

Request for Verification of Benefits for the Social Security Administration

AS 1831 rev 01/18

CALSTRS®

California State Teachers' Retirement System
P.O. Box 15275, MS 85
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

There are three ways to receive a Verification of Benefits for the Social Security Administration letter from CalSTRS:

1. Receive an instant Verification of Benefits letter online by submitting a *Request for Verification of Benefits for the Social Security Administration* form through *myCalSTRS*: Log in to your *myCalSTRS* account at *myCalSTRS.com*, select the Complete & Submit Forms icon and follow the guided step-by-step instructions to complete your request and access a printable verification letter. Your letter will be accessible **only** through your secure online *myCalSTRS* account. It will not be mailed or faxed by us to you or a third party.

2. Receive a Verification of Benefits for the Social Security Administration letter by mail: Complete this form to request a Verification of Benefits letter. Your mailed letter will not be available to you through your *myCalSTRS* account.

3. Receive a Verification of Benefits letter by fax: Your letter will be sent automatically by fax if you provide a fax number for yourself or a third party. Your faxed letter will not be available to you through your *myCalSTRS* account.

If you have questions, send us a secure email using your *myCalSTRS* account or at *CalSTRS.com/contact*, call us at 800-228-5453 or send us a fax at 916-414-5474.

Section 1: Benefit Recipient Information

BENEFIT RECIPIENT NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

STREET ADDRESS

SSA CLAIM NUMBER

CITY

STATE

ZIP CODE

DATE OF BIRTH (MM/DD/YYYY)

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TELEPHONE NUMBER

ALTERNATE NUMBER

FAX NUMBER

Section 2: Social Security Administration Information

NAME OF SOCIAL SECURITY REPRESENTATIVE

SSA OFFICE

STREET ADDRESS

CITY

STATE

ZIP CODE

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TELEPHONE NUMBER

ALTERNATE NUMBER

FAX NUMBER



AS1831

Name _____ Client ID or SSN _____

Section 3: Letter Details and Delivery Options

All Verification of Benefits for the Social Security Administration letters include the following:

- Benefit types
- Original benefit amount
- Gross benefit amount
- Benefit effective date (benefit entitlement date)
- Benefit end date
- Date the gross monthly amount became effective
- Date the gross monthly amount became payable

CalSTRS does not provide payment history before 2000. CalSTRS benefits are based on employment not covered by Social Security.

Monthly benefit amounts, quarterly supplemental payments and one-time payments for specified date range:

From: _____ To: _____

First eligibility date

Select your delivery options. You may select more than one.

Send the letter to the Social Security Administration.

By: Fax Mail

I will view the printable letter on *myCalSTRS* (see *Complete & Submit Forms* on the *myCalSTRS* home page).

Send the letter to me.

By: Fax Mail

Section 4: Benefit Recipient Authorization

You do not need to complete this section if this request originated from the Social Security Administration.

I authorize CalSTRS to release any information requested by the Social Security Administration regarding benefits paid to me or my dependents.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

PRINT NAME OF BENEFIT RECIPIENT

Signature



BENEFIT RECIPIENT SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)