



**FOR USE AFTER  
JANUARY 1, 2007 ONLY**

California State Teachers'  
Retirement System  
Disability Services – MS 43  
Post Office Box 15275  
Sacramento, CA 95851-0275  
916.229.3870 / Toll-Free: 1.800.228.5453 / TTY: 916.229.3541  
[www.calstrs.com](http://www.calstrs.com)

**INSTRUCTIONS FOR SUBMITTING A DISABILITY PACKET  
DS0072 (Rev. 01/07)**

Please refer to the California State Teachers' Retirement System (CalSTRS) Member Handbook for specific program requirements and eligibility criteria. If you have questions on how to complete or request these forms, please contact Member Services at the telephone number or address listed above. Follow these instructions to ensure you have submitted a complete disability application packet.

- 1) DISABILITY APPLICATION (DS0260): Complete all sections as they apply to your membership Coverage A or B. Please indicate your coverage (A or B) at the top of the disability application included in this packet. You can find your coverage on your CalSTRS Annual Statement of Account, or you can contact Member Services. All signature fields must be completed or the application will be returned as incomplete, which could delay your claim and change your effective date for benefits.
- 2) DISABILITY RETIREMENT BENEFIT INFORMATION (DS1351) Coverage B applicants only: General information regarding the various types of benefit plan features.
- 3) DISABILITY RETIREMENT BENEFIT ELECTION (DS0569A) Coverage B applicants only: This form must be returned to CalSTRS with the disability application. Your benefit election must be indicated on this form or the form will be returned to you as incomplete, which could delay your claim and change your effective date for benefits.

Please complete and return the next form to complete the processing of your application. Your application may be mailed separately; however, the remaining forms should be submitted shortly thereafter.

- 4) INCOME TAX WITHHOLDING PREFERENCE CERTIFICATE (AD0908): Please read the instruction at the top of the form. Indicate your choice for tax withholding or CalSTRS will default your withholding to Married with three exemptions.

The following forms are optional. Complete and return only those forms that apply to you.

- 5) DIRECT DEPOSIT AUTHORIZATION (MS1130): This form authorizes CalSTRS to deposit your monthly checks directly into your bank account. Remember to attach a voided check to the bottom of the form.
- 6) ONE-TIME DEATH BENEFIT RECEIPT (MS0002): This form allows you to designate for the Lump Sum Death Benefit only.
- 7) INSURANCE PREMIUM DEDUCTION AUTHORIZATION (MS0556): Submit this form directly to your insurance carrier to have your insurance deduction(s) withheld from your monthly CalSTRS payment. **DO NOT RETURN THIS FORM TO CalSTRS.**

Not Included in the Disability Application Packet

- 8) PRE-RETIREMENT ELECTION OF AN OPTION (SR-0307) – Coverage A applicants only: If you are 55 years of age (or 50 years with 30 years of credited service), you are eligible to make a pre-retirement election of an option. This election ensures a monthly lifetime income to another person if you should die before retirement. It does not affect your disability benefit. For more information, contact Member Services.