



# Retirement Allowance Estimate Request

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

This is a request for an estimate of your potential CalPERS retirement benefit amounts. You must be within one year of your anticipated retirement date to use this form. You are limited to two estimate requests within a 12-month period.

## Section 1

Enter the address we have on file for you. If you need to update your address, see the back of this form for instructions.

### Information About You

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

\_\_\_\_\_  
Birth Date (mm/dd/yyyy) ( ) ( )  
Daytime Phone Alternate Phone

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

## Section 2

You can only select one type of retirement estimate per form.

### Your Retirement Information

Choose one type:  Service Retirement  Disability Retirement  Industrial Disability Retirement

My projected retirement date is: \_\_\_\_\_  
Date Required (mm/dd/yyyy)

\_\_\_\_\_  
Employer Position Title

If you want to include your unused sick leave and/or educational leave on your retirement estimate, complete the information below.

\_\_\_\_\_  
Sick Leave Hours Educational Leave Hours

What is a survivor vs. a beneficiary? See the back of this form for details and a complete description of the available retirement payment options.

Will you have an eligible survivor on your projected retirement date?  Yes  No

How many beneficiaries do you want to include in your estimate?

- None  
 One (Complete the information in the space provided below.)

\_\_\_\_\_  
Name of Beneficiary Relationship to You Birth Date (mm/dd/yyyy)

- One or more and with a specific dollar or specific percentage amount to each beneficiary.  
 (Complete the information in the spaces provided below.)

\_\_\_\_\_  
Birth Date (mm/dd/yyyy) Dollar or Percent of Benefit Birth Date (mm/dd/yyyy) Dollar or Percent of Benefit

\_\_\_\_\_  
Birth Date (mm/dd/yyyy) Dollar or Percent of Benefit Birth Date (mm/dd/yyyy) Dollar or Percent of Benefit

## Section 3

See the back of this form for information regarding the Advanced Estimate Scenarios.

### Advanced Estimate Scenarios

If you are a member of a defined benefit plan with another California public retirement system and want us to use your final compensation with the other system in your estimate, complete the information below.

\_\_\_\_\_  
Name of Reciprocal System Estimated Final Compensation Amount

If you want to include temporary annuity in your retirement estimate, select one of the choices below.

- I became a member prior to January 1, 2002, and elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
 (59½ or whole age 60 to 68) Dollars
- I became a member on January 1, 2002, or later and have CalPERS service coordinated with Social Security. I elect to receive temporary annuity until age \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ per month.  
 (62 to 70) Dollars

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

## Section 1

### Information About You

- If you are an active CalPERS member, contact your personnel office and ask them to update your mailing address with us.
- If you are an inactive CalPERS member, update your address at [my.calpers.ca.gov](http://my.calpers.ca.gov) or call us toll free at **888 CalPERS** (or **888-225-7377**).

## Section 2

### Your Retirement Information

**Retirement Date** - Your retirement date can be no earlier than your last day on payroll. If it has been more than nine months since you left employment, the date you enter cannot be earlier than the first day of the month you submit this form.

**Unused Sick Leave/Educational Leave** - We will only include this in your retirement estimate if your employer contracts to provide this benefit.

**What is a survivor?** - A survivor receives a monthly benefit regardless of the retirement payment you choose. We only include this in your retirement estimate if your employer contracts to provide this benefit. A survivor is defined by law as:

- a spouse or registered domestic partner who was married or registered to you for at least one year before your service retirement date and continuously until your death. (For disability or industrial disability retirement, these conditions must be met on or before the effective date of your disability or industrial disability retirement.)
- natural or adopted unmarried children under age 18.
- an unmarried child who was disabled prior to age 18 and whose disability continues without interruption until the disability ends or until marriage.
- qualifying financially dependent parents, if none of the above.

**What is a beneficiary?** - A beneficiary is any person you choose to receive either a one-time lump-sum payment or ongoing monthly benefit upon your death.

**Retirement Options** - When you retire, you will choose one of the following retirement options and name a beneficiary.

- **Unmodified Allowance** - Provides the highest monthly allowance paid for life. There is no continuing monthly benefit to a beneficiary and no return of unused member contributions upon your death.
- **Return of Remaining Contributions Option 1** - Provides a lump-sum payout of any remaining member contributions in your account to one or more beneficiaries upon your death.
- **100 Percent Beneficiary Option 2** - Provides 100 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **100 Percent Beneficiary Option 2 with Benefit Allowance Increase** - Provides 100 percent of the option portion of your monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or if you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **50 Percent Beneficiary Option 3** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. Upon both your deaths, a lump-sum payout of any remaining member contributions in your account will be paid to one or more named secondary beneficiaries.
- **50 Percent Beneficiary Option 3 with Benefit Allowance Increase** - Provides 50 percent of the option portion of your ongoing monthly benefit to your named beneficiary upon your death. If your beneficiary dies before you, or you have another qualifying event, your benefit will increase to the Unmodified Allowance.
- **Flexible Beneficiary Option 4** - Provides an ongoing monthly benefit of a specific dollar amount or percentage of your Unmodified Allowance to one or more named beneficiaries upon your death.

## Section 3

### Advanced Estimate Scenarios

#### Reciprocity

- Enter the name of the other California public retirement system you are a member of.
- Enter your highest average annual compensation for any consecutive 12- or 36-month period of employment with the other retirement system.
- To be eligible for full reciprocal benefits, such as final compensation exchange, you must retire concurrently.
- Refer to the publication *When You Change Retirement Systems* (PUB 16) for detailed information.

#### Temporary Annuity

- This benefit is only available for a service retirement.
- Enter the amount you want to receive and to what age depending on your CalPERS membership date.
- If your membership is on or after January 1, 2002, your temporary annuity amount cannot exceed your estimated Social Security benefit. This benefit is not free. Refer to the publication *Temporary Annuity* (PUB 13) for detailed information.

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).