

# Employer Certification of Death

This document provides guidance on the information CalSTRS needs from employers when a member dies while actively employed. CalSTRS requires employment and sick leave information from all employers the member worked for during the two years preceding the member's death so that CalSTRS can pay accurate benefits to eligible survivors. Employers will need to fill out the *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form.

Questions? Contact the Survivor Benefits Mailbox at [SurvivorBenefitsMailbox@CalSTRS.com](mailto:SurvivorBenefitsMailbox@CalSTRS.com). Employers can also call CalSTRS at 800-228-5453.

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## What are CalSTRS Survivor Benefits?

For CalSTRS members who die prior to retirement, beneficiaries of those members may be eligible for benefits. The type and amount of benefits depends on the member's membership status, type of coverage (A or B), whether the member chose to elect an option and the years of service credit.

The CalSTRS member's beneficiaries may be eligible for the following benefits:

- One-time death benefit
- Defined Benefit Program account distribution
- Defined Benefit Supplement Program account distribution

## What are my responsibilities as an employer?

The information provided by employers in the *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form is required to determine the type and amount of benefits the CalSTRS member's survivors are eligible for. CalSTRS sends the *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form to the payroll departments of all employers the member worked for during the two years preceding the member's death.

The *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form must be completed by the superintendent or authorized designee. An authorized designee can include a human resources specialist or payroll administrator.

### Section 1: Member Information

This section is completed by CalSTRS. No additional information will be needed from employers for this section.

## Section 2: Employer Information

### Employment Termination Date

Employers are required to provide the member's last day of work or approved leave, which must be on or before the member's date of death. If the member was on an approved leave of absence, enter the date of the last actual day of that leave. This date can also be the same as the last day of compensation. The last day of leave must be on or before the member's date of death.

### Last Day of Compensation

Employers must provide the date of the last day of work or an approved leave for which the member was paid. This date can also be the same as the employment termination date and must be on or before the member's date of death.

### Substitute Designation

Employers are required to designate if the employee was a substitute. If yes, employers must include the dates worked.

### Approved Leave of Absence

Employers are required to designate if the employee was on an approved leave of absence after the last day of work (the actual last day of performing creditable service). If yes, please check the appropriate **LEAVE TYPE** box and enter the beginning and ending dates the member was on an approved leave.

### Reporting Unused Sick Leave Report/Unused Excess Sick Leave Billing

Employers are required to report unused basic and excess sick leave as of the member's last day of compensation to be converted into service credit. For more information on unused sick leave and how it impacts member's CalSTRS benefits, see the [Unused Sick Leave](#) job aid at CalSTRS.com.

### Accumulated Unused Sick Leave Days

Enter the number of accumulated unused sick leave days the member had as of the last day of compensation.

### Unused Excess Sick Leave

Enter the number of unused excess sick leave days the member had as of the last day of compensation. Excess sick leave is the day or total number of days of paid leave of absence due to illness or injury granted by each employer in excess of 12 days per school year (EDC 22170.5(c)). If you are reporting excess sick leave, CalSTRS will send the employer/district a bill for the amount due for the unused excess sick leave days reported. A present-value calculation is used to determine the amount due. This applies only if unused excess sick leave days are reported.

### Contract Base Service Days (final year)

Employers are required to report contract base service days (EDC 22106.2) in the member's final year. To determine contract base service days, subtract the number of school and legal

holidays from the full-time equivalent (FTE). FTE is the number of days that a person is required to work in that position for the school year if employed full-time.

- Full-time equivalent may include school and legal holidays.
- The base service days cannot be fewer than 175 days.
- Base service days for administrators will include vacation days.

### Section 3: Employer Final Compensation Information

#### **Bargained One-year Final Compensation**

Some employers have a collective bargaining agreement that authorizes one-year final compensation when a member has less than 25 years of service credit. If you offer this benefit enhancement and the member met the eligibility requirements, you must provide the relevant page(s) of the collective bargaining agreement that demonstrates eligibility. Bargained one-year final compensation is not applicable to DB 2% at 62 members. For more information regarding this benefit enhancement, see the [Bargained One-year Final Compensation](#) job aid at CalSTRS.com.

#### **Final Compensation Salary Reduction**

Some employers may have years where the member had received a reduced salary due to a reduction in school funds and the member would be eligible to use any three non-consecutive years for final compensation. Reduced salary due to a reduction in school funds can include furlough days or reduced workdays from a member's contractual full-time position with the employer.

If the member has received a reduced salary due to a reduction in school funds, please check the box and indicate the school year(s) in which the reduction occurred.

### Section 4: Required Signatures

Please print the name of the superintendent or authorized designee and official title. The superintendent or authorized designee will also need to sign and date the form. In addition, please include your telephone or fax number as we may need to contact the superintendent or authorized designee for additional information or clarification of information provided on the *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form.

## When is the Employment Termination & Sick Leave Report form due?

Employers are required to certify employment termination and sick leave information within 30 days of the member's date of death or the date that CalSTRS is notified of the member's death, whichever is later. The member's beneficiaries' benefits could potentially be delayed if the form is not returned within the timeframe.

## What are my responsibilities as an employer in new SEW?

In the new system, employers will submit an employee change request to certify death before retirement and the *Survivor Benefits Employment Termination & Sick Leave Report* (SB0554) form will be retired. For more information see the Employee Change Request – [Employer Certification for Death Before Retirement](#) job aid available at [employersupport.calstrs.com](http://employersupport.calstrs.com).