annuities.

#### ■ Do I want to take part of my retirement benefit as a partial lump sum?

If you are eligible when you retire, you can receive a portion of your retirement benefit as a lump sum in exchange for a lower lifetime monthly benefit. You can have your Partial Lump Sum paid to you or rolled over through a trustee-to-trustee transfer to a qualified plan, such as a 403(b) account or

an IRA. If you retire before January 1, 2005, you are eligible to request a Partial Lump Sum if you are:

- at least age 60 and 3 months by the last day of the month in which your retirement is effective, or
- age 60 and have 30 or more years of service credit

If you retire on or after January 1, 2005, these age restrictions will not apply.

Carefully consider the implications if you are thinking about taking a Partial Lump Sum. It is extremely important to thoroughly evaluate your financial needs because your ongoing monthly benefit is permanently reduced when you take a Partial Lump Sum and your decision cannot be changed after your retirement date.

Your lump-sum payment can be up to the lesser of:

- 15 percent of the lifetime value of your retirement benefit
- or
- the lifetime value of your benefit in excess of an amount equal to 2 percent of your final compensation multiplied by your years of service credit and divided by 12.

The amount will differ from person to person, depending on age, earnings and years of service credit at retirement.

Before your retirement date, you can use the *Retirement Benefits Calculator* at [www.calstrs.com](http://www.calstrs.com) to get an estimate of the maximum partial lump-sum payment available to you, as well as other amounts, and how each amount would affect your monthly benefit.

The table below also gives some examples of the maximum partial lump sums available based on salary, age and years of service credit at retirement. The final column shows how each partial lump sum would reduce the member's monthly benefit.

See the brochure, *Partial Lump Sum*, for more information. If you decide to take a partial lump sum, indicate your payment choices and amount in the space provided on the *Retirement Application*.

■ **What if I am retiring from another California public retirement system?**

If you are also a member of another public retirement system in California, you will have to file for retirement separately with each system.

For certain other systems listed below, if you retire from CalSTRS and the other system(s) on the same day, your benefits could be based on the highest compensation earned under all systems. If you retire on different dates, CalSTRS may still use the highest compensation, as long as you don't work under CalSTRS or the other system(s) between the different retirement dates.

The highest compensation you earned under CalSTRS-covered employment will be used for calculating your CalSTRS retirement benefit if you work under CalSTRS-covered employment and another public retirement system in the same pay period during the period of service used for calculating final compensation. Even if you earned a higher

salary under the other retirement system, if you are still working in CalSTRS-covered employment during your final compensation period, CalSTRS will use only your CalSTRS salary for purposes of final compensation.

The other public retirement systems in California are:

- Public Employees Retirement System (CalPERS)
- University of California Retirement System (UCRS)
- San Francisco City and County Retirement System (SFCCRS)
- Legislators' Retirement System (LRS)
- 1937 Act County Retirement Systems from the following counties:

Alameda	Sacramento
Contra Costa	San Bernardino
Fresno	San Diego
Imperial	San Joaquin
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Sonoma
Mendocino	Stanislaus
Merced	Tulare
Orange	Ventura

To receive the highest possible benefit amount, talk to a benefits counselor if you are eligible for a concurrent retirement. For more information, see *Concurrent Retirement* in the *Member Handbook*.

**WHAT DO I NEED TO DO NEXT?**

If you have completed your research and made your decisions, you are ready to move on to Step 2, where you will complete and submit forms.

PARTIAL LUMP-SUM EXAMPLES				
Yearly Salary	Retirement Age	Service Credit	Partial Lump-Sum Maximum	Monthly Benefit Reduction
\$40,000	61	20	\$12,395	\$85
\$50,000	62	25	\$39,785	\$278
\$50,000	63	30	\$67,370	\$480
\$70,000	63	30	\$92,634	\$660



## Step 2: Application Checklist

Before you seal the envelope containing your retirement application, use the checklist below to be sure you have remembered to include everything. If you fail to sign forms or provide critical information, you may experience a delay in your retirement application process.

- Keep a copy of all completed forms for your records.
- Complete all applicable sections on forms, including signatures and dates.
- Include clear, unaltered photocopies of any necessary documentation. For your protection, do not send any original documents.
  - 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 the birth certificate
  - Certified community property settlement documents

**Important:**

- Include your Social Security number on any documents you submit to CalSTRS.
- Do not postpone filing an application if you must obtain the required documents.
- Have your spouse or registered domestic partner sign the appropriate forms or include the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- Inform your employer of your retirement date. Ask your employer to complete the Employer Information section of the *Express Benefit Report* and to return the form to you to submit with your *Retirement Application*.
- Mail your signed and completed application and forms to:  
CalSTRS · P.O. Box 15275, MS 60 · Sacramento, CA 95851-0275

Your application must be received by CalSTRS no earlier than six months prior to your effective date of retirement and no later than the last business day of the month in which your retirement is to be effective. We recommend you send your documents by certified mail, return receipt requested.

To make changes after you've sent the *Retirement Application*, complete the *Retirement Change Request* form, available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453. CalSTRS must receive this form no later than the last business day of your retirement month.

## STEP 2 – Submit Forms

This section contains two parts:

- General Instructions
  - Forms Included in This Guide (forms begin on page 15)
- 

### ■ General Instructions

When you are ready to complete your forms, be sure to read and follow the specific instructions on each form. Please pay particular attention to the general instructions below. Your care and consideration in completing the forms will help you avoid delays. Be sure to:

- Read the instructions before completing each form.
- Print clearly in blue or black ink, or type all information requested. Do not use pencil, erasable ink or light-colored ink.
- You can make photocopies of the forms in case you need to start over. Unless otherwise noted, if you make a mistake, either use a new form or draw a line through the error and make your correction, then initial next to the change. We cannot accept the form if you make erasures or use white out.
- You and your spouse or registered domestic partner must sign and date forms where indicated for them to be legally accepted by CalSTRS. If your spouse or registered domestic partner cannot sign the forms, complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.
- Keep a copy of each completed form you send to CalSTRS.



## FORMS INCLUDED IN THIS GUIDE

The seven forms included in this guide are all the forms you need to retire. Read through the list below to determine which forms are specific to your needs, or go directly to the form to see more detailed information. We've included check boxes for you to mark the forms you need.

FORM NAME	PURPOSE	WHY USE THIS FORM
<i>R e q u i r e d</i>		
<input type="checkbox"/> <b>Retirement Application</b>	To apply for retirement if you are a Defined Benefit member	Required for a Defined Benefit retirement
<i>R e c o m m e n d e d</i>		
<input type="checkbox"/> <b>Direct Deposit Authorization</b>	To send your retirement benefit directly to your financial institution	Provides a convenient and safe way to receive your benefit check
<input type="checkbox"/> <b>Express Benefit Report</b>	To have your employer report your unused sick leave before retirement	Speeds determination of your final benefit amount
<input type="checkbox"/> <b>One-time Death Benefit Recipient</b>	To designate one or more recipients to receive a lump-sum death benefit	Confirms your death benefit wishes are recorded at CalSTRS and avoids probate for this benefit after your death
<i>S p e c i a l C i r c u m s t a n c e s</i>		
<input type="checkbox"/> <b>Insurance Premium Deduction Authorization</b>	To have monthly insurance premiums deducted from your retirement benefit	As a convenience to you for paying insurance premiums under certain circumstances described on the form
<input type="checkbox"/> <b>Justification for Non-Signature of Spouse or Registered Domestic Partner</b>	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 is unable to sign forms where required
<input type="checkbox"/> <b>Option 8 Election</b> <i>(This is the only option that requires a special form.)</i>	To designate two or more option beneficiaries. If you are divorced, you may elect Option 8 if it is specified in your dissolution court order and choose only one option beneficiary.	When you want to elect Option 8 and are: <ul style="list-style-type: none"> <li>· Submitting a retirement application for the first time</li> <li>· Changing a previously submitted retirement application</li> <li>· Changing a previously submitted <i>Option 8 Election</i> form</li> </ul>

# STEP 3 – CalSTRS’ Part in Your Retirement Process

You are nearing your retirement date and you have sent your *Retirement Application* and any other appropriate forms to CalSTRS. Below is a brief description of what happens next. Refer to the *Member Handbook – Guidelines for the Retirement Application Process* for more specific information.

During your waiting period, CalSTRS . . .	When
Reviews your packet for all necessary information	Immediately on receipt of your application packet
Sends a letter to you, acknowledging receipt of your application	Within two to three weeks after receiving your application
May request additional information from you or your former employer (Using the enclosed <i>Express Benefit Report</i> form can decrease the need for additional information from you or your employer)	Anytime during the application process
Sends a letter that includes: <ul style="list-style-type: none"> <li>· How your monthly benefit was calculated</li> <li>· The amount of your monthly benefit</li> <li>· Total amount of your contributions and interest as of your effective date of retirement</li> </ul>	Prior to issuing your initial benefit payment
Sends your <u>first</u> benefit payment based on the data on file at the time of retirement	Within 30–45 days after your retirement effective date or the date we receive your retirement application and all applicable forms, whichever is later.
Sends adjustment letter(s) Note: <ul style="list-style-type: none"> <li>· Your first benefit payment is generally adjusted over several months as additional employment information is received from your employer</li> <li>· Any reconciliation of under- or overpayments will be done at this time</li> <li>· Save your most recent adjustment letter to determine your tax liability</li> </ul>	After your retirement date
Sends the fixed monthly benefit payments. This is the monthly payment amount after all the adjustments have been made.	Ongoing
Provides an Annual Benefit Adjustment equal to 2 percent of your initial benefit. These adjustments are not compounded.	September 1 of each year, beginning after the first anniversary of your retirement. The adjustment will be reflected in your October 1 payment.

# FORMS

All the forms you need to apply for a Defined Benefit retirement are included on tear-out sheets in this order:

*Required:*

- Retirement Application

*Recommended:*

- Direct Deposit Authorization
- Express Benefit Report
- One-Time Death Benefit Recipient

*Special Circumstances:*

- Insurance Premium Deduction Authorization
- Justification for Non-Signature of Spouse or Registered Domestic Partner
- Option 8 Election



# Retirement Application Instructions

This application is for Defined Benefit members, who are retiring for service. If you are a Cash Balance participant, or if you are applying for a Disability Retirement, contact CalSTRS for the correct forms.

The following information supplements the instructions on the *Retirement Application*.

## SECTION A—MEMBER INFORMATION

Include your work and home phone numbers or e-mail address so we can contact you if we have any questions.

## SECTION B—RETIREMENT INFORMATION

**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 prior to your retirement date.
- 2) The application must be received by CalSTRS in Sacramento no later than the last business 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 which you will be paid by your employer.

*Example:* If your last day of work is June 13, you can retire on June 14, even though you'll receive a pay check for the month of June. Your retirement application must be received by CalSTRS by the last business day in June for a retirement date in June.

- 4) Members who are retiring after reinstating to active service from retirement cannot have a retirement date less than one calendar year from the date they reinstated.

**Final Compensation:** If you have 25 or more years of credited service, your highest average compensation for one school year will be used as your final compensation.

*Exception:* Eligible classroom teachers who do not have 25 years of service credit may request that any one school year be used in calculating final compensation if the employer has formally

negotiated to participate in the one-year final compensation program. Contact your employer for more specific information.

If you have fewer than 25 years of service credit, your final compensation is based on the highest average earnable compensation you earned during any period of three consecutive school years.

*Exception:* Nonconsecutive final compensation is available for those members who received a salary reduction due to a reduction in school funds. With certification from the employer, CalSTRS will use any three nonconsecutive school years to determine final compensation.

*Mid-Year Retirement:* If you retire before the school year is over, the law requires CalSTRS to use the current school year and the last school year to figure your final year's earnings.

### **Example:**

If you earned \$57,000 last year and would earn \$60,000 this year, here is how to determine your final compensation for a January retirement date:

$$\begin{aligned} \$57,000 \div 12 &= \$4,750 \times 6 \text{ months} = \$28,500 \\ \$60,000 \div 12 &= \$5,000 \times 6 \text{ months} = \underline{\$30,000} \\ & \qquad \qquad \qquad \$58,500 \\ & \qquad \qquad \qquad \div 12 = \quad \$ 4,875 \end{aligned}$$

*Your final compensation for your last year would be \$4,875.*

The process of averaging for mid-year retirees often results in a final compensation that is lower than expected. The calculation has more of an impact if you have at least 25 years of service, since your final compensation is based on fewer months.

Taking on additional assignments at a lower pay rate may lower your final compensation further if you choose a mid-year retirement. This is because your annual compensation is prorated to your retirement date and is an average of the various pay rates you receive during that period.

*Reduced Workload Program:* If you are working under the Reduced Workload Program and retire before your contract is up, it will terminate your contract. This could result in lower service credit and final compensation, which would lower your retirement benefit.

**We recommend that you talk to a benefits counselor before taking a mid-year retirement or retiring before your reduced workload contract is up.**

### SECTION C — DEFINED BENEFIT PAYMENT INSTRUCTIONS

Check one box only to indicate how you would like to receive your monthly retirement benefit.

### SECTION D—UNMODIFIED BENEFIT

Complete this section only if you are electing the Unmodified Benefit.

#### ***Defined Benefit Supplement (DBS) Choice***

The amount in your Defined Benefit Supplement account is shown on your Annual Statement. If your account is at least \$3,500, check one box from 1 to 5 to show how you'd like to receive your payment. The payment choices are described on page 8 of this guide. If your account has less than \$3,500, you'll receive a lump-sum payment.

If you choose to receive your funds as a lump-sum payment or period-certain annuity of 3 to 9 years, enter your payment instructions in Section F.

### SECTION E—OPTIONS 2 TO 8

Complete this entire section only if you are electing an option that will be effective on your retirement date or if you completed a *Pre-Retirement Election of an Option* form.

The options are described on pages 6 and 7 of this guide. Make an appointment with a benefits counselor, use the *Retirement Benefits Calculator* at [www.calstrs.com](http://www.calstrs.com) or use the worksheets in the *Member Handbook* for an estimate of how each option would affect your monthly retirement benefit.

The option you elect on this application is not effective until your retirement date. To provide for someone if you die before retirement, see page 8 of this guide for information on a Pre-Retirement Election of an Option.

### ***Beneficiary Information***

Enter your beneficiary information if you elect an option from 2 through 7. If you elect Option 8, do not enter your beneficiary information here. Complete the *Option 8 Election* form instead and include it with your *Retirement Application*.

### ***Defined Benefit Supplement (DBS) Choice***

The amount in your Defined Benefit Supplement account is shown on your Annual Statement. If your account is at least \$3,500, check one box from 1 to 5 to show how you'd like to receive your payment. The payment choices are described on pages 8 and 9 of this guide. If your account has less than \$3,500, you'll receive a lump-sum payment.

If you choose to receive your funds as a lump-sum payment or period-certain annuity of 3 to 9 years, enter your payment instructions in Section F.

### SECTION F—DEFINED BENEFIT SUPPLEMENT PAYMENT INSTRUCTIONS

Complete this section if you chose a lump sum or period-certain annuity of 3 to 9 years in Section D or E.

If you chose an annuity payment other than a period-certain annuity of 3 to 9 years, you do not need to complete Section F. Your monthly annuity payments will be mailed to the same address as your Defined Benefit payments.

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

Check box number 1 if you would like your payment mailed to your address. Check box number 2 if you would like to roll over your payment.

Former registered domestic partners who have an account created as a result of segregation of community property interest are not eligible to roll over Defined Benefit Supplement payments. This is because rollover rules are based on federal law and federal law does not recognize registered domestic partners. If this applies to your account, check box 1.

#### **Rollover of Tax-Deferred Contributions and Interest**

The amount of tax-deferred contributions and interest in your Defined Benefit Supplement account is shown on your Annual Statement. Enter the dollar amount or percentage (from 1 to 100) that you would like to roll over.

*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

Do not attach transfer documents.

The address you enter is where CalSTRS should mail the payment. We are not able to process a direct trustee-to-trustee transfer to a financial institution that is outside of the U.S.

### SECTION G—PARTIAL LUMP SUM

Partial lump-sum payments are explained on pages 9 and 10 of this guide.

- ◆ To find out how taking a partial lump sum would affect your retirement benefit or for an estimate of the maximum partial lump sum payable to you, read the *Partial Lump Sum* booklet, available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.

### Payment Instructions

Former registered domestic partners who have an account created as a result of segregation of community property interest are not eligible to roll over a partial lump-sum payment. This is because rollover rules are based on federal law and federal law does not recognize registered domestic partners. If this applies to your account, check box 1.

### Financial Institution Information

Do not attach transfer documents.

The address you enter is where CalSTRS should mail the payment. We are not able to process a direct trustee-to-trustee transfer to a financial institution that is outside of the U.S.

### SECTION H—MONTHLY TAX WITHHOLDING PREFERENCE

Federal and California state laws require us to withhold income tax on all benefit payments unless you specify otherwise on this form. We are required to withhold 20 percent for federal taxes from lump-sum or period-certain annuity payments lasting less than 10 years that are not rolled over.

If you do not complete this section of the form, CalSTRS 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 withholding applied, you must check the NO box.

The information you submit on this form will take effect within 60 days after CalSTRS receives the form.

Your tax withholding preference will remain in effect until you change or cancel it. A change or cancellation may be made at any time by completing a *Tax Withholding Preference Certificate*, available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453, and sending it to CalSTRS.

Remember that there may be penalties for not paying enough tax 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 CalSTRS a home address in the United States or a U.S. possession. CalSTRS must withhold 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 United States or U.S. possession.

**Addresses outside California:** Federal law prohibits California from taxing pension benefits paid to recipients who reside outside the state. Therefore, if you reside outside California, CalSTRS 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 this form to request CalSTRS to withhold state income tax from your payment. We cannot withhold income tax for other states.

**Addresses outside the United States:** Federal law requires federal income tax be withheld from any payment that is delivered outside the United States or its possessions to a U.S. citizen or non-U.S. resident alien, as well as payments made to a U.S. resident alien.

**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 United States or its possessions, and U.S. resident aliens, may elect any withholding status (married, single, or head of household) and **one** or more withholding exemptions.

## Retirement Application Instructions

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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 *U.S. Tax Guide for Aliens* (IRS Publication 519).

### For More Information on Tax Liability

Please see *Pension and Annuity Income* (IRS Publication 575) and the California Franchise Tax Board Publication *Pension and Annuity Guidelines* (FTB 1005) or contact a qualified tax professional for advice.

### SECTION I—SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

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

### SECTION J—YOUR SIGNATURE

Please sign and date your application and return it to CalSTRS at:

CalSTRS  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275

We suggest you send your application by Certified Mail, Return Receipt Requested.

### ADDITIONAL INFORMATION

#### Questions?

For more information click on *Contact Us* at [www.calstrs.com](http://www.calstrs.com) or call 800-228-5453.

#### Retirement Change Requests

If you have already submitted your *Retirement Application* and want to make a change, you must complete the *Retirement Change Request* form, available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453. This form allows you to change your retirement date, early retirement limited-term program, option, option beneficiary, Defined Benefit Supplement choices or Partial Lump-Sum choice. NOTE: This form must be received by CalSTRS in Sacramento before the last business day of your retirement month. It must also include the signature of your spouse or registered domestic partner.

#### Name or Address Change

Notify us immediately in writing of any change in your name or address.



California State Teachers'  
Retirement System  
P.O.Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453;  
TDD (916) 229-3541  
www.calstrs.com

# Retirement Application

(SR 0059, rev. 1/05)

I have read the attached instructions and *Your Retirement Guide*, and I hereby apply for retirement. I fully understand that if my retirement is approved by the California State Teachers' Retirement System, I will be officially retired as of the retirement date I have requested on this application.

## Section A

The name on your application should match the name on your Social Security card.

## Section B

Enter the last day of work, vacation or authorized leave of absence you will be paid for by your employer.

Your retirement date is subject to the conditions on page 17.

See page 17 to find out if you are eligible for one-year final compensation.

See page 10 for more information.

Check the box only if you are between the ages of 55 and 60, have at least five years of service credit and are retiring under the Early Retirement Limited-Term Reduction Program.

## Member Information

Name (Last, First, Initial)		Social Security Number
Address (street)		E-mail Address (optional)
City	State	Zip code
	( )	( )
Date of Birth (MM/DD/YYYY)	Home Telephone	Work Telephone

## Retirement Information

Last date of paid employment: (MM/DD/YYYY) \_\_\_\_\_

Retirement Date: (MM/DD/YYYY) \_\_\_\_\_  
(Read pages 17 and 18 of this guide if you are retiring mid year or before your Reduced Workload Program contract ends.)

### Final Compensation:

If your highest earnable salary was for a period other than your last 3 school years — or last school year if you are eligible for one-year final compensation — enter the beginning date of that period:

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

### Other Public Retirement Systems

If you are a member of any of the following California public retirement systems, please place an "X" in the appropriate box(es) below. Check all that apply. Indicate your retirement date with the other system(s).

CalPERS     SFCCRS     LRS     UCRS

1937 ACT COUNTY—County Name \_\_\_\_\_

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

### Early Retirement Limited-Term Reduction Program

I understand that I will receive one-half the monthly benefit amount 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, the full retirement allowance will be paid.



## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section C

#### Defined Benefit Payment Instructions

- I wish to have my Defined Benefit monthly payment(s) transferred directly to a financial institution, and I have completed the enclosed *Direct Deposit Authorization*.
- I wish to have my Defined Benefit monthly payment(s) paid to me.

### Section D

The unmodified benefit does not provide a lifetime monthly benefit to anyone if you die after you retire. To provide for someone after your death, proceed to Section E.

If your account is at least \$3,500, read the descriptions on page 8 of this brochure and then choose from 1 to 5. If your account is under \$3,500, you'll receive a lump-sum payment.

#### Unmodified Benefit

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

The Unmodified Benefit (Make your DBS choice below)

An Option from 2 to 8 (Proceed to Section E)

#### Defined Benefit Supplement (DBS) Choice

My account is at least \$3,500 and I elect one of the following:

1.  Lump-sum payment (*Complete Section F*)
2.  Single-life annuity with cash (*Skip Section F and proceed to Section G*)
3.  Single-life annuity without cash (*Skip Section F and proceed to Section G*)
4.  Period-certain annuity. Number of years (*circle one*): 3 4 5 6 7 8 9 10  
(*Complete Section F for a period-certain annuity of 3 to 9 years*)
5.  Both a lump-sum payment and annuity (from annuity choices listed below).  
Complete A and B below:

**A. \$ \_\_\_\_\_ Lump-sum payment.** Your DBS account balance less the lump-sum payment must be at least \$3,500, for you to choose one of the following annuities. (*Complete Section F*)

**B. Annuity (select one)**

- Single-life annuity with cash
- Single-life annuity without cash
- Period-certain annuity. Number of years (*circle one*):  
3 4 5 6 7 8 9 10  
(*Complete Section F for a period-certain annuity of 3 to 9 years*)

### Section E

Complete this section if you are electing an option at retirement or if you filed a *Pre-Retirement Election of an Option* form.

#### Options 2 to 8

(If you selected the Unmodified Benefit in Section D, proceed to Section F or G)

I previously filed a *Pre-Retirement Election of an Option* form.  
(Please indicate the option number you elected \_\_\_\_\_ and the name of the option beneficiary \_\_\_\_\_ to confirm your original election.)

I am electing an option at retirement. I have read pages 6 and 7 of this brochure that describe the Defined Benefit options available and I elect one of the following options at retirement:

- Option 2     Option 3     Option 4     Option 5     Option 6
- Option 7     Option 8 (You must also complete the *Option 8 Election* form)

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section E cont.

#### Option Beneficiary Information

(For your Defined Benefit and Defined Benefit Supplement accounts)

My option beneficiary for this *Retirement Application* under Defined Benefit Option 2, 3, 4, 5, 6, or 7, will be as specified below. This is also the annuity beneficiary designation for my Defined Benefit Supplement joint and survivor annuity if applicable. (See below.)

If you elect Option 8, use the *Option 8 Election* form to name your beneficiaries.

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

Address (Street) \_\_\_\_\_ (Apt #) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_

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

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

Member of CalSTRS?  Yes  No Sex?  Male  Female

Relationship?  Spouse  Registered Domestic Partner  Other

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ (Reminder: Attach verification)

#### Defined Benefit Supplement (DBS) Choice

My account is at least \$3,500 and I elect one of the following:

1.  Lump-sum payment (*Complete Section F*)
2.  100% joint and survivor annuity (*Skip Section F and proceed to Section G*)
3.  50% joint and survivor annuity (*Skip Section F and proceed to Section G*)
4.  Period-certain annuity. Number of years (*circle one*): 3 4 5 6 7 8 9 10  
(*Proceed to Section F for a period-certain annuity of 3 to 9 years*)
5.  Both a lump-sum payment and annuity (from annuity choices listed below).

Complete A and B below, *then proceed to Section F*:

**A. \$ \_\_\_\_\_ Lump-sum payment.** Your DBS account balance less the lump-sum payment must be greater than or equal to \$3,500, for you to choose one of the following annuities.

**B. Annuity** (*select one*)

100% joint and survivor annuity

50% joint and survivor annuity

Period-certain annuity. Number of years (*circle one*):  
3 4 5 6 7 8 9 10

(*Proceed to Section F for a period-certain annuity of 3 to 9 years*)

If your account is at least \$3,500, read the descriptions on pages 8 and 9 of this brochure and then choose from 1 to 5. If your account is under \$3,500, you'll receive a lump-sum payment.

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section F

Complete this section if you chose a lump-sum or period-certain annuity of 3 to 9 years in Section D or E.

Check box number 1 or box number 2.

Exception: Former registered domestic partners cannot roll over funds from their account created as a result of a segregation of community property interest. See page 18.

Check one box only. You may roll over a specific dollar amount or a percentage, but not both.

Do not list "IRA" as the name of the company.

If you are close to retirement, do not delay this application by waiting for a signature. Have the financial institution mail a signed copy of this page to CalSTRS.

We cannot withhold tax for another state.

### Defined Benefit Supplement Payment Instructions

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

I have read the *Tax Considerations for Rollovers* brochure and have 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.

1.  I elect to have my DBS lump-sum payment or period-certain annuity paid to me. I understand that 20 percent federal income tax and 6 percent California state income tax will be withheld from the tax-deferred portion of this distribution unless I specify NO state income tax is to be withheld.  
Withhold California State Income Tax? (mark one)  Yes  No  
Federal Income Tax  Yes
2.  I elect a Rollover of my Lump Sum or of my Period-Certain Annuity of 3 to 9 years. (Complete the information under 2A and/or 2B.)

#### 2A. Rollover of Tax-Deferred Contributions and Interest

I elect a direct trustee-to-trustee transfer of my tax-deferred contributions and interest to one of the plans listed below. Any amount not designated for transfer will be mailed to me.

Traditional IRA  Qualified Trust Plan such as a 403(b) or 401(k)

Amount to Transfer \$ \_\_\_\_\_ OR

Percentage to Transfer (Indicate 1-100%) \_\_\_\_\_%

#### Financial Institution Information (to be completed by Institution Representative)

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

Institution Mailing Address \_\_\_\_\_ (Suite #) \_\_\_\_\_

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

Signature of Institution Representative \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

I understand that the balance I receive directly is subject to 20 percent federal withholding and, unless I specify NO state income tax is to be withheld, 6 percent California state income tax will be withheld. I understand that federal and state income tax will not be withheld from the portion of the distribution that is transferred.

Direct Receipt By Member:

Withhold California State Income Tax? (mark one)  Yes  No

Federal Income Tax  Yes

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section F cont.

If you have any taxed contributions, they are shown on your Annual Statement. Follow the instructions for 2A.

### 2B. Rollover of Taxed Contributions

I elect a direct trustee-to-trustee transfer of taxed contributions to one of the plans listed below. Any amount not designated for transfer will be mailed to me.

Traditional IRA                       Qualified Trust Plan such as a 403(b) or 401(k)

Amount to Transfer \$ \_\_\_\_\_ **OR**

Percentage to Transfer (Indicate 1–100%) \_\_\_\_\_%

### Financial Institution Information (to be completed by Institution Representative)

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

Institution Mailing Address \_\_\_\_\_ (Suite #) \_\_\_\_\_

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

Signature of Institution Representative \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

I understand federal and state income tax will not be withheld from any portion of the taxed distribution.

### Section G

Check one box only.

Read pages 9 and 10 to find out if you are eligible and how a partial lump sum would affect your retirement benefit.

### Partial Lump Sum

Yes, I choose to receive \$ \_\_\_\_\_ as a partial lump sum. I understand if the amount I choose exceeds the maximum amount payable, it will be reduced to the maximum amount payable at the time I retire.

No, I do not choose to receive a partial lump sum. (If you choose "No," proceed to Section H.)

### Payment Instructions:

I have read the *Tax Considerations for Rollovers* brochure and have 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 partial lump-sum distribution.

I elect **ONE** of the following two distribution choices for my partial lump-sum payment.

1.  I choose to have my partial lump-sum distribution paid to me.

I understand that 20 percent Federal income tax and 6 percent California state income tax will be withheld from the tax-deferred portion of this distribution unless I specify NO state income tax is to be withheld.

Withhold California State Income Tax? (mark one)  YES  NO

Federal Income Tax  YES

Check one box only.  
Exception: Former registered domestic partners cannot roll over funds from their account created as a result of a segregation of community property interest. See page 19.

We cannot withhold tax for another state.

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section G cont.

Check one box only.

Do not list "IRA" as the name of the company.

If you are close to retirement, do not delay this application by waiting for a signature. Have the financial institution mail a signed copy of this page to CalSTRS.

If you have any taxed contributions, they are shown on your Annual Statement. Follow the instructions for 2A.

2.  I elect a rollover to a qualified trust plan.

#### 2A. Rollover of Tax-Deferred Portion of Partial Lump Sum

I elect a direct trustee-to-trustee transfer of the tax-deferred portion of the partial lump-sum payment to one of the plans listed below.

Traditional IRA     Qualified Trust Plan such as a 403(b) or 401(k)

#### Financial Institution Information *(to be completed by Institution Representative)*

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

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

Signature of Institution Representative \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

#### 2B. Rollover of Taxed Portion of the Partial Lump Sum

I elect a direct trustee-to-trustee transfer of the taxed portion of the partial lump-sum distribution to the qualified trust plan listed below.

Traditional IRA     Eligible Employer Plan

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

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

I understand that this is a direct transfer of taxed contributions and this institution agrees to accept this transfer.

Signature of Institution Representative \_\_\_\_\_ Date (MM/DD/YYYY) \_\_\_\_\_

### Section H

Read page 19 before completing this section.

#### Monthly Tax Withholding Preference

Please indicate how you want income tax withheld from your Defined Benefit payment and your Defined Benefit Supplement payment (if you chose an annuity). If you do not complete this section of the form, the law requires income tax to be withheld from your payment based on rates for a married person claiming three withholding exemptions.

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section H cont.

This withholding applies to certain monthly payments only. See Sections F and G for withholding on lump-sum payments or period-certain annuities of 3 to 9 years.

#### CALIFORNIA STATE INCOME TAX WITHHOLDING

##### **For Defined Benefit Payments:**

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

OR

- Calculate my monthly withholding from the California state 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 \$ \_\_\_\_\_.

(Do not enter a percentage; enter a dollar amount.)

##### **For Defined Benefit**

##### **Supplement Annuity Payments**

(other than period-certain annuities of 3 to 9 years)

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

OR

- Calculate my monthly withholding from the California state 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 \$ \_\_\_\_\_.

(Do not enter a percentage; enter a dollar amount.)

#### FEDERAL INCOME TAX WITHHOLDING

##### **For Defined Benefit Payments:**

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

OR

- Calculate my monthly withholding from the federal tables using the marital status AND 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 \$ \_\_\_\_\_.

(Do not enter a percentage; enter a dollar amount.)

##### **For Defined Benefit**

##### **Supplement Annuity Payments**

(other than period-certain annuities of 3 to 9 years)

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

OR

- Calculate my monthly withholding from the federal tables using the marital status AND 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 \$ \_\_\_\_\_.

(Do not enter a percentage; enter a dollar amount.)

## Retirement Application continued

Name (Last, First, Initial) \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Section I

If you are married or registered as a domestic partner (partner), your spouse or partner must sign and date the form. If your spouse or partner does not sign the form, check the second box and complete the required form.

### Signature of Spouse or Registered Domestic Partner

- I am not married or registered as a domestic partner
- I am married or registered as a domestic partner, but my spouse or registered domestic partner did not sign the form. Therefore, I have completed and enclosed a *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

\_\_\_\_\_  
Signature of Spouse or Registered Domestic Partner

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

### Section J

If your application is incomplete, we will not be able to determine your benefits and your initial payment may be delayed.

### Your Signature

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

 \_\_\_\_\_  
Applicant's signature

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

## **Direct Deposit Authorization—Instructions**

### **SECTION A**

Attach a voided personal check to this authorization. This will aid in verifying your account and routing numbers. If you want direct deposit to your savings account, attach a letter from your financial institution indicating the routing number and the account number.

### **SECTION B—AUTHORIZATION INFORMATION**

By submitting this form you are authorizing the California State Teachers' Retirement System to transmit any benefits due by electronic funds transfer to the designated account.

If at any time the amount of benefits deposited exceeds the amount of benefits actually due and payable to you, you hereby authorize CalSTRS to either:

- (a) Withhold a sum equal to the overpayment from future benefits; or
- (b) Recover such overpayment from the above-designated account.

This authorization remains in full force and effect until we receive written notification from you of its termination or when benefits are no longer payable.

Since you can now view and print your benefit payment stubs online at *myCalSTRS*, you can choose to not receive your benefit payment stubs in the mail. Check the appropriate box on the form. Checking the NO box will not affect the mailing of your Form 1099-R. You will still receive it at your mailing address.

### **SECTION C—GENERAL INFORMATION**

Send the completed *Direct Deposit Authorization* to:

CalSTRS  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275

Your first payment will be deposited into your account within 30 to 60 days after the authorization is received by CalSTRS. Unless you select otherwise, a Benefit Payment stub (also known as a Direct Deposit Advice) will be mailed to your home address each month.

Please inform CalSTRS of any change in your home mailing address.

Your Direct Deposit will continue to be deposited into your designated account until CalSTRS is notified in writing that you wish to change your account and/or financial institution. ***Do not close your old account until your first payment is deposited into your new account.***

To cancel your Direct Deposit or change your address, please use the *Address Change Request* form available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453.

If your home address is outside California and you do not submit a new *Tax Withholding Preference Certificate* form, CalSTRS will discontinue withholding state tax from your benefit. If you are moving from another state to California and do not submit a *Tax Withholding Preference Certificate* form, CalSTRS will withhold state tax from your benefit at the rate for married persons with three exemptions.

### **PRIVACY NOTICE**

The California State Teachers' Retirement System is authorized by Section 24604 of the California Education Code to collect and use the information requested on this form for the purposes of identification and enrollment processing for payment of benefits by Direct Deposit. The information collected on this form will be disclosed to the State Controllers' Office, an originating financial institution, and the Federal Reserve Bank for the purpose mentioned. It is mandatory to furnish all information on this form. Failure to provide the mandatory information may result in non-enrollment of your Direct Deposit, or could cause the enrollment to be processed incorrectly. You have the right to review the file maintained on you by this agency upon proper identification. You may contact the Information Practices Coordinator through CalSTRS Member Services at 800-228-5453, or by writing to: CalSTRS, P.O. Box 15275, Sacramento, CA 95851-0275.

# Direct Deposit Authorization

MS 1130 (Rev. 11/04)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453; TDD (916) 229-3870  
www.calstrs.com

This form authorizes CalSTRS to send your benefit payments to the designated account. Instructions are on the front side of this form.

Please type or use ball point pen. Print clearly. To cancel your Direct Deposit, please use the *Address Change Request* form available at [www.calstrs.com](http://www.calstrs.com) or 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

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?

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 60  
Sacramento, CA 95851-0275



## Express Benefit Report—Instructions

Attach this form to your *Retirement Application*. However, do not delay sending your application if your employer fails to return this *Express Benefit Report* by the date you specify. Sending it after your application is submitted will not delay your *initial* benefit. Your *corrected benefit* amount will be set later, once the report is received and processed. You will receive a payment for the accumulated difference, if any.

Contact your employer if there are discrepancies in sick leave balances and last day of paid employment from your records.

### SECTION A—MEMBER INFORMATION (TO BE COMPLETED BY MEMBER)

Complete the member information and send the form to your employer.

**Retirement Date:** The date you specified on the *Retirement Application*.

**Return By:** Enter the date you want your employer to return this form to you. Allow enough time to mail your *Retirement Application* so that CalSTRS receives it before the end of the month in which you intend to retire.

Do not delay sending your application to CalSTRS if your employer fails to return this *Express Benefit Report* to you by the date you specify.

After completing Section A, give the form, along with these instructions, to your employer to complete Section B.

### SECTION B—EMPLOYER INFORMATION (TO BE COMPLETED BY EMPLOYER)

Please note the **Return By** date specified by member in Section A.

Complete the employer information only after the employee has completed the member information in Section A.

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

**Employer Contact Name/Phone Number:** Enter the name and phone number of the person CalSTRS should contact if there are questions regarding information on this form.

**Employment Termination Date:** Enter the last day the employee was on duty or on a paid leave. This date should be the same as, or later than, the last day of paid employment. This date must be earlier than the retirement date.

**Last Day of Paid Employment:** Enter the last day the employee was paid for working. If on a leave of absence, enter the actual last day for which pay was received, including differential pay. This date must be earlier than the retirement date.

**One-Year Final Compensation:** Check the box only if the highest annual compensation earned by the member during any period of 12 consecutive months will be used because the district has a collective bargaining agreement that authorizes one-year final compensation and the employee meets the eligibility requirements. Refer to the most recent Employer Directive regarding one-year final compensation for more information.

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

### 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. Complete the present value calculation.

The Accumulated Unused Regular Sick Leave Days plus the Unused Excess Sick Leave Days should equal the total number of sick leave days.

**Present Value Calculation:** Complete this section only if the member has Unused Excess Sick Leave Days.

***Contract Base Service Days (final year):***

To determine Base Service Days, subtract the number of school and legal holidays from the Full-Time Equivalent, if they are included in the FTE. In no event shall the base service days be less than 175. Base service days for administrators will include vacation days.

FTE is the number of days that a person would be required to work in that position for the school year if employed full-time. FTE may include school and legal holidays.

***Prior Year Earnable:*** Enter the compensation earnable for the year prior to the last school year in which the member earned creditable service.

***Present Value Factor:*** This information is provided annually in an Employer Directive on rate changes.

***Present Value:*** Complete Present Value Calculation of unused excess sick leave days as follows:

*Present Value Calculation* = Unused Excess Sick Leave Days divided by Base Days multiplied by Prior Year Earnable, then multiplied by Present Value Factor.

**SECTION C**

**Employer Certification:** Sign, indicate official title, date and return the form to the member by the return date indicated in Section A.

# Express Benefit Report

SR 0554E (Rev. 11/04)

# CALSTRS

California State Teachers' Retirement System  
P.O.Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453; TDD (916) 229-3541  
www.calstrs.com

This form allows you to request your accumulated unused sick leave balance information from your employer. Credit for unused sick leave is included in your final retirement benefit calculation. The earlier CalSTRS receives this information, the earlier you start to receive the full benefit to which you are entitled. If there is a delay in your employer sending the information to CalSTRS, you will still receive all the benefit due you through a retroactive payment. Getting the unused sick leave balance before you retire alerts you to discrepancies in sick leave information provided to CalSTRS by employers.

**Please note:** This form is not an application for any benefit. It is submitted with a *Retirement Application*. However, do not delay sending your application if your employer fails to return this form by the date you specify.

## Section A Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET)	(APT #)	DATE OF BIRTH (MM/DD/YYYY)	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER(S)
POSITION TITLE	RETIREMENT DATE	DATE TO BE RETURNED BY EMPLOYER	

## Section B Employer Information (To be completed by employer and returned by the date given above)

**Please note:** To report subsequent corrections, complete the *Employment Termination or Sick Leave Data Correction* form.

Report unused and excess sick leave as of the employee's anticipated last day of paid employment. The member will submit this report with the *Retirement Application*. To facilitate the timely processing of benefits, please return this form to the employee by the date specified above. If the application is to be submitted prior to the last day of paid service, any sick leave used subsequent to submission of this form will require the district to send a correction on an Employment Termination or Sick Leave Data Correction form to ensure an accurate final benefit amount.

COUNTY/DISTRICT	EMPLOYER CONTACT NAME	EMPLOYER TELEPHONE NUMBER
EMPLOYMENT TERMINATION DATE	LAST DAY OF PAID EMPLOYMENT	

**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 receipt of billing for the above captioned member, who has less than 25 years of service credit.

**Final compensation salary reduction**

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

Employer: Please provide the required information on the reverse side.



**Section B Employer Information** continued

TO BE COMPLETED BY EMPLOYER AND RETURNED BY THE DATE GIVEN ON IN SECTION A

**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. If excess sick leave days were accumulated and unused, complete the present value calculation given below. Send the present value amount to CalSTRS within 30 days following the retirement date.

<i>Accumulated Unused Regular Sick Leave Days</i>	<i>Unused Excess Sick Leave Days</i>	+	=	<i>Total Sick Leave</i>	<i>Contract Base Service Days</i>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>			<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>

If the employee has excess unused sick leave, complete the **Present Value Calculation** below.

<i>Unused Excess Sick Leave Days</i>	<i>Contract Base Service Days</i>	÷	X	<i>Prior Year Earnable</i>	X	<i>Present Value Factor</i>	=	<i>Present Value</i>
<input style="width: 100px; height: 20px;" type="text"/>	<input style="width: 100px; height: 20px;" type="text"/>			<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>		<input style="width: 100px; height: 20px;" type="text"/>

**Section C Employer Certification (To be signed by the Superintendent or authorized deputy)**

I certify that the above information is true and correct to the best of my knowledge and is in accordance with the California Education Code.

\_\_\_\_\_  
PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DEPUTY

Signature



\_\_\_\_\_  
SIGNATURE (SUPERINTENDENT OR AUTHORIZED DEPUTY)

\_\_\_\_\_  
OFFICIAL TITLE

\_\_\_\_\_  
DATE (MM/DD/YYYY)

## One-Time Death Benefit Recipient Information

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### DESIGNATION FOR THE DEFINED BENEFIT AND DEFINED BENEFIT SUPPLEMENT PROGRAMS

Under the Defined Benefit Program this form is for the purpose of designating recipient(s) to receive the One-Time Death Benefit payable in the event of your death. Any accumulated contributions in your account, plus any allowance accrued and unpaid on the date of death, will be paid to the designated recipient(s), subject to the following provisions. These benefits will be paid only if no Option Beneficiary was selected to receive a continuing benefit after your death, or you have no spouse, registered domestic partner or children eligible to receive a Family or Survivor Benefit Allowance after your death, if you are an active member.

Under the Defined Benefit Supplement Program, if your death occurs before retirement, the recipients designated on this form may be eligible to select an ongoing annuity or a lump-sum payment. If your death occurs after retirement, the recipients designated on this form may be eligible for an ongoing annuity you selected at the time of your retirement.

### ELIGIBILITY REQUIREMENTS FOR THE DEFINED BENEFIT PLAN

The designated recipient(s) is eligible to receive the one-time death benefit if you:

1. Were receiving a service retirement allowance or disability retirement allowance at the time of death.
2. Had earned at least one year or more of service credit and your death occurred during one of the following periods:
  - while in employment for which creditable compensation is paid; or
  - while receiving or eligible to receive a disability allowance; or
  - within four months after you terminated employment or had last earned service credit; or
  - within four months after termination of a disability allowance, if no service was performed; or

- within 12 months of the last day for which creditable compensation is paid, if you were on an approved leave of absence without compensation for reasons other than disability or military service; or

3. If you work part time, your death must have occurred within four months after ending employment or earning service credit. In addition to these qualifications, if you had taken a refund of contributions or had reinstated after retirement, you must also have:

- earned one year of service credit; or
- six months must have elapsed since reinstatement from disability retirement.

### IMPORTANT FACTS

This form does **NOT** designate a beneficiary to receive a continuing monthly retirement option allowance upon your death, nor does it alter existing option choices. For more information on options, please see your local Benefits Counselor, or contact us at 800- 228-5453.

This form remains in effect until either a **new One-Time Death Benefit Recipient** form is filed, or your membership in CalSTRS is terminated by a refund of your accumulated contributions. ***It is important to keep this form current.***

1. A completed form must be received and accepted by CalSTRS before your death to be valid.
2. If your designated primary recipient(s) predeceases you, any benefit due will be paid to your secondary recipient(s), unless you file a new form. If CalSTRS is unable to locate your designated recipient(s), the One-Time Death Benefit will be distributed to the best of our ability according to the laws in existence at the time of your death.
3. For more information, the *Member Handbook* and Teletalk messages, under Category 500, are available at [www.calstrs.com](http://www.calstrs.com) or 800-228-5453, where you can also download or order additional forms.

## One-Time Death Benefit Recipient Instructions

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Print clearly in **DARK INK**, or type all information requested. Do not use light colors of ink, pencil or erasable ink. *Any corrections on the form must be initialed by the member to meet minimum requirements.*

### SECTION A—MEMBER INFORMATION

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

### SECTIONS B AND C—PRIMARY AND SECONDARY RECIPIENT(S) OR TRUST

You may name any living person, an estate, a trust, a corporation, a charitable or parochial institution or a public entity as your recipient(s).

- **Person(s)** — Provide their Social Security number, full name, relationship, birth date, address and telephone number.
- **Estate** — To designate your estate, enter the phrase “My Estate” instead of the recipient(s) name. Upon your demise, if your estate is not subject to probate, CalSTRS will pay benefits pursuant to California Probate Code Section 13101.
- **Trust** — If you want a Trust to be the payee, **DO NOT** list recipient(s). Enter the name of the trust, the trustee’s name, the trustee’s address and the date of creation instead of a birth date. CalSTRS will contact the trustee and pay benefits to the trust. It is not necessary to provide the trust document at this time.
- **Organization** — If you wish to designate an organization, enter the name, address of the organization and the organization tax identification number.

### SECTION D—SIGNATURES CHECKLIST

- Signature Date** — The member’s signature must be dated for the form to be valid.
- Sign the One-Time Death Benefit Recipient form with your usual signature in the presence of two**

**witnesses.** A witness may NOT be named recipient or your spouse. By signing the form you are authorizing CalSTRS to release information as necessary to pay the benefits due.

### **Signature of Spouse or Registered Domestic Partner**

- If you are not married or registered as a domestic partner, check the box “I am not married;” **or**
- If you are married or registered as a domestic partner, your spouse or partner **must** sign the form **in the presence of a witness;** (a witness may not be a named recipient or you), **or**
- Check the box that indicates your spouse or registered domestic partner has not signed the form. You must complete the *Justification for Non-Signature of Spouse or Registered Domestic Partner* section on the reverse side of the form.

### SECTION E—ADDITIONAL RECIPIENTS

To designate more recipient(s), additional space is provided on page 2 of the form. Indicate whether the recipients you are designating are primary or secondary recipients by entering “P” for primary or “S” for secondary in the appropriate box.

Valid forms will be processed and filmed. **Please retain a copy of the form for your records.**

**Questions?** Contact CalSTRS at 800-228-5453, or TDD for the hearing impaired 916-229-3541. You can also click on *Contact Us* at [www.calstrs.com](http://www.calstrs.com) to send a secure message.

**Individual Privacy and Access to Records:** The California State Teachers’ Retirement System is authorized to maintain *One-Time Death Benefit Recipient* designations in accordance with Education Code Section 23300. Submission of this designation is voluntary. However, if a recipient is not designated, the possibility exists that the benefits due at the time of your death may not be paid in accordance with your wishes.

You have the right to review your files maintained by CalSTRS upon request and submission of proper identification. You may contact us at 800-228-5453.

# One-Time Death Benefit Recipient

(MS0002, Rev. 11/04)

# CALSTRS

California State Teachers' Retirement System  
 P.O.Box 15275, M.S. 60  
 Sacramento, CA 95851-0275  
 (800) 228-5453; TDD (916) 229-3541  
 www.calstrs.com

<b>Section A Member Information</b>			E-MAIL ADDRESS:
NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET)		DATE OF BIRTH (MM/DD/YYYY)	
		( )	
CITY	STATE	ZIP CODE	HOME TELEPHONE

I hereby revoke any previous designation(s) and designate the following primary recipient(s) to share and share alike, unless otherwise specified herein, or the survivor(s) among them, as recipient(s) for any benefit payable under the Teachers' Retirement Law at the time of my death. In the event I survive the primary recipient(s) designated below, then I designate the following secondary recipient(s), share and share alike unless otherwise specified, or the survivor(s) among them, as recipient(s) for any benefit payable under the Teachers' Retirement Law at the time of my death. Should 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 option benefit. This is solely for the members of the Defined Benefit and Defined Benefit Supplement Plans.

<b>Section B Primary Recipient(s) or Trust</b>					
SOCIAL SECURITY NUMBER		NAME/TRUST (LAST, FIRST, INITIAL)		( ) TELEPHONE NUMBER	
BIRTHDATE/TRUST DATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		NAME/TRUST (LAST, FIRST, INITIAL)		( ) TELEPHONE NUMBER	
BIRTHDATE/TRUST DATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP

<b>Section C Secondary Recipient(s) or Trust</b>					
SOCIAL SECURITY NUMBER		NAME/TRUST (LAST, FIRST, INITIAL)		( ) TELEPHONE NUMBER	
BIRTHDATE/TRUST DATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP
SOCIAL SECURITY NUMBER		NAME/TRUST (LAST, FIRST, INITIAL)		( ) TELEPHONE NUMBER	
BIRTHDATE/TRUST DATE	RELATIONSHIP	ADDRESS	CITY	STATE	ZIP

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

<p><b>Section D Member Signature</b></p> <p><input type="checkbox"/> I certify under penalty of perjury that: I am not legally married or registered as a domestic partner; I have never married or registered as a domestic partner; or I am divorced, or have terminated or dissolved my domestic partnership; or my spouse or partner has died.</p> <p>_____          SIGNATURE OF MEMBER</p> <p style="text-align: right;">DATE</p> <p>_____          SIGNATURE OF WITNESS</p> <p>_____          SIGNATURE OF SECOND WITNESS</p>	<p><b>Signature of Spouse or Registered Domestic Partner</b></p> <p><i>If no signature of spouse or registered domestic partner, the following box must be checked:</i></p> <p><input type="checkbox"/> I am married or registered as a domestic partner, but my spouse or registered domestic partner did not sign. Please complete the <i>Justification for Non-Signature of Spouse or Registered Domestic Partner</i> section on page 2.</p> <p>_____          SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER</p> <p>_____          SIGNATURE OF WITNESS</p>
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**Section E Additional Recipients**

*Be sure to indicate whether your recipient is a P=Primary or S=Secondary*

P or S	Social Security Number	Name/Trust			Relationship & Birth Date/Trust Date	Address		
		Last	First	M.I.		City	State	Zip

**Section F Justification for Non-Signature of Spouse or Registered Domestic Partner**

Pursuant to Education Code Section 22453, any request related to the selection of benefits by a member or retiree in which a spousal or registered domestic partner (partner) interest may be present, such as a *One-Time Death Benefit Recipient* form, shall contain the signature of the spouse or partner of the member, unless a specified condition exists. If the member is married or registered as a domestic partner and his or her spouse or partner does not sign this designation, the following section **MUST** be completed and signed by the member to validate this *One-Time Death Benefit Recipient* form.

I am married or registered as a domestic partner, but my spouse or partner did not sign this *One-Time Death Benefit Recipient* form because either (*appropriate box must be checked to make it valid*):

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner; or
- My spouse or partner has been advised of the recipient designated and has refused to sign the acknowledgment. Court action 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 on file before any benefits can be paid. Please submit a certified copy of the court order as soon as you receive it.) Education Code Section 22454; or
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; (Please submit a doctor's statement certifying the condition); or
- My spouse or partner has no identifiable community property interest in my benefits (Please submit a certified copy of a legal document); or
- My spouse or partner and I have executed a marriage or registered domestic partner settlement agreement which makes the community property law inapplicable to the marriage or registered domestic partnership. (Please submit a certified copy of the agreement).

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

 \_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE (MM/DD/YYYY)

## **Instructions—Insurance Premium Deduction Authorization**

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### **IF THE EMPLOYER PAYS YOUR PREMIUMS**

It is not necessary to complete this form if your health insurance premiums are partially or fully paid by your employer.

Under the provisions of the Public Employees' Medical and Hospital Care Act, if CalPERS provides your health insurance, your health insurance benefits will automatically continue provided the effective date of your retirement is within 120 days of the separation date from your employer. However, if you have any questions regarding your eligibility or if 120 days or more elapse between the date of your separation and the effective date of your retirement, please refer to the "Enrollment and Eligibility Information" portion of the *Basic Health Plans* pamphlet available from either your employer's personnel office or the Public Employees' Retirement System at (916) 326-3604.

### **IF YOU PAY YOUR PREMIUMS**

Please continue to make premium payments to your insurance carrier until the deductions for premiums appear on your check stub or direct deposit advice. In the event a double payment is made or a double deduction is withheld, the insurance carrier, not CalSTRS, will process any reimbursement due.

Forward this form to your school district if you are continuing under a district-sponsored policy through age 65. Approval by your school district is only necessary when the insurance coverage is under a group plan. If you are arranging coverage on your own, forward this form directly to your insurance carrier or healthcare administrator.

CalSTRS cannot deduct insurance premiums before the authorization form is forwarded to us by the insurance carrier. All insurance carriers must have a third party deduction service arranged with CalSTRS. If the district administers the insurance coverage or program, then district personnel should contact CalSTRS for assistance.

### **SECTION A**

Please provide all requested information in Section A and sign, date and send the form to your insurance carrier or employer.

### **SECTION B**

Please provide all requested information in Section B and sign, date and forward this form to CalSTRS or the insurance carrier.

Please note the CO/DIST. CODE section requests your county and district codes. Example: Kern County, Edison, would be 15-012.

### **SECTION C**

Please provide all requested information in Section C and forward this form to CalSTRS.

### **TO MAKE CHANGES**

Once CalSTRS begins taking deductions, notification of a change in status, premium amount change or a request to cancel your premium deductions must be received in writing from the carrier or healthcare administrator. Please provide all requested information in Section A, sign, date and send the form to your insurance carrier or administrator.

If you find it necessary to write CalSTRS regarding the insurance premium deduction, please include your Social Security number, full name, address and telephone number including area code. This will assist CalSTRS in locating your file without disrupting the processing of your deduction authorization.



# Insurance Premium Deduction Authorization

MS 0556 (Rev. 11/04)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453; TDD (916) 229-3870  
www.calstrs.com

This optional form allows CalSTRS to deduct insurance premiums from CalSTRS benefit recipients' monthly payments. Such deductions are not required, but are offered as a convenience. If you do not want to use the service, simply ignore this form. If you do want the service, you need to have current insurance coverage previously arranged with the carrier. If your health insurance premiums are partially or fully paid by your district, it is not necessary to complete this form. Please note: CalSTRS does not provide health or dental insurance coverage.

After completing Section A, send this form to your district if you are continuing on a district insurance policy, or send it directly to your insurance carrier if you are arranging coverage on your own.

## Section A Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL) SOCIAL SECURITY NUMBER

ADDRESS (STREET) (APT #) TYPE OF BENEFIT PAYMENT  
*(retirement, disability, survivor)*

CITY STATE ZIP CODE TELEPHONE NUMBER(S)  
( )

I hereby authorize the California State Teachers' Retirement System to deduct premiums or other charges for health insurance in such amounts as will be certified by the insurance carrier.

I understand that CalSTRS will forward such authorized deductions to the carrier.

I hereby release CalSTRS from liability to me or my estate for any claim arising from the nonpayment of premiums, or for premiums paid to the carrier subsequent to my death.

I will notify the insurance carrier of any change in my status.



SIGNATURE OF MEMBER

DATE (MM/DD/YYYY)

## Section B Employer Information (To be completed by employer, if applicable)

School Official: *Please complete this section and forward this form to the insured's insurance carrier.*

Note: If the employer is the actual carrier, contact CalSTRS for assistance.

NAME (LAST, FIRST, INITIAL) DISTRICT TELEPHONE NUMBER  
( )

SCHOOL DISTRICT (COUNTY) COUNTY/DISTRICT CODE

PRINT SCHOOL OFFICIAL'S NAME POSITION TITLE

I hereby verify that the person designated above is eligible to continue group health insurance coverage through the policy maintained by the employer.



SIGNATURE OF SCHOOL OFFICIAL

DATE (MM/DD/YYYY)



MS0556

**Section C Insurance Information (To Be Completed by Insurance Carrier)**

NAME OF INSURANCE PLAN

DEDUCTION CODE

NAME OF INSURED (LAST, FIRST, INITIAL)

MONTHLY PREMIUM AMOUNT

PRINT COMPANY OFFICIAL'S NAME

POSITION TITLE

**Signature**



SIGNATURE OF COMPANY OFFICIAL

DATE (MM/DD/YYYY)

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

(1125A, Rev. 11/04)

# CALSTRS

California State Teachers' Retirement System  
P.O.Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453; TDD (916) 229-3541  
www.calstrs.com

Since CalSTRS benefits are considered community property some documents require the signature of a spouse or registered domestic partner. These documents include applications involving an unmodified benefit or option choice, refunds of accumulated contributions and Defined Benefit Supplement or annuity deposit contributions. If you are married or registered as a domestic partner and are submitting one or more of the forms listed below, but your spouse or registered domestic partner did not sign the form(s), return this completed *Justification for Non-Signature of Spouse or Registered Domestic Partner* form to CalSTRS with the applicable form(s) listed below. One *Justification for Non-Signature of Spouse or Registered Domestic Partner* form can be sent, regardless of how many forms you are submitting, as long as all forms are sent together.

MEMBER'S NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

## Application(s) Submitted Please check the appropriate box(es)

- |   |   |
|---|---|
| <input type="checkbox"/> Retirement Application   | <input type="checkbox"/> Letter Requesting a Change                                   |
| <input type="checkbox"/> Refund Application   | <input type="checkbox"/> Reinstatement After Retirement                               |
| <input type="checkbox"/> Pre-Retirement Election of an Option   | <input type="checkbox"/> Cancellation or Change of Option After Disability Retirement |
| <input type="checkbox"/> Pre-Retirement Option 8 Election   | <input type="checkbox"/> Rollover of Limited-Term Disability Payments                 |
| <input type="checkbox"/> Option 8 Election  | <input type="checkbox"/> Disability Allowance to Retirement Application               |
| <input type="checkbox"/> Retirement Change Request  | <input type="checkbox"/> Disability Allowance to Option 8 Election                    |
| Option Change After Retirement  | <input type="checkbox"/> Application for Disability Retirement                        |
| <input type="checkbox"/> Cancellation or Change of Option After Retirement (Dissolution of Marriage or Registered Domestic Partnership) | <input type="checkbox"/> Disability Retirement Option Selection                       |
| <input type="checkbox"/> Change of Option Beneficiary After Retirement  | <input type="checkbox"/> Change of Option Beneficiary After Disability Retirement     |
| <input type="checkbox"/> Annuity Deposit Information  | <input type="checkbox"/> Defined Benefit Supplement Application                       |

Please check the appropriate reason below why the form(s) indicated above is not signed by your spouse or registered domestic partner (partner) .

I am married or registered as a domestic partner, but my spouse or partner did not sign the application because:

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner, OR
- My spouse or partner refused to sign the application and intends to petition the court for division of my retirement account. I understand that CalSTRS is prohibited from paying a benefit/refund until all required documentation regarding the division of my retirement account is received by the system, OR
- My spouse or partner is incapable of executing the application because of an incapacitating mental or physical condition. Attach a doctor's statement certifying the condition, OR
- My spouse or partner has no identifiable community property interest in my benefits (Attach a clear, unaltered copy of a certified legal document), OR
- My spouse or partner and I have executed a marriage or registered domestic partner settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership. (Attach a clear, unaltered copy of the certified agreement.)

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

### Member Signature



SIGNATURE OF MEMBER

DATE (MM/DD/YYYY)



1125A



## Option 8 Election—Instructions

Option 8 allows you to name two or more beneficiaries to receive a monthly benefit after your death. You may also elect Option 8 and name only one option beneficiary if you are divorced. Your modified monthly retirement benefit is based on the number of beneficiaries, their ages and the option you elect for each beneficiary.

### SECTION A—CHOOSE ONE

- **Option 8** — This election form must be returned with your *Retirement Application* and will be effective on your retirement date. This form, along with your *Retirement Application*, must be received by CalSTRS no later than the last business day of your retirement month.
- **Change Prior Option Election to Option 8 or Modify Option 8 Election** — This election form must be returned with your *Retirement Change Request* form. Both forms must be received by CalSTRS no later than the last business day of your retirement month.

### SECTION B—ALLOWANCE ALLOCATION/OPTION BENEFICIARY DESIGNATION

If you wish to retain part of your benefit as unmodified, enter the percentage in the space provided.

We will not be able to process your election if the total allocation of your unmodified benefit and the option benefits given to your beneficiaries does not equal 100 percent.

Recipient	Benefit Allocation
Unmodified	_____ %
Beneficiary #1	_____ %
Beneficiary #2	_____ %
Beneficiary #3	_____ %
Total from additional beneficiaries	_____ %
Grand Total	100 %

If you want to designate more than three option beneficiaries, use additional copies of the form. Please indicate the number of extra pages you are submitting in the upper right-hand corner of page 1.

### SECTION C—SIGNATURES

If your spouse or registered domestic partner does not sign the form, you must submit a *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.



# Option 8 Election

SR 0363 (rev. 1/05)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, M.S. 60  
Sacramento, CA 95851-0275  
(800) 228-5453; TDD (916) 229-3541  
www.calstrs.com

\_\_\_\_\_ number of additional pages attached

This form allows a member to elect Option 8 if retiring or to change or modify a previous Option 8 election.

NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

## When to use this form:

- **Applying for retirement?** If you are electing Option 8, return the completed form with your *Retirement Application* to CalSTRS prior to your requested effective date of retirement.
- **Already submitted your Retirement Application?** If you want to change to Option 8, or if you have elected Option 8 and want to make changes, return this completed form with the *Retirement Change Request* form prior to your effective date of retirement. Check the Change Prior Election To Option 8 box or Modify Option 8 Election box.

## Section A Choose one:

I have read the *Member Handbook* description of the available options and:

- Option 8** — I am applying for retirement and hereby make the Option 8 election indicated in Section B.
- Change Prior Option Election to Option 8** — I have applied for retirement and hereby change my previous option to Option 8.
- Modify Option 8 Election** — I have previously elected Option 8 and now wish to make changes to that election.

## Section B Allowance Allocation/Option Beneficiary Designation

I choose to retain \_\_\_\_\_% of my allowance as unmodified.

Select Option 2, 3, 4, 5, 6 or 7 for each option beneficiary. A minimum of two option beneficiaries must be selected, unless you are divorced. CalSTRS cannot process your Option 8 Election if the total allocation of the option benefits given to the option beneficiaries, including any unmodified percentage, does not equal 100 percent.

- Please provide all the information requested for each option beneficiary, including birth date verification (a clear, unaltered photocopy of a birth certificate or other acceptable document).
- If you wish to designate more than three option beneficiaries, use additional copies of this form, and indicate the number of additional pages you are submitting in the top right hand corner of this page.

**For this option beneficiary, I elect Option # \_\_\_\_\_ and \_\_\_\_\_% of my unmodified allowance.**

1. NAME (LAST, FIRST, INITIAL)

SOCIAL SECURITY NUMBER

( )

ADDRESS (STREET)

(APT #)

HOME TELEPHONE

( )

CITY

STATE

ZIP CODE

WORK TELEPHONE

DATE OF BIRTH (MM/DD/YYYY)

Verification enclosed

MEMBER OF CALSTRS?  Yes  No

RELATIONSHIP:  Spouse  Registered Domestic Partner  Other

SEX:  Male  Female



SR0363

For this option beneficiary, I elect Option # \_\_\_\_\_ and \_\_\_\_\_% of my unmodified allowance.

2. NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER
		(    )
ADDRESS (STREET)	(APT #)	HOME TELEPHONE
		(    )
CITY	STATE	ZIP CODE
		WORK TELEPHONE
DATE OF BIRTH (MM/DD/YYYY) <input type="checkbox"/> Verification enclosed		
MEMBER OF CALSTRS? <input type="checkbox"/> Yes <input type="checkbox"/> No      RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Other      SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		

For this option beneficiary, I elect Option # \_\_\_\_\_ and \_\_\_\_\_% of my unmodified allowance.

3. NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER
		(    )
ADDRESS (STREET)	(APT #)	HOME TELEPHONE
		(    )
CITY	STATE	ZIP CODE
		WORK TELEPHONE
DATE OF BIRTH (MM/DD/YYYY) <input type="checkbox"/> Verification enclosed		
MEMBER OF CALSTRS? <input type="checkbox"/> Yes <input type="checkbox"/> No      RELATIONSHIP: <input type="checkbox"/> Spouse <input type="checkbox"/> Registered Domestic Partner <input type="checkbox"/> Other      SEX: <input type="checkbox"/> Male <input type="checkbox"/> Female		

## Section C Signatures

I have read *Your Retirement Guide* and fully understand that I cannot change this election after my retirement effective date unless (1) one or more of my option beneficiaries predeceases me; or (2) one of my option beneficiaries is my spouse or registered domestic partner (partner) and a final decree for a dissolution of marriage or registered domestic partnership, annulment or action for separate maintenance has been entered on or after January 1, 1978; or (3) my option beneficiary is not my spouse or partner or former spouse or partner and I change my election to my current spouse or partner.

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

### Member Signature

\_\_\_\_\_ DATE (MM/DD/YYYY)
   
 MEMBER'S SIGNATURE

**Member:** If there is no signature of spouse or registered domestic partner below, please check the appropriate box below:

- I am not married or registered as a domestic partner.
- I am married or registered as a domestic partner, but my spouse or partner did not sign. I have completed and enclosed the *Justification for Non-Signature of Spouse or Registered Domestic Partner* form.

### Signature of Spouse or Registered Domestic Partner

\_\_\_\_\_ DATE (MM/DD/YYYY)
   
 SIGNATURE OF SPOUSE OR REGISTERED DOMESTIC PARTNER

## Other Considerations

### MEDICARE PREMIUM PAYMENT PROGRAM

You may be eligible for the CalSTRS Medicare Premium Payment Program when you turn 65.

If you are not yet 65 years of age when you retire, CalSTRS will send you a packet of information about the Medicare Premium Payment Program approximately three months before your 65<sup>th</sup> birthday. If you will be 65 years of age or more when you retire, please call CalSTRS at 800-228-5453 (TDD 916-229-3541) to request an information packet about the CalSTRS Medicare Premium Payment Program.

#### About the CalSTRS Medicare Premium Payment Program

If you are not eligible for premium-free Medicare Part A (hospital), you may qualify for the CalSTRS Medicare Premium Payment Program. You are eligible to have CalSTRS pay your Medicare Part A premiums if you meet each one of these requirements:

- retire prior to January 1, 2006 and are receiving a monthly CalSTRS benefit
- are not eligible for premium-free Medicare Part A
- have enrolled in both Medicare Part A (hospital) and Part B (medical)
- retire from a district that has completed or is conducting a Medicare Division\* (You need to check with your employer to determine whether the employer has conducted the Medicare Division.)

\*If you retire after December 31, 2000, and before January 1, 2006, to be eligible for the CalSTRS Medicare Premium Payment Program, you must retire from an employer that has completed or is in the process of completing a Medicare Division. Specifically, you must retire during or after the actual 10-day period during which members have the opportunity to elect coverage by Medicare. Further, if you were less than 58 years of age at the time of the election held after January 1, 2001, you must have elected to be covered by Medicare.

### SOCIAL SECURITY INFORMATION

CalSTRS members do not pay Social Security payroll taxes for CalSTRS-covered service, and they do not earn Social Security benefits for such service. Many CalSTRS members, though, are eligible for Social Security benefits from other employment covered by Social Security or their spouse's employment. However, the Social Security benefits paid to a CalSTRS member may be reduced by the Windfall Elimination Provision or the Government Pension Offset. These rules reflect the fact that Social Security payroll taxes were not paid on all the member's career earnings.

A member's CalSTRS retirement benefit will not be reduced because of these provisions in Social Security law.

There are exceptions and limitations to the Windfall Elimination Provision and the Government Pension Offset. Because of the complexity of the formulas used in determining Social Security benefits and the many provisions and exceptions in Social Security law, members who believe they may be subject to these reductions are urged to speak directly with Social Security representatives at 800-772-1213. Or visit the Social Security Administration's Web site at [www.ssa.gov](http://www.ssa.gov) to review or download publications on the Windfall Elimination Provision and the Government Pension Offset. An online calculator for the Windfall Elimination Provision is also available at [www.ssa.gov](http://www.ssa.gov). Further information is also available in a brief video on the two provisions at the CalSTRS Web site at [www.calstrs.com](http://www.calstrs.com).

## EMPLOYMENT AFTER RETIREMENT

The only restrictions on employment after retirement are within California public schools. You may accept employment outside the public school system and continue to receive your retirement benefit with no limitation on your earnings.

The Education Code prohibits employment in a classified position while a member is retired for service. The only exemption is a teacher's aide in certain circumstances.

You may be employed in any certificated position, but there is a limit on earnings from public school employment for each school year. The school year is defined as July 1 through June 30. Your retirement will be reduced dollar for dollar by any earnings that exceed the limit. Each July 1, the earnings limit is adjusted to reflect specified increases. CalSTRS notifies employers and retired members of each year's limit on public school earnings.

Post-retirement employment in a certificated position in a California public school may not be earlier than your retirement date.

There are limited exemptions to the earnings limit. Contact your employer to determine if your employment may qualify for one of these exemptions.

## REINSTATEMENT AFTER RETIREMENT

You may voluntarily end your retirement and reinstate to active membership any time after the date of your retirement by submitting a *Reinstatement After Retirement* form.

We strongly recommend that you contact us before you reinstate to discuss the impact it will have on your future retirement benefits. To send us a secure message, click on *Contact Us* at [www.calstrs.com](http://www.calstrs.com).

See the *Member Handbook* for details on how reinstating will affect your benefits.

## RETIRED EDUCATOR ORGANIZATIONS

Retiree organizations have been involved in legislation affecting all retired educators and provide other services to their members. If you are interested in joining such an organization, the contact information for these organizations is provided below as a courtesy and not as an endorsement.

### ■ Association of California School

**Administrators**  
[www.acsa.org](http://www.acsa.org)

#### **Burlingame**

1575 Bayshore Highway  
Burlingame, CA 94010  
800-672-3494

#### **Ontario**

Palm Brook Corporate Center  
Suite B-205  
3602 Inland Empire Blvd.  
Ontario, CA 91764  
800-608-ACSA

#### **Sacramento**

1517 L Street  
Sacramento, CA 95814  
800-890-0325

### ■ Association of Retired Teachers

P.O. Box 57438  
Sherman Oaks, CA 91413  
323 666-0544

(for Los Angeles Unified School District educators)

### ■ California Federation of Teachers

One Kaiser Plaza, Suite 1440  
Oakland, CA 94612  
510 832-8812  
[www.cft.org](http://www.cft.org)

### ■ California Retired Teachers Association

800 Howe Avenue, Suite 370  
Sacramento, CA 95825  
800 523-2782  
[www.calrta.org](http://www.calrta.org)

### ■ California Teachers Association/ NEA – Retired

P.O. Box 921  
Burlingame, CA 94011-0921  
650 697-1400  
[www.cta.org](http://www.cta.org)

### ■ Faculty Association of California Community Colleges

1823 11<sup>th</sup> Street  
Sacramento, CA 95814  
916 447-8555  
[www.faccc.org](http://www.faccc.org)

### ■ United Teachers Los Angeles – Retired

3303 Wilshire Blvd., 10<sup>th</sup> Floor  
Los Angeles, CA 90010  
213 487-5560  
[www.utla.net](http://www.utla.net)

# Your Comments are Valuable



Your feedback is important to improve CalSTRS' future services. Simply complete the feedback survey below, tear along the perforation and return it to CalSTRS with your retirement application and other forms.

**1. What did you like and dislike about the retirement application process?**

*I liked* \_\_\_\_\_  
 \_\_\_\_\_  
*I disliked* \_\_\_\_\_  
 \_\_\_\_\_

**2. How helpful did you find the following resources while completing your Retirement Application?**

(1=not very helpful, 2=somewhat helpful, 3=didn't matter, 4=helpful, 5=very helpful)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• <i>Your Retirement Guide</i>	<input type="checkbox"/>				
• <i>CalSTRS Member Handbook</i>	<input type="checkbox"/>				
• <i>CalSTRS Web site</i>	<input type="checkbox"/>				

**3. Did you meet with a CalSTRS benefits counselor prior to applying for retirement?**  Yes  No

If yes, how useful was the information you received from the CalSTRS Benefits Counselor?

*not very useful*    *somewhat useful*    *didn't matter*    *useful*    *very useful*

**4. Did you attend a CalSTRS Fundamentals seminar prior to applying for retirement?**  Yes  No

If yes, how satisfied were you with the seminar's:

(1=not very satisfied, 2=somewhat satisfied, 3=neutral, 4=satisfied, 5=very satisfied)

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
• <i>Content</i>	<input type="checkbox"/>				
• <i>Day and Time</i>	<input type="checkbox"/>				
• <i>Location</i>	<input type="checkbox"/>				

**5. Did you call our 800 number or e-mail us with questions about your retirement?**  Yes  No

If yes, how useful was the information you received from the CalSTRS representative?

*not very useful*    *somewhat useful*    *didn't matter*    *useful*    *very useful*

**What can we do to improve our future service to you?**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



## GLOSSARY

### **Age Factor**

A percentage determined by your age on the last day of the month your retirement becomes effective. It equals 2 percent at age 60 and is reduced by  $\frac{1}{2}$  of 1 percent for each month or fraction of a month in which the member is under 60 but at least 55. For members seeking early retirement who are age 50, but under age 55, the factor is further reduced by  $\frac{1}{4}$  of 1 percent for each month or partial month under age 55. For members over 60, the factor is increased by 0.033 for every quarter year of age to a maximum of 2.4 percent at age 63 and over. An Age Factor Table is available in the *Member Handbook*.

### **Annual Benefit Adjustment**

Annual benefit adjustments are automatic, annual increases to the monthly benefit. They start on September 1 after the first anniversary of your retirement effective date. The increase will appear on your payment issued October 1. Annual benefit adjustments are calculated at 2 percent of your initial benefit.

### **Career Factor**

For members who retire with at least 30 years of earned service credit, a bonus of 0.2 percent (two-tenths of 1 percent) is added to the age factor up to a maximum age factor of 2.4 percent, which is reached at age 61 $\frac{1}{2}$ .

**Example:** At age 60 and 3 months the regular age factor is 2.033. With the career factor added, the age factor would be 2.233.

The increased age factor does not apply if the member dies before retirement without a pre-retirement election of an option on file at CalSTRS.

### **Concurrent Retirement**

Retiring at the same time from CalSTRS and from certain other California public retirement systems (Legislator's Retirement System, Public Employees' Retirement System, San Francisco City and County Retirement System, University of California Retirement System or those systems established under the County Employees' Retirement Law of 1937).

### **Creditable Service**

Specific employment activities performed for a school district, community college district or county superintendent of schools. These activities include teaching, vocational or guidance counseling services related to school curriculum and a variety of administrative duties.

### **Credited Service**

Service credit for which required contributions have been paid.

### **Defined Benefit**

A retirement benefit guaranteed to be paid over one or more lifetimes that is based on a formula.

### **Defined Benefit Program**

A distinct component of the State Teachers' Retirement Plan that provides a retirement benefit that is guaranteed for life and based on a formula for California's public school educators who are vested members of the program.

### **Defined Benefit Supplement Program**

A supplemental benefit program with benefits based on contributions and interest credited to individual members' accounts. From January 1, 2001 through 2010, funds will come from 25 percent of each member's monthly CalSTRS contribution. As of July 1, 2002, funds also come from compensation earned from service in one school year in excess of one year of service credit.

### **Early Retirement Limited-Term Reduction Program**

A retirement alternative for Defined Benefit members. A member must be at least age 55, but under age 60, and have at least five years of credited service for retirement under this alternative. The member receives one-half the monthly benefit amount calculated as if the member were age 60. The reduced benefit will continue for the same number of months after age 60 that benefits were received before age 60. After that, the normal Service Retirement benefit will be paid.

## GLOSSARY continued

### **Excess Sick Leave Days**

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.

### **Final Compensation**

The highest average annual compensation that a member can earn during a specified period of CalSTRS-covered paid employment. The period is one school year if the member has at least 25 years of service credit or if it is included in a written collective bargaining agreement for classroom teachers. The period is three consecutive school years for members with fewer than 25 years of service credit. If you retire before the school year is over, your final year of compensation is an average of the last school year's earnings and what you would earn if you worked to the end of the current school year. See the example on page 17.

### **Longevity Bonus**

An increase to the monthly unmodified retirement benefit of those who accumulate at least 30 years of service credit before January 1, 2011, regardless of when they retire. An inactive member at the time of retirement can still qualify for the longevity bonus.

### **Member**

Any person who has performed creditable service in the Defined Benefit Program for an employer and has earned compensation for that service and has not received a refund for that service, unless specifically excluded by law.

### **Modified Benefit**

A reduction in the unmodified benefit to provide an ongoing life-time benefit to an option beneficiary if the member dies. The reduction depends on which option is chosen and the age of the member and option beneficiary when the member retires.

### **One-Time Death Benefit**

A one-time benefit paid to the recipient(s) after a member dies.

### **Option Beneficiary**

Any person receiving or entitled to receive payments because of the death of a member. Only a person (not an estate, trust or corporation) may be designated to receive an option benefit upon the death of a member.

### **Retirement Benefit**

A monthly benefit paid to a member each month after retirement.

### **Service Credit**

Accumulated period of time in years, including partial years, for which a member earned creditable compensation and made contributions under the Defined Benefit Program.

### **Unmodified Benefit**

The highest monthly benefit payable to a member retired for service or disability prior to any reduction to provide for an option beneficiary.

### **Vested Member**

A member of the CalSTRS Defined Benefit Program with five years of credited service.

# CalSTRS Retirement Resources

**The following CalSTRS publications may help you make important decisions about your retirement:**

- *Member Handbook*
- *Tax Considerations for Rollovers*
- *Partial Lump Sum*
- *Community Property Information*
- *Purchase Additional Service Credit*

These publications are available at [www.calstrs.com](http://www.calstrs.com) or by calling 800-228-5453.

**Visit [www.calstrs.com](http://www.calstrs.com) for additional help in planning your retirement.**

**Our Web site can help you:**

- Calculate your retirement benefit
- Register for workshops
- Download forms and publications
- Contact benefits counselors in your area
- Securely see and print your latest Annual Statement of Account through *myCalSTRS*

## **How to Contact CalSTRS**

- E-mail: [www.calstrs.com](http://www.calstrs.com), click *Contact Us* to e-mail.
- Phone: 800-228-5453
- Write:  
California State Teachers' Retirement System  
P.O. Box 15275, MS 60  
Sacramento, CA 95851-0275
- Visit: Member Services  
7919 Folsom Blvd.  
Sacramento, CA 95826

*When contacting CalSTRS, remember to include your Social Security number.*

# CALSTRS

HOW WILL YOU SPEND YOUR FUTURE?

California State Teachers' Retirement System  
P.O. Box 15275  
Sacramento, CA 95851-0275  
800-228-5453/TTY 916-229-3541  
[www.calstrs.com](http://www.calstrs.com)