

## Express Benefit Report—Instructions

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Attach the *Express Benefit Report* form to your application for retirement but do not delay sending your application if your employer fails to return the form by the date you specify. Sending it after you submit your application will not delay your *initial* benefit. Your *corrected* benefit amount will be set later, once your form is received and processed. You will receive a payment for any accumulated difference.

Contact your last employer if there are discrepancies in sick leave balances and last day of paid employment from your records.

### SECTION A—MEMBER INFORMATION (TO BE COMPLETED BY MEMBER)

Complete the member information and send the form to your last employer.

**Retirement Date:** The date you specified on your application for retirement.

**Return By:** Enter the date you want your last employer to return this form to you. Allow enough time to mail your application for retirement so that we receive it before the end of the month in which you intend to retire.

After completing Section A, give the form, along with these instructions, to your last employer to complete Section B.

Do not delay sending your application for retirement to CalSTRS if your last employer fails to return the *Express Benefit Report* form to you by the date you specify.

### SECTION B—EMPLOYER INFORMATION (TO BE COMPLETED BY YOUR LAST EMPLOYER)

Please note the “**Date to be Returned by Employer**” specified by the member in Section A.

Complete the employer information only after the employee has completed the member information in Section A.

**County and District Code:** Enter the appropriate county and district codes. Example: Kern County, Edison would be 15-012.

**Employer Contact Name and Phone Number:** Enter the name and phone number of the person CalSTRS should contact if there are questions regarding information on this form.

**Employment Termination Date:** Enter the last day the employee was on duty or on a paid leave. This date should be the same as, or later than, the last day of paid employment. This date must be earlier than the retirement date.

**Last Day of Paid Employment:** Enter the last day the employee was paid for working. If on a leave of absence, enter the actual last day for which pay was received, including differential pay. This date must be earlier than the retirement date.

**One-Year Final Compensation:** Check this box only if the highest annual compensation earned by the member during any period of 12 consecutive months will be used because the district has a collective bargaining agreement that authorizes one-year final compensation and the employee meets the eligibility requirements. Refer to the most recent Employer Directive regarding one-year final compensation for more information.

**Final Compensation Salary Reduction:** Check this box if the employee has received a salary reduction due to a reduction in school funds and is eligible to use any three nonconsecutive years for his or her final compensation.

#### Sick Leave Days

**Accumulated Unused Regular Sick Leave Days:** Enter the number of accumulated unused sick leave days the member will have as of the last day of paid employment.

**Unused Excess Sick Leave Days:** Enter the number of accumulated unused excess sick leave days the member will have as of the last day of paid employment. Excess sick leave is sick leave granted by the employer after June 30, 1986, that exceeds one day of sick leave per pay period of at least four weeks. Complete the present value calculation.

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**Total Sick Leave:** The Accumulated Unused Regular Sick Leave Days plus the Unused Excess Sick Leave Days should equal the Total Sick Leave days.

**Present-Value Calculation:** Complete this section only if the member has Unused Excess Sick Leave Days.

**Contract Base Service Days (final year):** To determine Contract Base Service Days, subtract the number of school and legal holidays from the full-time equivalent (FTE), if they are included in the FTE. The Base Service Days cannot be fewer than 175.

FTE is the number of days that a person would be required to work in that position for the school year if employed full time.

**Prior Year Earnable:** Enter the compensation earnable for the year before the last school year in which the member earned creditable service.

**Present Value Factor:** This information is provided annually in an Employer Directive on rate changes.

**Present Value:** Complete the Present Value Calculation of Unused Excess Sick Leave Days as follows:

**Unused Excess Sick Leave Days ÷ Base Days X Prior Year Earnable, then X Present Value Factor = Present Value Calculation**

### SECTION C

**Employer Certification:** Sign, indicate your official title, date and return the form to the member by the return date indicated in Section A.

# Express Benefit Report

SR 0554E (Rev. 6/09)

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275  
800-228-5453  
www.CalSTRS.com

This form allows you to request your accumulated unused sick leave balance information from your last employer. Credit for unused sick leave is included in your final retirement benefit calculation. The earlier CalSTRS receives this information, the earlier you start to receive the full benefit to which you are entitled. If there is a delay in your last employer sending the information to us, you will still receive all the benefit due you through a retroactive payment. Getting the unused sick leave balance before you retire alerts you to discrepancies in sick leave information your last employer provided us.

Please note: This form is not an application for any benefit. It is submitted with your application for retirement. However, do not delay sending your application if your last employer fails to return this form by the date you specify.

## Section A Member Information (To be completed by member)

NAME (LAST, FIRST, INITIAL)		SOCIAL SECURITY NUMBER	
ADDRESS (STREET)	(APT #)	DATE OF BIRTH (MM/DD/YYYY) ( )	
CITY	STATE	ZIP CODE	TELEPHONE NUMBER
POSITION TITLE	RETIREMENT DATE	DATE TO BE RETURNED BY EMPLOYER	

## Section B Employer Information (To be completed by last employer and returned by the date given above)

Please note: To report subsequent corrections, complete the *Employment Termination or Sick Leave Data Correction* form.

Report unused and excess sick leave as of the employee's anticipated last day of paid employment. The member will submit this report with the application for retirement. To facilitate the timely processing of benefits, please return this form to the employee by the date specified above. If the application is to be submitted before the last day of paid service, any sick leave used subsequent to submission of this form will require the district to send a correction on the *Employment Termination or Sick Leave Data Correction* form to ensure an accurate final benefit amount.

COUNTY AND DISTRICT CODE		EMPLOYER CONTACT NAME	EMPLOYER TELEPHONE NUMBER ( )
EMPLOYMENT TERMINATION DATE	LAST DAY OF PAID EMPLOYMENT		

**One-year final compensation**

I certify pursuant to the district bargaining agreement that the present value payment for one-year final compensation will be made to CalSTRS within 30 days of receiving billing for the above employee, who has fewer than 25 years of service credit.

**Final compensation salary reduction**

I certify that because of a reduction in school funds, the above member's salary was reduced during the following school year(s) \_\_\_\_/\_\_\_\_. This member is eligible to use any three nonconsecutive years for final compensation.

**Employer: Please provide the required information on the reverse side.**



SR0554E

**Section B Employer Information** continued

TO BE COMPLETED BY LAST EMPLOYER AND RETURNED BY THE DATE GIVEN IN SECTION A

**Unused Sick Leave Report / Unused Excess Sick Leave Billing**

Enter days only; do not enter hours. If the employee has no accumulated unused sick leave days, enter zero. If excess sick leave days were accumulated and unused, complete the present value calculation given below. Send the present-value amount to CalSTRS within 30 days following the retirement date.

<i>Accumulated Unused Regular Sick Leave Days</i>		<i>Unused Excess Sick Leave Days</i>		<i>Total Sick Leave</i>		<i>Contract Base Service Days</i>
[ ]	+	[ ]	=	[ ]	[ ]	[ ]

If the employee has excess unused sick leave, complete the **Present-Value Calculation** below.

<i>Unused Excess Sick Leave Days</i>		<i>Contract Base Service Days</i>		<i>Prior Year Earnable</i>		<i>Present Value Factor</i>		<i>Present Value</i>
[ ]	÷	[ ]	X	[ ]	X	[ ]	=	[ ]

**Section C Employer Certification** (To be signed by the superintendent or authorized deputy)

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).

I understand it is a crime to fail to disclose a material fact or to make any knowingly false material statements for the purpose of altering a benefit administered by CalSTRS and it may result in up to one year in jail and a fine of up to \$5,000 (Education Code section 22010).

\_\_\_\_\_  
PRINT NAME OF SUPERINTENDENT OR AUTHORIZED DEPUTY

**Signature**



\_\_\_\_\_  
SIGNATURE (SUPERINTENDENT OR AUTHORIZED DEPUTY)

\_\_\_\_\_  
DATE (MM/DD/YYYY)

\_\_\_\_\_  
OFFICIAL TITLE