



Judges' Retirement System
 P.O. Box 942705
 Sacramento, CA 94229-2705
 TTY: For Speech & Hearing Impaired - (916) 795-3240
 (916) 795-3688, FAX (916) 795-1500

Judges' Retirement System SURVIVOR AND BENEFICIARY INFORMATION

Name _____ Social Security Number _____ - _____ - _____

In accordance with the provision for Government Code Sections 75104 and 75104.5 (Judges' Retirement Law):

Section A – Spouse/Registered Domestic Partner Information

The following is my current spouse/domestic partner's information who will be eligible to receive benefits(s) if he/she survives me:

Spouse/Registered Domestic Partner's Name _____ Social Security Number _____ - _____ - _____

Date of Birth (mm/dd/yyyy) _____ Date of Marriage/Registered Partnership (mm/dd/yyyy) _____

Section B – Child(ren)

The following is/are the name(s) of my child(ren) who will be eligible to receive benefit(s) upon my death if there is no surviving spouse.

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Child's Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Section C – Designated Beneficiary

The following is the designation of a beneficiary eligible to receive my benefit(s), if payable.

Full Name _____ Social Security Number _____ - _____ - _____ Date of Birth (mm/dd/yyyy) _____

Should I survive the above named beneficiaries, I request and authorize that such death benefits be paid to my estate or to such other beneficiaries as I may hereafter designate in writing duly filed with the JRS, all in accordance with the provisions of the JRS Law.

Member's Signature _____ Date (mm/dd/yyyy) _____

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**).