

**California Public Employees' Retirement System****Justification For Non Signature of Spouse or Registered Domestic Partner****Section 1**

This form must be completed if you have a spouse or registered domestic partner who did not sign your refund election document.

**Requirement for Non Signature**

Pursuant to Government Code section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions.

If a spouse or registered domestic partner's signature does not appear on the above-named document, the following information **must** be completed and submitted **with** the document.

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

- My spouse or registered domestic partner did not sign the form because either:
- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**,
  - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **or**,
  - My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **or**,
  - My spouse or registered domestic partner has no identifiable community property interest in the benefit, **or**,
  - My spouse or registered domestic partner and I have executed a spousal or domestic partner settlement arrangement which makes the community property law inapplicable. I certify under penalty of perjury that the foregoing information is true and correct.

**I certify under penalty of perjury that the foregoing information is true and correct.**

\_\_\_\_\_  
Member Signature\_\_\_\_\_  
Date (mm/dd/yyyy)

For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

**Collection and Access Information**

Submission of the requested information is mandatory. The information is collected pursuant to Government Code (sections 20000, et seq.) and will be used for administration of the Boards' duties under the Retirement Law, Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System.

For answers to your questions concerning a refund of your contributions, please contact the CalPERS Refunds Section, PO Box 942715, Sacramento, CA 94229-2715 or call toll-free at 888 CalPERS (or 888-225-7377).

**Mail to:****CalPERS Benefit Services Division • P.O. Box 942715, Sacramento, California 94229-2715**

# 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**).