

**Supplemental Material For Item 6(A)(4):
Draft forms attached to the draft policy
as Exhibit A and Exhibit B**

Exhibit A: Draft Pre-Filed Disability Retirement Application



Pre-Filed Disability Retirement Application

475 14th Street, Suite 1000, Oakland, CA 94612-1916 • QIC 22901
510-628-3000 • 1-800-838-1932 • Fax: 510-268-9574
Email: info@acera.org • Website: www.acera.org

SECTION 1

Purpose of This Form: Greater Benefits for Your Beneficiary(ies)

This form authorizes ACERA to file an application for non-service-connected disability on your behalf, in the event you suffer a terminal injury or illness that entitles you to a disability retirement and leads to your death. This form allows you to select an Optional Settlement pursuant to Government Code Sections 31762 (Optional Settlement 2) or Government Code Section 31764 (Optional Settlement 4), which provide your designated beneficiary(ies) greater benefits than they would receive if you were to die without retiring for non-service-connected disability and electing an Optional Settlement 2 or Optional Settlement 4.

For more information on these death benefits, please visit: www.acera.org/pre

SECTION 2

Information About You

Your Name (First Name, Middle Initial, Last Name) Last 4 Digits of Social Security Number

SECTION 3

Your Optional Settlement Election

If you are naming a minor, please review instructions at www.acera.org/minors

For an explanation of this election, visit www.acera.org/pre

Choose one of two options (second option on next page):

1. I elect Optional Settlement 2 and designate the following beneficiary to receive a lifetime monthly allowance upon my death:

Beneficiary Name

Email Address Date of Birth (mm/dd/yyyy) Full Social Security Number

Address

City State Zip Country

Relationship to You Telephone Number

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

until age under California Uniform Transfers to Minors Act
(Optional) Name of Adult Custodian for Minor Named Above 18 - 25

Put your name and date at the top of every page.

Your Name (First Name, Middle Initial, Last Name) _____ Date (mm/dd/yyyy) _____

SECTION 3

Your Optional Settlement Election (continued)

If you are naming a minor, please review instructions at www.acera.org/minors

2. I elect Optional Settlement 4 and designate the following beneficiaries to receive lifetime allowances in the following percentages of my monthly allowance upon my death (cannot exceed 100% total and should equal 100% total to maximize benefits):

Beneficiary Name		Percentage of Benefit	
Email Address	Date of Birth (mm/dd/yyyy)	Full Social Security Number	
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

_____ until age _____ under California Uniform Transfers to Minors Act
(Optional) Name of Adult Custodian for Minor Named Above 18 - 25

Beneficiary Name		Percentage of Benefit	
Email Address	Date of Birth (mm/dd/yyyy)	Full Social Security Number	
Address			
City	State	Zip	Country
Relationship to You		Telephone Number	

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

_____ until age _____ under California Uniform Transfers to Minors Act
(Optional) Name of Adult Custodian for Minor Named Above 18 - 25



Total cannot exceed 100%

Put your name and date at the top of every page.

Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)
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Total cannot exceed 100%

SECTION 3

Your Optional Settlement Election (continued)

Beneficiary Name		Percentage of Benefit
Email Address	Date of Birth (mm/dd/yyyy)	Full Social Security Number
Address		
City	State	Zip
Relationship to You		Telephone Number

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

(Optional) Name of Adult Custodian for Minor Named Above	until age		under California Uniform Transfers to Minors Act
		18 - 25	

Beneficiary Name		Percentage of Benefit
Email Address	Date of Birth (mm/dd/yyyy)	Full Social Security Number
Address		
City	State	Zip
Relationship to You		Telephone Number

If naming a minor, see instructions in side bar for naming an adult custodian. Leave blank if beneficiary is age 18 or over.

(Optional) Name of Adult Custodian for Minor Named Above	until age		under California Uniform Transfers to Minors Act
		18 - 25	

Your Name (First Name, Middle Initial, Last Name)	Date (mm/dd/yyyy)
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SECTION 4

Signature of Member's Spouse or Domestic Partner

If you are married, in a state-registered domestic partnership, or in an Alameda County domestic partnership, then your current spouse/domestic partner needs to sign below. If your spouse/domestic partner cannot or will not sign or if you do not have a spouse/domestic partner, then you must complete and execute the declaration at the bottom of the page.

I, _____,
Name of Spouse or Domestic Partner (Print First Name, Middle Initial, Last Name)

have reviewed the completed sections in this Pre-Filed Disability Retirement Application. I am the spouse, state-registered domestic partner, or Alameda County domestic partner of the ACERA member who is submitting this Pre-Filed Disability Retirement Application. I understand that the sole purpose of my signature below is to acknowledge that I am aware of the selection of benefits and/or change of beneficiary made by my spouse, state-registered domestic partner, or Alameda County domestic partner.

Spouse, State-Registered Domestic Partner, or Alameda County Domestic Partner Signature	Date (mm/dd/yyyy)
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Email of Spouse or Domestic Partner

Member Declaration if There Is No Spouse or Domestic Partner Signature Above

If you are not married, in a state-registered domestic partnership, or in an Alameda County domestic partnership, or if this Pre-Filed Application will not have your spouse/domestic partner signature above, then you must execute a declaration with one of the choices below.

I, _____, declare as follows:
Name of Member (Print First Name, Middle Initial, Last Name)

- I am not currently married, in a state-registered domestic partnership, or in an Alameda County domestic partnership.
- My current spouse/domestic partner has no identifiable community property interest in my ACERA benefits.
- I do not know, and have taken all reasonable steps to determine, the whereabouts of my current spouse/domestic partner.
- My current spouse/domestic partner has been advised of my selection of an optional settlement and/or my change in beneficiary designation and has refused to sign the written acknowledgment.
- My current spouse/domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition.
- I and my current spouse/domestic partner have executed a marriage settlement agreement pursuant to Part 5 (commencing with Section 1500) of Division 4 of the Family Code which makes the community property law inapplicable to the marriage/domestic partnership.

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

Member Signature	Date (mm/dd/yyyy)
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SECTION 5

Authorization and Signature

I understand that by signing this completed form, I elect a monthly allowance for my beneficiary(ies) in lieu of any other death benefits that might be available from ACERA at the time of my death.

I understand that if, after my death, my employer successfully objects to my application for a disability retirement such that the Board of Retirement denies that application, then this form will be null and void and benefits will be paid to my beneficiaries as if this form never existed.

I understand that the following Invalidating Events will wholly or partially invalidate this form as described below.

Dissolution of Marriage or Termination of Domestic Partnership After Filing This Form:

- If I name a spouse or domestic partner as an Optional Settlement 2 beneficiary in this form and the marriage or domestic partnership later dissolves or terminates, this form shall be wholly invalidated.
- If I name a spouse or domestic partner as one of multiple Optional Settlement 4 beneficiaries in this form and the marriage or domestic partnership later dissolves or terminates, the designation of the spouse or domestic partner shall be invalidated. The remaining beneficiaries in this form shall receive the percentage designated to the spouse or domestic partner based on their proportional designations. For example, if the spouse was a 50% beneficiary and there was a 30% beneficiary and a 20% beneficiary, the 30% beneficiary will become a 60% beneficiary and the 20% beneficiary will become a 40% beneficiary.

Marriage and Domestic Partnership After Filing This Form: If I marry or enter into a domestic partnership after filing this form and implementation of this form would result in lower payments to that spouse or domestic partner than would otherwise be available under governing law, this form shall be wholly invalidated.

Children Born or Adopted After Filing This Form: If my child(ren) is/are born or adopted by me after I file this form and implementation of this form would result in lower payments to a child or children than would otherwise be available under governing law, this form shall be wholly invalidated.

Death of Beneficiary After Filing This Form:

- If an Optional Settlement 2 beneficiary in this form predeceases me, this form shall be wholly invalidated.
- If an Optional Settlement 4 beneficiary in this form predecease me, the remaining beneficiaries on this form shall receive the percentage designated to the deceased beneficiary based on their proportional designations. For example, if the deceased beneficiary was a 50% beneficiary and there was a 30% beneficiary and a 20% beneficiary, the 30% beneficiary will become a 60% beneficiary and the 20% beneficiary will become a 40% beneficiary. If all Optional Settlement 4 beneficiaries are deceased, this form will be wholly invalidated.

SECTION 5

Authorization and Signature (continued)

Different Beneficiary Designation(s) After Filing This Form: If after filing this form, I file with ACERA any other type of beneficiary designation that differs from this form—either in which beneficiaries are designated or in the percentages assigned to the same beneficiaries—then this form is wholly invalidated. Provided, however, that if the difference can be explained by another Invalidating Event (e.g., marriage, divorce, birth, adoption, death), then this form shall remain valid to the extent it would remain valid under those other Invalidating Events as described above.

I understand that if the designation of person as my beneficiary would be invalidated by any of the Invalidating Events describe above I can still designate that person as my beneficiary, but I must file a new Pre-Filed Disability Retirement Application after the Invalidating Event (e.g., marriage, dissolution of marriage, birth or adoption of a child).

I understand that I may revoke this election at any time before I die by filing a Revocation of Pre-filed Disability Retirement Application with ACERA.

By filing this Pre-Filed Disability Retirement Application I am revoking any previously filed Pre-Filed Disability Retirement Application that may be on file with ACERA.

I hereby authorize ACERA to file an application for a non-service connected disability retirement on my behalf if I am permanently incapacitated by reason of injury or illness that leads to my death. I understand that that my beneficiaries may also present a claim to the Board of Retirement for a service-connected disability retirement.

I hereby elect an Optional Settlement as indicated in Section 3 above.

Member Signature Date (mm/dd/yyyy)

Exhibit B: Draft Revocation of Pre-Filed Disability Retirement Application



Revocation of Pre-Filed Disability Retirement Application

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SECTION 1

Revocation Signature

I, _____, hereby revoke any Pre-Filed Disability Retirement Application that I have on file with the Alameda County Employees' Retirement Association (ACERA). Such revocation is effective as of the date I file this completed Revocation of Pre-Filed Disability Retirement Application form with ACERA.

Member Signature	Last 4 of SSN	Date (mm/dd/yyyy)
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