



Disability Retirement Benefit Election

(DS0569A rev. 10/08)

California State Teachers' Retirement System
 P.O. Box 15275, MS 43
 Sacramento, CA 95851-0275
 800-228-5453; TDD 916-229-3870
 www.CalSTRS.com

COVERAGE B ONLY: Complete this form with your benefit election or check the box requesting that option quotes be sent to you. Sign and date page 2 and return this form with your disability application packet.

MEMBER NAME:			MEMBER SSN:
I have read the instructions for the Disability Retirement Options available and I select the following (check one box):			
<input type="checkbox"/> MEMBER-ONLY		DO NOT complete the following beneficiary information.	
<input type="checkbox"/> OPTION QUOTES REQUESTED		See Disability Retirement Benefit Election Information	
<input type="checkbox"/> I ELECT THE OPTION BELOW REQUESTED		See Disability Retirement Benefit Election Information	
I elect to retain _____% of my benefit as Member-Only.			
For 100%, 75%, 50% and Compound Option beneficiaries:			SOCIAL SECURITY NUMBER
OPTION PLAN _____ AND _____% (% IS FOR COMPOUND OPTION ONLY)			/ /
NAME:	(Last)	(First)	(M/I)
			BIRTHDATE: (Mo./Day/Yr.)
			/ /
ADDRESS:	(Number)	(Street)	(Apt. #)
			TELEPHONE NUMBER
			()
(City)			(State)
			(Zip Code)
			GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM?			RELATIONSHIP
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Spouse/RDP <input type="checkbox"/> Other
For Compound Option* beneficiaries only:			SOCIAL SECURITY NUMBER
OPTION PLAN _____ AND _____%			/ /
NAME:	(Last)	(First)	(M/I)
			BIRTHDATE: (Mo./Day/Yr.)
			/ /
ADDRESS:	(Number)	(Street)	(Apt. #)
			TELEPHONE NUMBER
			()
(City)			(State)
			(Zip Code)
			GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM?			RELATIONSHIP
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Spouse/RDP <input type="checkbox"/> Other
For Compound Option* beneficiaries only:			SOCIAL SECURITY NUMBER
OPTION PLAN _____ AND _____%			/ /
NAME:	(Last)	(First)	(M/I)
			BIRTHDATE: (Mo./Day/Yr.)
			/ /
ADDRESS:	(Number)	(Street)	(Apt. #)
			TELEPHONE NUMBER
			()
(City)			(State)
			(Zip Code)
			GENDER
			<input type="checkbox"/> Male <input type="checkbox"/> Female
IS THIS BENEFICIARY A MEMBER OF THE CALIFORNIA STATE TEACHERS' RETIREMENT SYSTEM?			RELATIONSHIP
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Spouse/RDP <input type="checkbox"/> Other

RDP – Registered Domestic Partner

REQUIRED SIGNATURES

I HAVE READ THE "DISABILITY RETIREMENT BENEFIT INFORMATION" FORM DS1351, AND FULLY UNDERSTAND THAT THIS ELECTION IS IRREVOCABLE AS OF MY DISABILITY RETIREMENT EFFECTIVE DATE UNLESS A CHANGE FORM IS SUBMITTED UNDER ONE OF THE FOLLOWING CONDITIONS:

- ✓ One or more of my designated beneficiaries predeceases me, or
- ✓ One of my designated beneficiaries is my spouse or registered domestic partner (partner) and a final decree for a dissolution of marriage or partnership, annulment, or action for separate maintenance has been entered on or after January 1, 1978, or
- ✓ My designated beneficiary is not my spouse or partner or former spouse or partner and I change my election to my current spouse or partner.

Please check one of the following:

I am married or registered as a domestic partner and both our signatures are below.

OR

I am married or registered as a domestic partner and my spouse or registered domestic partner did not sign below. I have completed the Justification for Non-Signature of Spouse section and my signature is below.

OR

I am not married or registered as a domestic partner. I have never been married or in a domestic partnership, or I am widowed or my domestic partner has died. My signature is below.

OR

I am divorced or have terminated my registered domestic partnership. Date of divorce or termination: _____ . My signature is below.

(mm/dd/yyyy)

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).

MEMBER SIGNATURE  _____ DATE _____

SPOUSE/PARTNER SIGNATURE  _____ DATE _____

JUSTIFICATION FOR NON-SIGNATURE OF SPOUSE/REGISTERED DOMESTIC PARTNER

As required by Education Code section 22453, any request related to the selection of benefits by a member in which spousal or registered domestic partner interest may be present, such as the forms listed below, requires the signature of the spouse or registered domestic partner unless one of the following conditions exists. If you are married or registered as a domestic partner and your spouse or partner does not sign this application, you must check the appropriate box indicating the reason your spouse or partner did not sign.

- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or partner.
- My spouse or partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- My current spouse has no identifiable community property interest in the benefits.
- My spouse or registered domestic partner and I have executed a settlement agreement that makes the community property law inapplicable to the marriage or registered domestic partnership.
- My spouse or partner has been advised of the recipient designated and has refused to sign the acknowledgement. Court action will be or has been initiated to enforce or waive the signature requirement for my spouse or partner. (CalSTRS must have a certified copy of the court order before any benefits can be paid. Please submit a certified copy of the court order when you receive it.) Education Code section 22454

I hereby 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).

MEMBER SIGNATURE  _____ DATE _____