



Retirement Allowance Estimate Request

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

This is not an application for retirement. This is a request for an estimate of potential future retirement benefit amounts. You are limited to two CalPERS-generated estimate requests in a 12-month period and must be within one year of retirement. See the back of this form for detailed instructions.

Section 1

Provide the address you would like your estimated retirement allowance sent to.

Information About You

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	() () () Daytime Phone	() () () Evening Phone	
Address			
City		State	ZIP

Section 2

Not all CalPERS members are eligible for industrial disability retirement. Contact your personnel office for eligibility information.

If your membership date is January 1, 2002, or later, the amount of your Temporary Annuity cannot exceed the estimated amount of your Social Security benefit at the age designated in this election.

Retirement Information

Type of estimate ☐ Service ☐ Disability ☐ Industrial Disability Projected Retirement Date (mm/dd/yyyy)

Employer	Position Title
Sick Leave Hours	Educational Leave Hours

Are you a member of another retirement system that has established reciprocity with CalPERS? ☐ No ☐ Yes

Name of System	Estimate Final Compensation Amount
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Temporary Annuity – Available for service retirement only.

If you first became a member on January 1, 2002, or later, and you have CalPERS service coordinated with Social Security, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month. (62 to 70)
Dollars

..... or

If you first became a member prior to January 1, 2002, you elect to receive Temporary Annuity until age _____ in the amount of \$ _____ per month. (59½ or whole age 60 to 68)
Dollars

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1, and 3W/1)

Name of Beneficiary	Relationship to You	Birth Date (mm/dd/yyyy)
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Section 4

Information About Your Survivor Continuance

Do you have an eligible survivor? ☐ No ☐ Yes

Section 5

CalPERS will provide an estimate for standard Options 1, 2, 2W, 3, 3W, 2W/1 and 3W/1, and Unmodified Allowance. If these do not meet your needs, you may request one of the approved Option 4 types listed at right.

Your Option 4 Retirement Options

☐ Specific Percentage to Beneficiary _____ % ☐ Specific Dollar Amount to Beneficiary \$ _____
Percentage Amount

☐ Reduced Allowance for Fixed Period of Time:
Reduce my Allowance by _____ through the end of _____
Percentage or Dollar Amount Date (mm/yyyy)

☐ Reduced Allowance Upon Death of Member or Beneficiary \$ _____
Reduction Amount

☐ Multiple Lifetime Beneficiaries:

Birth Date (mm/dd/yyyy)	Dollar/Percent of Benefit	Birth Date (mm/dd/yyyy)	Dollar/Percent of Benefit
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Mail to:

CalPERS Benefit Services Division • P.O. Box 942717, Sacramento, California 94229-2717

Section 1

Information About You

Name: Provide your first name, middle initial, and last name.

CalPERS ID or Social Security Number: Provide your CalPERS ID or Social Security number.

Birth Date: Provide month, day, and complete year.

Mailing Address: Provide the mailing address where you want to receive your estimated retirement allowance.

Telephone Number(s): Provide us your home and/or work number in case we need to reach you.

Section 2

Information About Your Retirement Estimate

Projected Retirement Date: List your projected retirement date. The minimum retirement age for service retirement for most CalPERS members is age 50 with five years of CalPERS service credit. State members under the Second Tier retirement plan must be 55 years old with 10 years of service credit. There are some exceptions to these requirements.

Type of Estimate for Retirement Allowance: Select the type of retirement estimate you wish to receive. Not all CalPERS members are eligible for an industrial disability retirement. Please contact your personnel office for information on eligibility.

Sick Leave/Educational Leave: List any sick leave or educational leave you would like to have included in your retirement estimate calculation. Any leave included in your request must be reported by your employer at the time of retirement and may result in a different benefit if amounts differ.

Other California Public Retirement Systems: Reciprocity is an agreement CalPERS has with many California public retirement systems that allows movement among public employers within a specified time limit, without losing valuable retirement and related benefit rights. For additional information please refer to the *When You Change Retirement Systems* publication.

Temporary Annuity is an additional monthly income you may choose to temporarily enhance your pension from CalPERS. If you take a disability retirement, a Temporary Annuity is not available. The benefit is payable from your retirement date to a specific age that you select. It is important to note that this benefit is not free. Your CalPERS monthly lifetime retirement allowance is reduced to pay for your Temporary Annuity. For additional information, please refer to the *Temporary Annuity* publication.

Section 3

Individual Lifetime Beneficiary (2, 2W, 3, 3W, 2W/1, and 3W/1)

A **beneficiary** is any person(s) you designate to receive a benefit after your death. If you would like to provide a lifetime monthly benefit to a beneficiary, we need their date of birth.

Relationship to You: A beneficiary can be a spouse, child, friend, etc.

Beneficiary Birth Date: Provide month, day, and complete year.

Section 4

Information About Your Survivor Continuance

Survivor Continuance is an employer-paid benefit payable to an eligible survivor upon your death. An eligible survivor is a spouse married to you or a domestic partner legally recognized in California as your domestic partner on and at least one year prior to your tentative 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); or an unmarried child under age 18 or disabled; or an economically dependent parent.

Section 5

Your Retirement Options

CalPERS will provide you an estimate for the standard options (1, 2, 2W, 3, 3W, 2W/1, and 3W/1). If none of these meets your needs, you may request **one** of the Option 4 allowances, as long as the amount to your beneficiary(ies) is not more than the benefit provided under Option 2W. For additional information please refer to the *Retirement Option 4* publication. If you want multiple lifetime beneficiaries to receive an equal share of your monthly benefits, do not specify a dollar or percentage of benefit.

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).