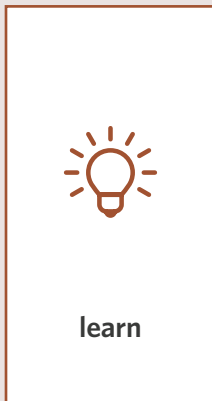


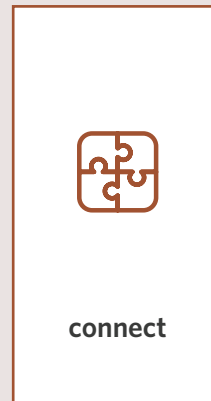
A Guide to Your CalPERS Special Power of Attorney



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Protect the Ones You Love

Would your family members know what retirement and survivor benefit decisions to make if you became incapacitated or unable to conduct your retirement business?

With the appropriate authority, having a CalPERS Special Power of Attorney on file with us ensures that your designated attorney-in-fact can perform important duties concerning your CalPERS business, such as address changes, federal or state tax withholding elections, lost or stolen retirement checks, beneficiary designations, or retirement benefit elections should you become unable to act on your own behalf.

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Introduction

This publication will help you understand the CalPERS **Special Power of Attorney** form and the importance of having one on file. You must complete a power of attorney form while you are able to understand the powers you are granting. If you become incapacitated or otherwise unable to handle your affairs before completing a power of attorney or other estate planning documents, CalPERS may find it necessary to withhold your retirement allowance until a court appoints a conservator to handle your affairs.

Since appointment of a conservator can be both expensive and time consuming, you should consider completing the CalPERS **Special Power of Attorney** form.

Powers of attorney are not all the same:

- A **durable** power of attorney contains a “durability clause,” which is a provision permitting your designated attorney-in-fact to act on your behalf even if you become incapacitated or otherwise unable to handle your affairs.
- A **special or limited** power of attorney grants only the powers that are specifically stated in the power of attorney document.
- A **contingent/springing** power of attorney only goes into effect once certain conditions that you specify are met. This type of power of attorney is often designed to go into effect if you become disabled, incapacitated, or otherwise unable to handle your affairs.
- A **general (non-durable)** power of attorney permits your attorney-in-fact to act on your behalf in all of your personal affairs. It automatically terminates when you become incapacitated unless it contains a durability clause.
- A **health care** power of attorney permits your attorney-in-fact to make decisions about your health care if you are unable to do so. **CalPERS cannot accept this type of power of attorney for retirement transactions.**

A special power of attorney grants only the powers that are specifically stated in the power of attorney document. The CalPERS **Special Power of Attorney** form only authorizes your attorney-in-fact to handle your CalPERS retirement affairs. It is specifically designed for retirement matters administered by CalPERS, the Judges’ Retirement System and Judges’ Retirement System II, or the Legislators’ Retirement System. You cannot use the CalPERS **Special Power of Attorney** form to appoint an administrator of your estate before your death.

Because of the broad power granted by the CalPERS **Special Power of Attorney** form, we recommend that you consult an attorney before signing this form.

Designating Your Attorney-In-Fact (Agent)

Designating Your Attorney-in-Fact (Agent)

You have the option to designate one attorney-in-fact. The attorney-in-fact you designate must be at least 18 years old at the time the document is executed.

If you designate more than one attorney-in-fact, you can choose to have them act jointly, separately, or alternately.

- **Jointly** means all designated attorneys-in-fact must sign for any action. Granting joint authority to two or more attorneys-in-fact means that the agents' authority is exercisable only by their unanimous action. If one is unavailable because of absence, illness, or other temporary incapacity, the other attorneys-in-fact may exercise their authority under the power of attorney.
- **Separately** means any one designated attorney-in-fact may act without the other(s).
- If choosing **alternately**, your attorney-in-fact will act in the numerical order you assign. The successor attorney-in-fact will act if the person you originally appointed is unavailable because of absence, illness, or other temporary incapacity. Delegation of powers to any third party who is not named as an alternate attorney-in-fact is not permitted under this document.

Authority Granted by Your CalPERS Special Power of Attorney Form

You choose the specific authority given to your attorney-in-fact:

Select a retirement payment option on your behalf.

If this specific authority is granted, your attorney-in-fact can select a payment option on your behalf.

If this authority is not granted, and there is a beneficiary on file, then your attorney-in-fact may elect the Unmodified Allowance or the Return of Remaining Contributions Option 1.

If this authority is not granted, and there is no beneficiary on file, then your attorney-in-fact may only elect the Unmodified Allowance.

Designate a beneficiary of your retirement benefits.

If this specific authority is granted, pursuant to Probate Code section 4264, your attorney-in-fact may designate a beneficiary or change the beneficiary that you designated. This authority includes designating themselves as your beneficiary unless you specify otherwise.

If no beneficiary is on file at the time of your death, any retirement benefits payable will be paid as provided in Government Code section 21493 and/or Probate Code section 6402.

Duration of Your CalPERS Special Power of Attorney

You can specify when you want your CalPERS **Special Power of Attorney** to commence and terminate:

Term	Definition
Durable	The attorney-in-fact's authority will commence immediately and will remain in effect for your lifetime, even if you become incapacitated, unless you specifically revoke it. You may also continue to act on your own behalf.
Limited	You specify a date or event when the attorney-in-fact's authority will commence and terminate.
Contingent/Springing	For the purposes of the CalPERS Special Power of Attorney form, the attorney-in-fact's authority will commence only upon a determination that you are unable to handle your own retirement affairs. You specify the name and relationship or title of the person who is authorized to make the determination (usually a physician).
General (non-durable)	The attorney-in-fact's authority will terminate if you become incapacitated. You specify the name and relationship or title of the person who is authorized to make the determination (usually a physician).

Witnesses/Notary Acknowledgment

You must have two individuals who are at least 18 years old and are not named as attorneys-in-fact witness your signature designating your power of attorney. Otherwise, a notary public must acknowledge the document.

If you are unable to obtain witness signatures or a notary public acknowledgment, you may submit the form in person at one of our eight Regional Offices. We will acknowledge and witness your signature designating your special power of attorney.

Changing Your Power of Attorney

If you change your mind or need to update your CalPERS **Special Power of Attorney** form, you must:

- Complete a new power of attorney form with the changes you desire.
- Inform those who may have a copy of the old power of attorney form that it is no longer valid and ask that copies of the old form be returned to you or destroyed.
- Provide copies of the new power of attorney form to those people who may need to carry out your wishes.

Revoking Your Power of Attorney

If you have not executed and submitted a new CalPERS *Special Power of Attorney* form but wish to revoke the power of attorney that CalPERS has on file, you must notify us in writing of your intent to revoke your power of attorney. Your revocation will not be effective until it is provided in writing to CalPERS. We recommend submitting a new power of attorney form to replace the previous one.

Even if you do not specifically revoke your power of attorney, pursuant to Probate Code section 4130(a), if you execute a new power of attorney that is inconsistent with a previous power of attorney that CalPERS has on file, the most recent power of attorney will control regarding the inconsistency. If you still have questions about your power of attorney after reading this publication, you should consult an attorney.

Non-CalPERS Power of Attorney Documents

The CalPERS *Special Power of Attorney* form is specifically designed to help manage CalPERS retirement issues, but we will also accept other power of attorney documents that specifically grant

the attorney-in-fact authority to conduct business with us. **If your power of attorney document does not contain a durability clause, CalPERS will not be able to honor it if you become incapacitated.**

Disclaimer

The information provided in this publication is intended to serve solely as a guide to the CalPERS **Special Power of Attorney** form. It is not intended to take the place of advice from a licensed attorney, particularly with regard to a non-CalPERS power of

attorney. If you have any questions regarding the CalPERS **Special Power of Attorney** form or about your non-CalPERS power of attorney document, please consult an attorney.

Contacting CalPERS

Your attorney-in-fact may only handle business on your behalf by contacting us at our toll-free number **888 CalPERS** (or **888-225-7377**), by written correspondence, or by visiting a Regional Office. Your attorney-in-fact may not conduct business by accessing your online myCalPERS account.

CalPERS Special Power of Attorney Checklist

For your convenience, we have provided a quick checklist to help you understand the CalPERS **Special Power of Attorney**. Please consider the truthfulness of the statements below before submitting your form to CalPERS.

- I am of sound mind and acting of my own free will.
- I understand that the individual I have selected as my attorney-in-fact to make retirement-related decisions for me is at least 18 years old and may be related to me by blood, marriage, or state-registered domestic partnership.
- I realize that my attorney-in-fact has the power and authority to transact all matters relating to my benefits and accounts with the California Public Employees' Retirement System, the Judges' Retirement System, the Judges' Retirement System II, and the Legislators' Retirement System.
- If I have designated more than one attorney-in-fact, I have indicated that my attorneys-in-fact are to act jointly, separately, or alternately.
- If I have designated my attorneys-in-fact to act alternately, I have numbered them in the order in which they are to act.
- I understand that I may authorize my attorney-in-fact to select any payment option available under the retirement plan even though the selected option may reduce the monthly allowance that would otherwise be paid to me during my lifetime.
- I understand that I may authorize my attorney-in-fact to designate or change my beneficiary.
- I understand that I may authorize my attorney-in-fact to designate themselves as my beneficiary.
- My attorney-in-fact has read the notice about their legal responsibilities and signed the form. Attorney-in-fact signature is optional.
- Two people who are at least 18 years old and are not my attorney-in-fact have signed and witnessed my signature on the CalPERS **Special Power of Attorney** form, or a notary public has acknowledged my signature designating my attorney-in-fact.
- If you are unable to obtain witness signatures or a notary public acknowledgment, you may submit the form in person at one of our eight Regional Offices. We will acknowledge and witness your signature designating your special power of attorney.
- I have notified the individual(s) I have selected as my attorney-in-fact, and they have agreed to participate.
- If I have designated more than one attorney-in-fact, I have notified the individuals and they have each agreed to participate.
- I have informed my attorney-in-fact that they may not conduct business by accessing my online myCalPERS account. All contact with CalPERS on my behalf must be made by telephone, by written correspondence, or by visiting a Regional Office.
- I have provided a copy of the completed power of attorney to my attorney-in-fact and other family members who may need to carry out my wishes.
- I have signed and indicated the execution date on the power of attorney form.
- I have submitted my CalPERS **Special Power of Attorney** form to CalPERS, Retirement Benefit Services Division, P.O. Box 942716, Sacramento, California 94229-2716, or I have faxed the form to (800) 959-6545.

Special Power of Attorney

Section 1

Creation of Durable Power of Attorney for Retirement-Related Business

When completing this form, please be sure to print the requested information.

For the purpose of this form, a "principal" is defined as a person who empowers another to act as a representative on his or her behalf.

The "agent" is the attorney-in-fact.

Name of Principal (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Address		County
City	State	ZIP
		() Daytime Phone

By this document I intend to create a power of attorney by appointing the person(s) named below to make retirement-related decisions for me as allowed by the California Probate Code. The authority granted pursuant to this power of attorney is expressly limited to decisions relating to my financial and health benefits under the California Public Employees' Retirement System, the Judges' Retirement System or the Judges' Retirement System II, and the Legislators' Retirement System, hereinafter CalPERS, JRS, JRS II, and LRS, respectively. I give my agent, also called an attorney-in-fact, the powers specified herein with the understanding that these powers will be used for my benefit and will be exercised only in a fiduciary capacity. This power does not authorize the appointed agent to make any medical decisions for me.

Section 2

Designation of Attorney-in-Fact (Agent)

If you appoint more than one attorney-in-fact and do not check a box, all of your attorneys-in-fact must act or sign together (jointly).

*If you choose "Alternately," identify the order of your attorneys-in-fact in the boxes below.

You have the option to designate one attorney-in-fact. Your attorney-in-fact must be at least 18 years old at the time this document is executed.

If you appoint more than one attorney-in-fact, choose the jointly, separately, or alternately check box below:

- Jointly** – All designated attorneys-in-fact must sign for any action. Granting joint authority to two or more attorneys-in-fact means that the agents' authority is exercisable only by their unanimous action. If one is unavailable because of absence, illness, or other temporary incapacity, the other attorneys-in-fact may exercise their authority under the power of attorney.
- Separately** – Any one designated attorney-in-fact may act without the other(s).
- Alternately** – Your attorney-in-fact will act in the numerical order you assign in the boxes below.*
The successor attorney-in-fact will act if the person you originally appointed is unavailable because of absence, illness, or other temporary incapacity. Delegation of powers to any third party who is not named as an alternate attorney-in-fact is not permitted under this document.

#	Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
	Address	Social Security Number or CalPERS ID	
	City	State	ZIP
			() Daytime Phone

#	Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
	Address	Social Security Number or CalPERS ID	
	City	State	ZIP
			() Daytime Phone

#	Name of Attorney-in-Fact (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	Relationship
	Address	Social Security Number or CalPERS ID	
	City	State	ZIP
			() Daytime Phone

Section 3

General Statement of Authority Granted

You must check a box to indicate whether you are granting the specific authority to your attorney(s)-in-fact. If you do not check a box, your attorney(s)-in-fact will not be granted this specific authority.

I hereby grant to my attorney-in-fact full power and authority to transact matters on my behalf relating to CalPERS, JRS, JRS II, or LRS. I understand that I am granting authority to the attorney-in-fact regardless of whether that person is related to me by blood, marriage, or legal domestic partnership. By signing this Special Power of Attorney form I intend that:

- My attorney-in-fact ([] is; [] is not) authorized to select any retirement payment option available under the retirement plan other than the Unmodified Allowance.

Note: Allowing your attorney-in-fact to choose any retirement payment option available under the retirement plan other than the Unmodified Allowance may reduce the monthly allowance that would otherwise be paid to you during your lifetime.

- My attorney-in-fact ([] is; [] is not) authorized to designate or change my beneficiary.

Note: Allowing your attorney-in-fact to designate or change your beneficiary will also allow your attorney-in-fact to designate himself or herself as your beneficiary unless you specify otherwise below.

On the following lines you may give special instructions limiting the powers granted to your attorney(s)-in-fact.

Section 4

Duration of Power of Attorney

Please be careful in choosing when you want your power of attorney to commence and/or terminate.

Unless I indicate otherwise, this power of attorney shall be considered effective immediately and will continue for the duration specified below or, if no duration is specified, until my death. My attorney-in-fact is hereby instructed to notify CalPERS in writing of my disability, incapacity, or death immediately upon its occurrence. I understand that I may revoke this power of attorney at any time by providing CalPERS with a written statement of my intent to do so.

Check one box to indicate your choice. Checking multiple boxes may invalidate this form.

- [] This durable power of attorney is to commence immediately and to remain in effect for my lifetime, even if I become incapacitated, or until I specifically revoke it.

- [] This limited power of attorney is to commence on _____ and terminate on _____
Date (mm/dd/yyyy) or Event

Date (mm/dd/yyyy) or Event

The person that you authorize to make the determination of incapacity must be at least 18 years old at the time of designation. This person may be, but is not required to be, a licensed physician or attorney.

- [] This contingent/springing power of attorney is to commence only upon a determination that I am incapacitated and/or unable to handle my own affairs. The determination of whether I am incapacitated and/or unable to handle my own affairs for the purpose of this instrument shall be made in a written statement signed by

Name and Relationship or Title of Person Authorized to Make the Determination

- [] This general (non-durable) power of attorney is to terminate in its entirety if I become incapacitated. The determination that I am incapacitated and/or unable to handle my own affairs for the purpose of this instrument shall be made in a written statement signed by

Name and Relationship or Title of Person Authorized to Make the Determination

Section 5

Warning Statements

Attorney(s)-in-fact may not conduct business by accessing your online myCalPERS account. All contact with CalPERS on your behalf must be made by telephone, by written correspondence, or by visiting a Regional Office.

The “agent” is the attorney-in-fact.

The authority granted by the CalPERS **Special Power of Attorney** form is limited to matters relating to CalPERS, JRS, JRS II, and LRS. The person designated as your attorney-in-fact does not have any authority over your other real and/or personal property. If you wish that your attorney-in-fact have authority over your real and/or personal property, it is recommended that you seek legal counsel.

You may notice that the language contained in the following Warning Statements refers to more extensive authority than granted by the CalPERS *Special Power of Attorney* form. These Warning Statements are required by Probate Code section 4128 and must be included in all preprinted durable power of attorney forms even though the CalPERS *Special Power of Attorney* form does not authorize your attorney-in-fact to do many of the things mentioned in the Warning Statements. If you are concerned with the Warning Statements or the extent of the authority being granted by the CalPERS *Special Power of Attorney* form, we again recommend that you seek legal counsel.

(Warning): Notice to Person Executing Durable Power of Attorney

A durable power of attorney is an important legal document. By signing a durable power of attorney, you are authorizing another person to act for you, the principal. Before you sign this durable power of attorney, you should know these important facts:

- Your agent (attorney-in-fact) has no duty to act unless you and your agent agree otherwise in writing.
- This document gives your agent the powers to manage, dispose of, sell, and convey your real and personal property, and to use your property as security if your agent borrows money on your behalf. This document does not give your agent the power to accept or receive any of your property, in trust or otherwise, as a gift, unless you specifically authorize the agent to accept or receive a gift.
- Your agent will have the right to receive reasonable payment for services provided under this durable power of attorney unless you state otherwise in this power of attorney.
- The powers you give your agent will continue to exist for your entire lifetime, unless you state that the durable power of attorney will last for a shorter period of time or unless you otherwise terminate the durable power of attorney, or if your agent is your spouse and you later divorce. Per Probate Code, divorce will revoke a power of attorney. The powers you give your agent in this durable power of attorney will continue to exist even if you can no longer make your own decisions regarding the management of your property.
- You can amend or change this durable power of attorney only by executing a new durable power of attorney or by executing an amendment through the same formalities as an original. You have the right to revoke or terminate this power of attorney at any time as long as you are competent.
- This durable power of attorney must be dated and must be acknowledged before a notary public or signed by two witnesses. If it is signed by two witnesses, they must witness either (1) the principal’s signing of the power of attorney or (2) the principal’s acknowledgement of his or her signature. A durable power of attorney that may affect real property should be acknowledged before a notary public so that it can easily be recorded.
- You should read this durable power of attorney carefully. When effective, this durable power of attorney will give your agent the right to deal with property that you now have or might acquire in the future. This durable power of attorney is important to you. If you do not understand the durable power of attorney or any provision of it, you should obtain the assistance of an attorney or other qualified person.

Section 5, continued

Warning Statements, Continued

(Warning): Notice to Person Accepting the Appointment as Attorney-in-Fact

By acting or agreeing to act as the agent (attorney-in-fact) under this power of attorney you assume the fiduciary and other legal responsibilities of an agent. These responsibilities include:

- The legal duty to act solely in the interest of the principal and to avoid conflicts of interest.
• The legal duty to keep the principal's property separate and distinct from any other property owned or controlled by you.

You may not transfer the principal's property to yourself without full and adequate consideration or accept a gift of the principal's property unless this power of attorney specifically authorized you to transfer property to yourself or accept a gift of the principal's property. If you transfer the principal's property to yourself without specific authorization in the power of attorney, you may be prosecuted for fraud and/or embezzlement. If the principal is 65 years of age or older at the time the property is transferred to you without authority, you may also be prosecuted for elder abuse under Penal Code section 368. In addition to criminal prosecution, you may also be sued in civil court.

I have read the foregoing notice and I understand the legal and fiduciary duties that I assume by acting or agreeing to act as the agent (attorney-in-fact) under the terms of this power of attorney. Lastly, the principal's benefit shall not be subject to execution, process, or assignment under California Public Employees' Retirement Law section 21255.

Signature of the agent (attorney-in-fact) is optional.

Print Name of Agent (First Name, Middle Initial, Last Name)
Signature of Agent | Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)
Signature of Agent | Date (mm/dd/yyyy)

Print Name of Agent (First Name, Middle Initial, Last Name)
Signature of Agent | Date (mm/dd/yyyy)

Section 6

Principal's Acknowledgement and Execution

To be completed and signed by the principal.

I am of sound mind and have consulted with an attorney or otherwise understand my elections. I am executing this legal document under my own free will. I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party has actual knowledge of the revocation.

Date Executed (mm/dd/yyyy) | City | State
Signature of Principal | County
Print Name of Principal (First Name, Middle Initial, Last Name) | Social Security Number or CalPERS ID

Name of Member | Social Security Number or CalPERS ID

Section 7A

Witness Information

Complete this section or Section 7B below. The notary public acknowledgment is not needed if you have the signatures of two witnesses.

I have witnessed the principal's signature or the principal's acknowledgment of his or her signature designating power of attorney. I am of sound mind, I am an adult at least 18 years old, and I am not the attorney-in-fact or successor attorney-in-fact. My signature certifies that the principal is known to me and is the same person who signed and dated this Special Power of Attorney form.

Signature of Witness 1 | Print Name of Witness 1 (First Name, Middle Initial, Last Name)

Address | Date (mm/dd/yyyy)

City | State | ZIP

Signature of Witness 2 | Print Name of Witness 2 (First Name, Middle Initial, Last Name)

Address | Date (mm/dd/yyyy)

City | State | ZIP

Section 7B

Notary Public Acknowledgement

Must be completed by a notary public if Section 7A is not completed.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

CalPERS images these documents. Please be advised embossed seals may not appear when this document is reviewed. An inked stamp is preferred.

Notary

State | County

On [Date] before me [Notary Name], personally appeared

[Principal Name], who proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument. I certify under Penalty of Perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature of Notary Public | Notary Seal

Print Name

Mail to: CalPERS Retirement Benefit Services Division • P.O. Box 942716, Sacramento, California 94229-2716

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442 • Fax: (800) 959-6545

How to Contact Us

Find Us Online

www.calpers.ca.gov

Learn about your benefits and subscribe to email alerts. You'll also find all our publications and forms.

my.calpers.ca.gov

Log in to access your account information or send us a secure message.

news.calpers.ca.gov

Stay up to date on CalPERS news that matters to you.

Call Us

Our offices are open Monday through Friday, 8:00 a.m. to 5:00 p.m. We're closed on state holidays.

Toll free: **888 CalPERS** (or **888-225-7377**)

TTY: (877) 249-7442

Fax: (800) 959-6545

International Calls: +1 916-795-3000

¿Hablas Español?

Para servicio en español marque:

888 CalPERS (o **888-225-7377**)

Write to Us

California Public Employees' Retirement System

Retirement Benefit Services Division

P.O. Box 942716

Sacramento, CA 94229-2716

Experience CalPERS Through Social Media

Connect with us to get the latest CalPERS news.



Visit Your Nearest CalPERS Regional Office

Go to www.calpers.ca.gov/regionaloffices to learn how to make an appointment and prepare for your visit.



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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 either on a mandatory or 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 CalPERS. For questions about this notice, our Privacy Policy, or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).

CalPERS is governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811.

**California Public Employees'
Retirement System**

400 Q Street

P.O. Box 942701

Sacramento, California 94229-2701

888 CalPERS (or **888-225-7377**)

www.calpers.ca.gov

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