

**ATTACHMENT F**

**CaIPERS EXHIBITS FROM THE ADMINISTRATIVE HEARING**

## EXHIBITS

Lee Turner Johnson  
 Agency Case No. 2015-0373  
 OAH Case No. 2015081045

EXHIBIT		I.D.	EVID.
	<b>JURISDICTIONAL DOCUMENTS</b>		
1	Statement of Issus		
2	Notice of Hearing and Proof of Service		
3	Application for Retired Member/Payee Survivor Benefits, Lee Turner Johnson, received September 19, 2014		
4	CalPERS' letter to Lee Turner Johnson, dated March 4, 2015		
5	Letter of appeal from Lee Turner Johnson, dated April 1, 2015		
	<b>OTHER</b>		
6	Retired Service Application of Grantland Johnson, dated November 12, 2003		
7	CalPERS' letter to Grantland Johnson, informing him when he may modify his election to the Option benefits, dated December 4, 2003		
8	my CalPERS Customer Touchpoint Notes		
9	My CalPERS Documents list with relevant documents attached		
10	Letter from Lee Turner Johnson, dated February 11, 2015, enclosing the Marital Settlement Agreement		
11	CalPERS publication 98, Changing your Beneficiary or Monthly Benefit After Retirement		
12	CalPERS Publication 60, Post Retirement Survivor Benefits		
13	MOLOB case log		
14	Average Recalculations of Option Benefits Chart		

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4 Facsimile: (916) 795-3659  
5 Attorneys for California Public  
Employees' Retirement System

6  
7 BOARD OF ADMINISTRATION  
8 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

9 In the Matter of the Appeal Regarding ) AGENCY CASE NO. 2015-0373  
10 Death Benefits Payable Upon the Death )  
of GRANTLAND LEE JOHNSON by ) OAH NO.  
11 LEE TURNER JOHNSON, ) STATEMENT OF ISSUES  
12 Respondent, )  
13 Hearing Date:  
14 Hearing Location: Sacramento  
Prehearing Conf.: None Scheduled  
Settlement Conf.: None Scheduled

15 California Public Employees' Retirement System (CalPERS) states:

16 I

17 CalPERS makes and files this Statement of Issues in its official capacity as such  
18 and not otherwise.

19 II

20 Grantland L. Johnson (Decedent Johnson) was employed by the California  
21 Health and Human Services Agency as the Secretary of the CA Health and Human  
22 Services Agency and classified as a miscellaneous member of CalPERS. Decedent  
23 Johnson retired on November 16, 2003.

24 On November 12, 2003, Decedent Johnson elected Option 2 and designated



1 his then wife, Charlot Bolton, as the beneficiary of the lifetime monthly benefits.

2 III

3 On December 4, 2003, CalPERS sent Decedent Johnson a letter informing him  
4 of his service retirement allowance and stating "[y]ou may modify your election upon  
5 divorce, annulment or legal separation if you have a court order that awards you the  
6 entire interest in your CalPERS benefits."

7 The letter further instructed Decedent Johnson that "[t]o request a modification  
8 of election to name a new beneficiary for lifetime option allowance, please contact the  
9 Benefit Services Division for information about a recalculation of allowance and the  
10 required documentation."

11 IV

12 On August 22, 2013, CalPERS received a Summons Joinder, notifying  
13 CalPERS of Ms. Bolton's community property interest claim to Decedent Johnson's  
14 retirement allowance as a result of their marriage dissolution.

15 On October 21, 2013, CalPERS filed a Notice of Appearance of Employee  
16 Pension Benefit Plan in the marriage dissolution, Case No. 13FL01863.

17 On October 21, 2013, CalPERS sent a letter to Decedent Johnson regarding a  
18 hold on the community property portion of the allowance pending a determination by  
19 the court as to whether Ms. Bolton is entitled to a community property interest in the  
20 retirement benefits.

21 In the letter, CalPERS also requested Decedent Johnson send CalPERS a filed  
22 copy of the entire property settlement agreement or court order in which the community  
23 property determination is made. The letter clearly explained that "[a]ny further  
24 adjustment or payment of funds, other than the one-half you will be receiving, will be

25

1 made only after receipt of the filed court order.”

2 Decedent Johnson divorced Ms. Bolton on November 9, 2013. On November  
3 15, 2013, Decedent Johnson married Lee Turner-Johnson (respondent Johnson).

4 **V**

5 On June 23, 2014, Decedent Johnson sent a letter to CalPERS naming  
6 Respondent Johnson the beneficiary of “. . . all death benefits (previously named for  
7 Charlot Bolton and Patrice Bolton Johnson).” Decedent Johnson specifically stated  
8 that a “court judgment or marital agreement will soon be filed and sent to you, finalizing  
9 all property with my former wife, Charlot Bolton.”

10 On August 7, 2014, CalPERS received a completed Post Retirement Lump  
11 Sum Beneficiary Designation form, naming respondent Johnson, the new beneficiary  
12 to receive 100% of any lump sum death benefit payable under the Public Employees  
13 Retirement law in the event of his death.

14 On August 7, 2014, CalPERS also received a completed Application to Modify  
15 Option and/or Life Option Beneficiary, naming respondent Johnson the new  
16 beneficiary. The Certification of Participant, Section 6 of page 4, is signed by  
17 Decedent Johnson and states “I understand that this form is a request for an election  
18 form to modify my option and name a new beneficiar(ies). I further understand that my  
19 new option/beneficiary change will not be processed until the properly completed  
20 election form is submitted to CalPERS.” Section 1, on page 1, of the form instructs the  
21 member to submit the endorsed-filed court order with the application.

22 Furthermore, Page 21, of CalPERS Publication 98, instructs a retiree must  
23 provide “a copy of the ‘endorsed-filed’ judgment and the entire text of any marital  
24 settlement agreement or other court order that divides the community property. . .” to

1 change the life option beneficiary.

2 Page 21, of CalPERS Publication 98, states that "within 60 days after CalPERS  
3 has received your application and the necessary documentation, we will mail you the  
4 Modification of Original Election at Retirement document with your recalculated  
5 retirement allowance choices. The election document must be returned to us by the  
6 date indicated. If not, CalPERS will cancel your request to change your option."

7 On August 14, 2014, CalPERS sent Decedent Johnson a letter confirming  
8 respondent Johnson is the primary beneficiary and only beneficiary of the Lump Sum  
9 benefits.

10 Decedent Johnson died on August 19, 2014.

11 At the time of his death, CalPERS had not received a Marital Settlement  
12 agreement or other court documents demonstrating division of the community property.

13 Respondent Johnson submitted an Application for Retired-Member/Payee  
14 Survivor Benefits on September 15, 2014, listing herself as Decedent Johnson's  
15 spouse.

16 **VI**

17 On February 11, 2015, CalPERS received a copy of the Judgment on Reserved  
18 Issues and Marital Settlement Agreement, filed on December 31, 2014.

19 **VII**

20 Government Code section 21462 governs the conditions for change in optional  
21 settlement or beneficiary, and provides:

22 Notwithstanding any other provision of this part, a member  
23 who elected to receive optional settlement 2, 3, or 4,  
24 involving a life contingency of the beneficiary, may, if the  
25 beneficiary predeceases the member or if the member  
marries and the former spouse was not named as

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beneficiary, or, if a former spouse was named, in the event of a dissolution or annulment of the marriage or a legal separation in which the judgment dividing the community property awards the total interest in the retirement system to the retired member, elect to have the actuarial equivalent reflecting any selection against the fund resulting from the election as of the date of election of the allowance payable for the remainder of the member's lifetime under the optional settlement previously chosen applied to a lesser allowance during the member's remaining lifetime under one of the optional settlements specified in this article and name a different beneficiary. The election shall be made within 12 months following the death of the beneficiary who predeceased the member or within 12 months of the date of entry of the judgment dividing the community property of the parties, or within 12 months following marriage if the spouse is named as beneficiary. The election shall become effective on the date specified on the election, provided that this date is not earlier than the day following receipt of the election in this system pursuant to this section.

A member who has a qualifying event prior to January 1, 1988, and who fails to elect by January 1, 1989, or a member who has a qualifying event on or after January 1, 1988, and who fails to elect within 12 months, shall retain the right to make an election under this section. However, this election shall become effective no earlier than 12 months after the date it is filed with the board, provided that neither the member nor the designated beneficiary die prior to the effective date of the election.

This section shall not be construed to mean that designation of a new beneficiary causes the selection of an optional settlement. An optional settlement shall be selected by a member in a writing filed by the member with the board.

### VIII

Government Code section 20160 governs a request by a CalPERS member or beneficiary to correct an error, and provides:

(a) Subject to subdivisions (c) and (d), the board may, in its discretion and upon any terms it deems just, correct the errors or omissions of any active or retired member, or any

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beneficiary of an active or retired member, provided that all of the following facts exist:

(1) The request, claim, or demand to correct the error or omission is made by the party seeking correction within a reasonable time after discovery of the right to make the correction, which in no case shall exceed six months after discovery of this right.

(2) The error or omission was the result of mistake, inadvertence, surprise, or excusable neglect, as each of those terms is used in Section 473 of the Code of Civil Procedure.

(3) The correction will not provide the party seeking correction with a status, right, or obligation not otherwise available under this part.

Failure by a member or beneficiary to make the inquiry that would be made by a reasonable person in like or similar circumstances does not constitute an "error or omission" correctable under this section.

(b) Subject to subdivisions (c) and (d), the board shall correct all actions taken as a result of errors or omissions of the university, any contracting agency, any state agency or department, or this system.

(c) The duty and power of the board to correct mistakes, as provided in this section, shall terminate upon the expiration of obligations of this system to the party seeking correction of the error or omission, as those obligations are defined by Section 20164.

(d) The party seeking correction of an error or omission pursuant to this section has the burden of presenting documentation or other evidence to the board establishing the right to correction pursuant to subdivisions (a) and (b).

(e) Corrections of errors or omissions pursuant to this section shall be such that the status, rights, and obligations of all parties described in subdivisions (a) and (b) are adjusted to be the same that they would have been if the act that would have been taken, but for the error or omission, was taken at the proper time. However, notwithstanding any of the other provisions of this section, corrections made pursuant to this section shall adjust the status, rights, and obligations of all parties described in



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subdivisions (a) and (b) as of the time that the correction actually takes place if the board finds any of the following:

(1) That the correction cannot be performed in a retroactive manner.

(2) That even if the correction can be performed in a retroactive manner, the status, rights, and obligations of all of the parties described in subdivisions (a) and (b) cannot be adjusted to be the same that they would have been if the error or omission had not occurred.

(3) That the purposes of this part will not be effectuated if the correction is performed in a retroactive manner.

**IX**

CalPERS determined that respondent Johnson is entitled to the Lump Sum death benefits, in the amount of \$2,000.00. Respondent Johnson was paid \$5,867.10, the funds that were withheld from Decedent Johnson's monthly allowance due to the community property hold. Respondent Johnson was also paid the Option 2 prorata funds, in the amount of \$726.31.

CalPERS determined; however, that respondent Johnson is not entitled to the Option 2 lifetime monthly benefits because Decedent Johnson did not provide CalPERS a copy of the final marital settlement, allowing CalPERS to send Decedent Johnson the recalculation election documents, from which Decedent Johnson could elect a new life option.

**X**

Respondent Johnson was notified of CalPERS' determination and was advised of her appeal rights by letter dated March 4, 2015.

**XI**

Respondent Johnson filed a timely appeal by letter dated April 1, 2015, and has

1 requested an administrative hearing.

2 XII

3 This appeal is limited to whether respondent Johnson is eligible for the Option 2  
4 lifetime monthly benefits.

5 BOARD OF ADMINISTRATION, CALIFORNIA  
6 PUBLIC EMPLOYEES' RETIREMENT SYSTEM

6 Dated: 8/26/15

7 BY Anthony Suine  
8 ANTHONY SUINE, Chief  
9 Benefit Services Division

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7 Facsimile: (916) 795-3659

8 Attorneys for California Public  
9 Employees' Retirement System

10 BOARD OF ADMINISTRATION  
11 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

12 In the Matter of the Appeal Regarding )  
13 Death Benefits Payable Upon the Death )  
14 of GRANTLAND LEE JOHNSON by )

CASE NO. 2015-0373  
OAH NO. 2015081045

15 LEE TURNER JOHNSON,

NOTICE OF HEARING

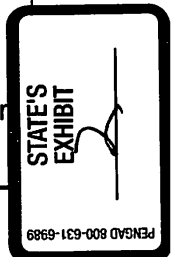
16 Respondent. )

(Pursuant to Gov. Code, § 11509)

ALJ: To Be Assigned  
Hearing Date: October 6, 2015  
Hearing Location: Sacramento  
Prehearing Conf.: None Scheduled  
Settlement Conf.: None Scheduled

17 TO THE RESPONDENTS above named: Lee Turner Johnson, by service on  
18 Ian J. Barlow, her attorney of record.

19 YOU AND EACH OF YOU WILL PLEASE TAKE NOTICE that the hearing of the  
20 Statement of Issues in the above-entitled matter has been set and will be held before  
21 an Administrative Law Judge of the Office of Administrative Hearings of the State of  
22 California at: Office of Administrative Hearings Sacramento, 2349 Gateway Oaks  
23 Drive, Suite 200, Sacramento, CA 95833-4231 for one day on October 6, 2015 at  
24 9:00 a.m., upon the charges made in the Statement of Issues served upon the  
25 respondent. If you object to the place of hearing, you must notify the presiding officer



1 within 10 days after this notice is served on you. Failure to notify the presiding officer  
2 within 10 days will deprive you of a change in the place of the hearing. You may  
3 contact Catherine B. Frink, Presiding Administrative Law Judge of the Office of the  
4 Administrative Hearings Sacramento at (916) 263-0550.

5 You may be present at the hearing. You have a right to be represented by an  
6 attorney at your own expense. You are not entitled to the appointment of an attorney  
7 to represent you at public expense. You are entitled to represent yourself without legal  
8 counsel. You may present any relevant evidence and will be given full opportunity to  
9 cross-examine all witnesses testifying against you. You are expected to be ready to  
10 proceed with your case at the time of hearing. Failure to appear at the hearing, either  
11 through an attorney or personally, if you do not have an attorney, may result in a  
12 default. This means that CalPERS' decision will be upheld irrespective of any  
13 evidence that may or may not be introduced in your absence.

14 You have a right to an interpreter if you do not proficiently speak or understand  
15 English. If you need an interpreter, you must notify CalPERS immediately so that  
16 appropriate arrangements can be made.

17 You are entitled to the issuance of subpoenas to compel the attendance of  
18 witnesses and the production of books, documents, or other things by applying to said  
19 agency at: Office of Administrative Hearings Sacramento, 2349 Gateway Oaks Drive,  
20 Suite 200, Sacramento, CA 95833-4231.

21 BOARD OF ADMINISTRATION, CALIFORNIA  
22 PUBLIC EMPLOYEES' RETIREMENT SYSTEM

23 Dated:

9/3/15



24 \_\_\_\_\_  
PREET KAUR,  
25 Staff Attorney

### PROOF OF SERVICE

I am employed in the County of Sacramento, State of California. I am over the age of 18 and not a party to the within action; my business address is: California Public Employees' Retirement System, Lincoln Plaza North, 400 "Q" Street, Sacramento, CA 95811 (P.O. Box 942707, Sacramento, CA 94229-2707).

On September 4, 2015, I served the foregoing document described as:

**STATEMENT OF ISSUES, NOTICE OF HEARING**, and Government Code sections 11507.5, 11507.6 and 11507.7 (relating to discovery under the Administrative Procedure Act) – In the Matter of the Appeal Regarding Death Benefits Payable Upon the Death of GRANTLAND LEE JOHNSON by LEE TURNER JOHNSON, Respondent.; Case No. 2015-0373; OAH No. 2015081045.

on interested parties in this action by placing \_\_\_ the original XX a true copy thereof enclosed in sealed envelopes addressed and or e-filed as follows:

**Kershaw, Cutter & Ratinoff, LLP**  
Ian J. Barlow  
401 Watt Avenue  
Sacramento, CA 95864  
(Via Certified Mail – Return Receipt Requested)

**Office of Administrative Hearings**  
Sacramento  
2349 Gateway Oaks Drive, Suite 200  
Sacramento, CA 95833-4231  
(Via e-file/e-transmission:  
OAH Sacto - [sacfilings@dgs.ca.gov](mailto:sacfilings@dgs.ca.gov))

**Lee Turner Johnson**

[REDACTED]

(Via Certified Mail – Return Receipt Requested)

[ XX ] BY MAIL -- As follows: I am "readily familiar" with the firm's practice of collection and processing correspondence for mailing. Under that practice it would be deposited with the U.S. postal service on that same day with postage thereon fully prepaid at Sacramento, California, in the ordinary course of business. I am aware that on motion of the party served, service is presumed invalid if postal cancellation date or postage meter date is more than one day after the date of deposit for mailing an affidavit.

[ XX ] BY ELECTRONIC TRANSMISSION: I caused such document(s) to be sent to the addressee(es) at the electronic notification address(es) above. I did not receive within a reasonable time of transmission, any electronic message, or other indication that the transmission was unsuccessful.

Executed on September 4, 2015, at Sacramento, California.

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

Adriana Reagin  
NAME

  
SIGNATURE



P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

RECEIVED  
SACRAMENTO-CALPERS

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California Public Employees' Retirement System

DDC - 4

September 09, 2014

Lee A. Turner



Application for Retired Member/Payee Survivor Benefits

Grahaud L. Johnson

Name of the Deceased Member

Social Security Number/ CalPERS ID Number

Signature Section

Required Information

This section is required. By filling out this section, you certify under penalty of perjury under the laws of the State of California that the information provided here is correct to the best of your knowledge. You also claim any benefits to which you may be entitled. You understand that completing this document does not necessarily entitle you to benefits.

Security card and provide your Social Security number.

Dr. Lee A. Turner

Name (First Name, Middle Initial, Last Name)

Daytime Phone

Signature

Dr. Lee A. Turner

Date (mm/dd/yyyy)

09/12/2014

Male / Female

Social Security Number

Relationship to Deceased

Date of Birth

Gender

Provide an address for other correspondence only if it is different than the address you provided for payment.

Address for Payment

City

Sacramento

State

CA

ZIP

95820

Address for Other Correspondence

N/A

City

State

ZIP

For Spouses Only: Continue Direct Deposit?

Yes  No

Checking  Savings

Routing Number (nine digits)

Account Number

Was the deceased a member of another public retirement system in California?

(e.g., STRS, UCRS, County or City Retirement System)  Yes  No  Don't Know

If Yes, Name of System

Section 1

Information About the Member and Immediate Family

Please fill out this form as completely as possible. The information will help us determine who is entitled to survivor benefits.

Will the estate of the deceased require probate?

Yes  No  Don't Know

Did the deceased leave a will?

Yes  No  Don't Know

wife is beneficiary

(Copy is not required unless the estate is the named beneficiary and does not require probate.)

Name of Executor/Administrator

Address

City

State

ZIP

Daytime Phone

my|CalPERS 1191



Outland L. Johnson  
Name of the Deceased Member Social Security Number (CalPERS ID Number)

**Section 1 (continued)**

**Information About the Member and Immediate Family (continued)**

N/A  
Attorney Handling Probate  
Address  
City State ZIP Daytime Phone  
Did the deceased leave a trust?  Yes  No  Don't Know  
Trustee Name  
Address  
City State ZIP Daytime Phone

Provide information about the spouse or registered domestic partner. **Was the deceased married or in a legal domestic partnership on the date of death?**  
 Yes  No  Don't Know

If Yes, complete the following:  
Dr. Lee A. Turner  
Name of Spouse or Domestic Partner (First, Middle Initial, Last) Social Security Number  
Date of Birth (mm/dd/yyyy) Date of Marriage/Domestic Partnership (mm/dd/yyyy)  
11/15/2013  
Address  
City Sacramento State CA ZIP 95820 Daytime Phone  
If No, Reason:  Never Married  Spouse Deceased Date (mm/dd/yyyy)  
 Divorced/Other Date (mm/dd/yyyy)

Provide as much information you know about all the children. **Was the deceased survived by natural or adopted children?**  Don't Know  
 Yes 1 complete the information requested below for each child.  
# of children  
 No  Never Had Children  All Children Deceased (Proceed to Section 2)

Name of Child (First Name, Middle Initial, Last Name) Social Security Number Gender Male / Female  
Patrice L. Bolton-Johnson  
MA.  
Date of Disability (mm/dd/yyyy) Disabled?  No  Yes Date of Birth (mm/dd/yyyy)  
Address  
City Sacramento State CA ZIP 95833 Daytime Phone

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child. N/A.

Name of Child (First Name, Middle Initial, Last Name)  
Address  
City State ZIP Daytime Phone



Name of Deceased Member Brawland L. Johnson Social Security Number / CalPERS ID Number \_\_\_\_\_

**Section 1 (continued)**

**Information About the Member and Immediate Family (continued)**

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender Male / Female

Date of Disability(mm/dd/yyyy) \_\_\_\_\_ Disabled?  No  Yes Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child.

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If there is not enough space to enter all of the names and addresses of the decedent's children, attach a separate sheet or use Section 4 of this application. Be sure to use a label, or clearly write the member's Social Security Number and name on each attachment.

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Disability(mm/dd/yyyy) \_\_\_\_\_ Disabled?  No  Yes Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child.

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_





Stanford L. Johnson  
Name of Deceased Member Social Security Number / CalPERS ID Number

**Section 2**

Complete this section if the deceased was survived by a parent.

Was the deceased survived by a parent or parents?

Yes  No  Don't Know

If Yes, complete the following:

Name of Mother (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP Daytime Phone

Name of Father (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP Daytime Phone

Stop! If you have marked yes to any of the above and provided the names and addresses, you do not need to complete the remaining questions.

**Section 3**

**READ FIRST**

If you answer "Yes" to one of these questions, please provide the name(s), address(es) and telephone number(s) in Section 4 titled "Other Next of Kin." You do not need to answer the rest of the questions.

Next Of Kin - If No Spouse, Children, Living Parents Spouse

Was the deceased survived by any living brothers or sisters?

Yes  No  Don't Know  
How Many?

MA Dr. Lee Turner

Was the deceased survived by any step children who had been in a parent child relationship?

Yes  No  Don't Know  
How Many?

Was the deceased survived by any grandchildren (including step grandchildren)?

Yes  No  Don't Know  
How Many?

Was the deceased survived by any nieces and nephews?

Yes  No  Don't Know  
How Many?

Was the deceased survived by any great grandchildren?

Yes  No  Don't Know  
How Many?

Was the deceased survived by any cousins?

Yes  No  Don't Know  
How Many?

If you answered yes to any of the above questions, please provide name(s), address(es), and phone number(s) in Section 4, Other Next of Kin.

Did the deceased prepay for funeral expenses?

Yes  No  Don't Know

If No, provide name, address, and telephone number of person who paid the funeral expenses.

Dr. Lee Turner  
Name of Person Paying For Funeral Expenses Social Security Number

[Redacted]  
Daytime Phone



Bernhard L. Johnson

Name of Deceased Member

Social Security Number / CalPERS ID Number

**Section 4**

**Other Next of Kin**

Be sure to indicate the relationship of the persons you listed in this section (Brothers/Sisters, Stepchildren, Grandchildren, Nieces/Nephews, Great-Grandchildren, Cousins).

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_  
Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_  
Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_  
Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_



Stanley L. Johnson

Name of Deceased Member

Social Security Number ( CalPERS ID Number

**Section 4 (continued) Other Next of Kin (continued)**

Be sure to indicate the relationship of the persons you listed in this section (Brothers/Sisters, Stepchildren, Grandchildren, Nieces/Nephews, Great-Grandchildren, Cousins).

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Male / Female  
Birthdate (mm/dd/yyyy) Gender

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Male / Female  
Birthdate (mm/dd/yyyy) Gender

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If there are additional next of kin, please attach a sheet of paper and list the remaining persons, providing this same information.

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Male / Female  
Birthdate (mm/dd/yyyy) Gender

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Mail to:**

CalPERS Benefit Services Division P.O. Box 1652, Sacramento, California 95812-1652

myCalPERS 1191





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Grantland L. Johnson  
Participant Name

Social Security Number / CalPERS ID Number

Statement of Citizenship/Federal Tax Withholding Election

Section 1

Information About You

Provide information about yourself and complete Section 2 or 3 if applicable.

Dr. Lee A. Turner  
Name (First Name, Middle Initial, Last Name)

SSN  ITIN

Social Security Number (SSN) or IRS assigned Foreign Taxpayer Identifying Number (ITIN)

Note: ITIN is required for payment if you are a foreign citizen or resident alien.

Permanent Residence Address (Do Not Use P.O. Box or "In-Care-Of" Address Here)

Sacramento CA 95820 U.S.A.  
City State ZIP Country (Do Not Abbreviate)

Mailing Address (if different from residence)

City State ZIP Country (Do Not Abbreviate)

Lump-sum benefits will be subject to withholding at the current rates specified by the Internal Revenue Service.

I am a citizen and resident of the United States. If this box is marked, skip sections 2, 3 and 4 and sign here.

Dr. Johnson  
Signature

9.14.2014  
Date (mm/dd/yyyy)

Section 2

U.S. Citizen Living Abroad or Resident Alien

Fill out this section only if you are a U.S. citizen living abroad or a resident alien.

I am a citizen of the United States living abroad

I am a citizen of \_\_\_\_\_ and a legal resident of the United States of America.  
Country

I do not elect federal withholding from any monthly benefit.

I elect federal withholding from any monthly benefit as follows:

Marital status:

Single \_\_\_\_\_  Married \_\_\_\_\_  Married, but withhold \_\_\_\_\_  
Number of Allowances Number of Allowances at higher Single rate Number of Allowances

In addition, I elect to have the following amount of federal tax withheld: \$ \_\_\_\_\_

You can designate a specific dollar amount to be withheld only if you are also withholding based on the tax tables.

Important: Be sure to sign the next page of this form or your election cannot be processed.

my|CalPERS 0678



**Section 3 Non-Resident Alien**

Fill out this section only if you are a non-resident alien.

Country of Citizenship

Country of Legal Residence

I hereby request withholding of U.S. federal tax based on the rate prescribed in the income tax treaty between my country of residence and the United States. I have provided my taxpayer identification number as requested above. If my country of residence does not have a tax treaty with the U.S., 30 percent will be withheld as prescribed by federal law.

**Section 4 Certification**

A "beneficial owner" is normally the beneficiary entitled to payment. For more information, please see IRS Form W-8BEN on the Internet at [www.irs.gov](http://www.irs.gov).

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

Signature



Date (mm/dd/yyyy)

09.17.2014





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Tax Withholding Election for Survivor Benefits Including Benefits Eligible for Rollover

Brawland L. Johnson  
Name of the Deceased Member Social Security Number \ CalPERS ID Number  
You may be eligible for a lump sum and/or monthly benefit. Please complete all applicable sections of this form

Important: Failure to return this form will be considered an election to have taxes withheld

Section 1 Monthly (Periodic Payments) and/or Prorated Payment  
Federal Tax Withholding Election

There are penalties for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in Internal Revenue Service Publication 505. To order call (800) 829-3676.

- I do not elect to have federal tax withheld from my death benefit payment(s).
- I elect to have federal tax withheld based on:
  - Single 0  Married           Married, but withhold at higher Single rate
  - Number of Allowances Number of Allowances Number of Allowances

In addition, I elect to have the following amount of federal tax withheld \$         .  
You can designate a specific dollar amount to be withheld only if you are also withholding based on the tax tables.

California State Tax Withholding Election

- I do not elect to have state tax withheld from my death benefit payment(s).
- I elect to have state tax withheld based on:
  - Single 0  Married           Head of Household
  - Number of Allowances Number of Allowances Number of Allowances

In addition, I elect to have the following amount of state tax withheld \$         .

- I elect to have State tax withheld in the amount of 10 percent of the amount withheld for federal income tax withholding.

Section 2 Lump Sum(Non-Periodic Payments) Option One and Temporary Annuity Payments  
Federal Tax Withholding Election

Important  
Please consider your election carefully. Once payment has been issued, you cannot make a change. Your decision is final once payment had been made.

- I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.
- I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

Name of Financial Institution Fidelity Investments/Community Housing Opportunity Retirement Savings Corporation.

IRA Information  
A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA" or "Inherited IRA".  
However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

Plan Name           
Account Number           
Address of Institution PO Box 673023 (www.fidelity.com/atwork)  
Dallas Texas 75267-3023  
City State ZIP Code

California Tax Withholding Election

- I do not elect to have State tax withheld from my lump sum benefit payment.
- I elect to have State tax withheld from my lump sum benefit payment.

myCalPERS 1192



Put name and Social Security number at the top of every page. Ernest L. Johnson  
Name of Deceased Member Social Security Number / CalPERS ID Number

**Section 3 Lump Sum(Non-Periodic Payments) Retired Death Benefit**

Federal Tax Withholding Election

**IRA Information**  
A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA." or "Inherited IRA." However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

- I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.
- I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

Same as above Fidelity Investments fthoc  
Name of Financial Institution

Retirement Savings  
Plan Name

Account Number  
PO Box 673023

Address of Institution

Dallas TX 75267-3023  
City State ZIP Code

California Tax Withholding Election

- I do not elect to have State tax withheld from my lump sum benefit payment.
- I elect to have State tax withheld from my lump sum benefit payment.

**Section 4 Tax Election Declaration**

By signing here, I hereby make the elections checked above

Be sure to sign this form if you make an election. Otherwise, we will return the form for your signature, which will delay payment if you are the beneficiary.

[Signature]  
Your Signature Social Security Number or Tax Identification Number

09/15/2014  
Date (mm/dd/yyyy)

Important: Failure to return this form will be considered an election to have taxes withheld

Mail to: CalPERS Benefit Services Division P.O. Box 1652, Sacramento, California 95812-1652





California Public Employees' Retirement System  
Benefit Services Division  
P.O. Box 1652  
Sacramento, CA 95812-1652  
TTY: (877) 249-7442  
(888) CalPERS (225-7377) phone • (916) 795-1281 fax  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

Reply To: Section 440/MC  
Refer To:

March 3, 2015

**CERTIFIED MAIL- RETURN RECEIPT REQUESTED**

Dr. Lee Turner Johnson  
[REDACTED]

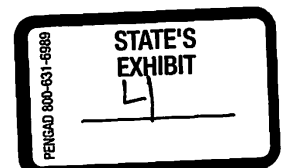
Dear Dr. Turner Johnson:

Please accept my condolences regarding the death of your husband, Grantland Johnson. This letter is to advise that we have received your claim for death benefits payable from this system. We have reviewed Mr. Johnson's file along with the correspondence and documents you submitted. The following information will provide an explanation of the benefits payable and why there are no continuing monthly benefits payable to you.

Mr. Johnson retired with CalPERS on November 16, 2003 electing the Option 2 allowance and naming his current spouse at the time, Charlot Bolton, as his option beneficiary. On December 4, 2003, correspondence from CalPERS (copy enclosed) was sent to Mr. Johnson confirming his election to receive the Option 2 allowance. This correspondence included information regarding the Beneficiary/Survivor Allowance. It specifically states that the member may modify his election upon marriage after retirement if a former spouse was not named as the beneficiary. If a former spouse was named, the member must have a court order that awards him the entire interest in his CalPERS benefits before he can name a new spouse as beneficiary. It instructs the member that to request a modification of election to name a new beneficiary for a lifetime option allowance, he should contact Benefit Services Division for information about a recalculation of allowance and the required documentation.

In August 2013, CalPERS was notified of Ms. Bolton's community property interest claim to Mr. Johnson's retirement allowance as a result of their marriage dissolution. In December 2013, we began holding one-half of Mr. Johnson's allowance pending receipt of the court order resolving the community property claim. A filed copy of the entire property settlement agreement, or court order in which the community property determination was made, was requested once the respective interests of the parties were determined by the court.

We received correspondence from Mr. Johnson requesting that you be named as his beneficiary for benefits that were previously named for Ms. Bolton and Ms. Bolton Johnson. On August 7, 2014, we received Mr. Johnson's completed Post Retirement Lump Sum Beneficiary Designation form naming you as his beneficiary to receive 100% of any lump sum death benefits payable under the Public Employees Retirement law in the event of his death. We also received an Application to Modify Option and/or Life Option Beneficiary.





Dr. Lee Turner Johnson  
March 3, 2015  
Page 2

The qualifying event provided is the divorce on November 9, 2013. Under this event, our form instructs the member to submit a copy of the endorsed filed court order. Mr. Johnson listed your information under the new beneficiary information section. He selected the box for a calculation of Option 4 100%, but this is lined out with what appears to be his initials next to the alterations. Mr. Johnson listed you as a possible eligible survivor for Survivor Continuance; however, this would only be payable to a spouse whom the member was married to prior to retirement. In the Certification of Participant section of the form above Mr. Johnson's signature, the following statement is provided:

I understand that this form is a request for an election form to modify my option and name a new beneficiary(ies). I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS. I hereby certify under penalty of perjury that the foregoing is true and correct.

Following Mr. Johnson's passing on August 19, 2014, CalPERS sent forms for you to complete and submit in order to claim the death benefits that are payable. We received your completed forms and advised you that we still needed a copy of the final settlement on the community property issue in order to determine what is payable.

On February 11, 2015, we received multiple documents from you including your correspondence claiming a right to the lump sum death benefits, Option 2 monthly benefit, health/dental benefits and the accrued payment held while awaiting a filed copy of the court order or entire property settlement agreement; as well as a copy of the Judgment on Reserved Issues and Marital Settlement Agreement, filed December 31, 2014, pertaining to the member's retirement benefits with CalPERS. Our community property area reviewed the document and removed the community property hold based on the judgment which awarded Mr. Johnson the entire interest in his pension.

In accordance with GC section 21454, and based on the judgment on reserved issues awarding Mr. Johnson the entire interest in his pension along with his written request, we have determined that Mr. Johnson's former spouse will be removed as his option beneficiary. Therefore, the lifetime monthly Option 2 allowance will not be payable to Charlot Bolton.

Government Code Section 21454 also provides that when the option is modified and the former spouse is removed as the option beneficiary, the modification shall provide that payment shall be continued during the retired person's lifetime in accordance with the optional settlement then in effect but that no monthly allowance shall be paid following the retired person's death, and in lieu thereof there shall be paid in a lump sum to the member's estate or a beneficiary designated by him or her the amount, if any, by which the member's accumulated contributions at retirement exceed the total payments made to the retired person to the date of his or her death. Therefore, you are also entitled to the balance of Mr. Johnson's accumulated contributions at retirement in the amount of \$2,858.71.

Mr. Johnson designated you as the beneficiary to receive any lump sum benefits payable under the Public Employees' Retirement Law in the event of his death, thus, you are entitled to the

Dr. Lee Turner Johnson  
March 3, 2015  
Page 3

\$2,000.00 Retired Death Benefit. We have processed payment of this lump sum death benefit to you. In accordance with Government Code section 21506, and because Mr. Johnson's former spouse was removed as his option beneficiary thereby making a lifetime monthly option 2 allowance not payable, you are also entitled to the prorated allowance payable for the 19 days in August 2014 that Mr. Johnson survived as well as the accrued payment consisting of the one-half portion of Mr. Johnson's allowance held pending resolution of the community property issue. We will now forward Mr. Johnson's file for processing of the accrued payment.

Government Code Section 21462 addresses Conditions for Change in Optional Settlement or Beneficiary. It includes:

- (a) (1) Notwithstanding any other provision of this part, a member who elected to receive optional settlement 2, 3, or 4, involving a life contingency of the beneficiary, may, if the beneficiary predeceases the member or if the member marries and the former spouse was not named as beneficiary, or, if a former spouse was named, in the event of a dissolution or annulment of the marriage or a legal separation in which the judgment dividing the community property awards the total interest in the retirement system to the retired member, elect to have the actuarial equivalent reflecting any selection against the fund resulting from the election as of the date of election of the allowance payable for the remainder of the member's lifetime under the optional settlement previously chosen applied to a lesser allowance during the member's remaining lifetime under one of the optional settlements specified in this article and name a different beneficiary.
- (b) The election shall be made within 12 months following the death of the beneficiary who predeceased the member or within 12 months of the date of entry of the judgment dividing the community property of the parties, or within 12 months following marriage if the spouse is named as beneficiary. The election shall become effective on the date specified on the election, provided that this date is not earlier than the day following receipt of the election in this system pursuant to this section.
- (d) This section shall not be construed to mean that designation of a new beneficiary causes the selection of an optional settlement. An optional settlement shall be selected by a member in a writing filed by the member with the board.

Generally, after an Application to Modify Option and the required supporting documents are received, a recalculation of the various retirement options is completed to provide a benefit for a new beneficiary. This type of recalculation usually causes a reduction to the member's current benefit in order to provide a monthly benefit to the new beneficiary. An election document providing the figures under the various options available is mailed to the member within 60 days so the member may review the new benefit amounts, decide if they wish to elect a new option, and then select a new option. If the completed election document is not received by the due date the change is not processed. If the completed election document is received by the due date, the member's benefit is changed effective on the first day of the following month. Upon the member's death, the benefit elected becomes payable to the new beneficiary. Both the member and the new beneficiary must be alive on the effective date.

March 4, 2015  
Page 4

In accordance with GC section 21462, and because the conditions required to change an optional settlement beneficiary were not met, CalPERS cannot process a recalculation to Mr. Johnson's Option 2 benefit.

In cases where there is no ongoing monthly Option benefit payable to a beneficiary, there may still be an ongoing monthly Survivor Continuance benefit payable for eligible survivors. An eligible surviving spouse must have been married to the member for at least one year prior to the member's retirement date and continued without interruption until the death of the member. Because your marriage took place after your husband's retirement date, you are not eligible to receive this monthly Survivor Continuance benefit.

Dr. Turner Johnson, unfortunately there are no monthly benefits payable to you from CalPERS. Since you are not entitled to a monthly allowance, you are not eligible to continue enrollment in the employer sponsored health insurance through CalPERS. However, you may be eligible for continued coverage through the COBRA program. COBRA refers to federal legislation which allows you to continue enrollment in a group-sponsored health plan at a rate of 102% of the gross premium rate. You may participate for a limited period of time by paying your premium directly to the health insurance carrier. An election for COBRA coverage must be made within 60 days of notification of eligibility. If you are interested in enrolling for COBRA insurance, you should contact the CalPERS Health Benefits Division to inquire about group insurance coverage continuation, please call **888 CalPERS (or 888-225-7377)**.

If you wish to appeal our determination that the conditions required to change an optional settlement beneficiary were not met, you have the right to do so. An appeal must be filed in writing with CalPERS at the address in the letterhead above, within 30 days of the mailing of this letter. The right to appeal is provided for under Sections 555 – 555.4, Title 2 of the California Code of Regulations. A copy of the applicable code sections is attached for your information. An appeal, if filed, must contain the factual basis and the legal authorities for the appeal. If you file an appeal, you will be provided with a statement of issues and notified of the hearing date by our Legal Office. The Legal Office will contact you and handle all requests for information. If you do not intend to appeal, we will move forward with payment of the balance of the member's accumulated contributions at retirement to you. If an appeal is received we will be unable to process payment of the balance of the member's accumulated contributions at retirement until this matter is resolved. If you have any questions, please contact Melissa Cisneros of my staff at her direct line (916) 795-0238.

Sincerely,

KEITH RIDDLE, Assistant Chief  
Benefit Services Division

Attachment: PERS-OSS-197

April 1, 2015

APR 2 2015

California Public Employees Retirement System Benefits Services Division and  
Members of the Cal Pers Board of Directors  
P.O. Box 1652  
Sacramento, CA 95812-1652

**NOTICE OF APPEAL**

**Re: Dr. Lee Turner Johnson - Reference Number**

Dear Benefits Division and Members of the Board:

The following letter constitutes a notice of appeal on behalf of Dr. Lee Turner Johnson to the Division's March 4, 2015 decision denying Ms. Turner Johnson's application to recalculate her late husband Grantland Johnson's option 2 benefit. As a result of the decision, Ms. Turner Johnson was incorrectly denied life time health and dental benefits.

Ms. Turner Johnson's appeal is based on the PERS Benefits Division's overly restrictive reading of the relevant statutes, and basic principles of equity and fairness. The late Grantland Johnson clearly intended before his death to change his optional settlement beneficiary option to Ms. Turner Johnson. Only his untimely death prevented him from finishing the process. The relevant statutes address only the requirements for a living retiree to complete the process. The appeal should be granted.

The key facts are as follows:

- 1) Mr. Johnson had previously been married to Charlot Bolton. Their divorce was finalized on November 9, 2013. On November 15, 2013, Mr. Johnson married Lee Anne Turner Johnson.
- 2) On December 12, 2013, Mr. Johnson wrote CALPERS requesting that his wife Lee Anne Turner Johnson be added to his retiree health plan.
- 3) On June 23, 2014, Mr. Johnson wrote CALPERS requesting that Lee Turner Johnson 'be named as the beneficiary with my CALPERS retirement and all death benefits (previously named for Charlot Bolton and Patrice Bolton Johnson.)'
- 4) On August 5, 2014, Mr. Johnson signed CALPERS 'Application to Modify Option and or Life Option Beneficiary' to designate Lee Turner Johnson as his new beneficiary. He further signed the 'Post Retirement Lump Sum Beneficiary Designation' on the same form on the same day.



- 5) On August 14, 2014, CALPERS wrote Mr. Johnson confirming acceptance of Ms. Turner Johnson as Mr. Johnson's beneficiary.
- 6) On August 19, 2014, Mr. Johnson died.
- 7) On September 9, 2014, CALPERS wrote Ms. Turner Johnson requesting that she return the CALPERS application claiming death benefits.
- 8) On January 12, 2015, Ms Turner Johnson sent CALPERS a copy of the final judgment on property in the marital settlement between Grantland Johnson and Charlot Bolton. The settlement endorsed by the court on December 31, 2014 provided that all interests in Mr. Johnson's pension be 'Confirmed to Husband' (Mr. Johnson)
- 9) On February 14, 2015, Ms. Turner Johnson wrote CALPERS in part to protest CALPERS decision to remove her from Mr. Johnson's medical/dental plans.
- 10) On February 17, 2015, CALPERS wrote Ms. Turner Johnson informing her that they were removing Charlot Bolton's community property claim against Mr. Johnson's pension and referring the remainder of Ms. Turner Johnson's claim to its Death Benefits Unit.
- 11) On March 4, 2015, CALPERS Benefit Services Division wrote Ms. Turner Johnson by certified mail denying Mr. Johnson's request to recalculate his option 2 benefit on behalf of Ms. Turner Johnson. The division denied the request under Government Code section 21462 because '(b)oth the member and the new beneficiary must be alive on the effective date. Unfortunately, Mr. Johnson passed away before he was awarded full interest in his retirement benefits and before a recalculation election document could be provided to him.'

## ARGUMENT

### 1. Mr. Johnson Expressed Clear Intent Before His Death to Change His Optional Settlement Beneficiary To Ms. Turner Johnson

There is no factual dispute that on numerous occasions before his death, Mr. Johnson clearly expressed his intent that Ms. Turner Johnson become his sole option 2 beneficiary. His December 12, 2013 letter to PERS asked that Ms. Turner Johnson, his new wife, be added to his retiree health plan. On August 5, 2014, he signed the formal CALPERS application to do exactly what Ms. Turner Johnson now seeks, to become Mr. Johnson's sole optional settlement beneficiary. His intent is not in dispute.

### 2. Mr. Johnson Substantially Complied with Government Code Section 21462 Before He Died

California courts have long held that substantial compliance with a government requirement should uphold a claim for relief.

“Substantial compliance, as the phrase is used in the decisions, means *actual* compliance in respect to the substance essential to every reasonable objective of the statute.’ Where there is compliance as to all matters of substance technical deviations are not to be given the stature of noncompliance. Substance prevails over form. When the plaintiff embarks [on a course of substantial compliance], every reasonable objective of [the statute at issue] has been satisfied.” (Emphasis added.)

*Cal-Air Conditioning, Inc. v. Auburn Union Sch. Dist.*, 21 Cal. App. 4th 655, 668 (1993) (quoting *Southern Pac. Transportation Co. v. State Bd. of Equalization*, 175 Cal.App.3d 438, 442 (1985)); see also *Freeman v. Vista de Santa Barbara Associates LP*, 207 Cal. App. 4th 791, 793 (2012) (“Substantial compliance with a statute is dependent on the meaning and purpose of the statute.”); *Costa v. Superior Court*, 37 Cal. 4th 986, 1017 n.24 (2006) (“each objective or purpose of a statute must be achieved in order to satisfy the substantial compliance standard”).

The only reason Mr. Johnson did not complete the process as described in the denial letter was his untimely death on August 19, 2014. It is obvious that he would have followed through had he survived longer.

Section 21462 (a) (1) does condition a retiree changing his beneficiary from a divorced spouse to a new spouse in part upon a ‘judgment’ which ‘awards the total interest in the retirement system to the retired member.’ There is nothing in subsection (a) which states a time line for submission to CALPERS of such a judgment.

Section 21462 (b) provides the relevant time lines. It requires that the election to change beneficiaries be made ‘within 12 months of the entry of the judgment dividing the community property of the parties.’ Since the community property decision was filed and endorsed by the court on December 31, 2014, nearly four and one half months after Mr. Johnson’s death, it fell to Ms. Turner Johnson to submit the court decision to CALPERS. She did so on January 12, 2015 and again on February 11, 2015, well within section 21462’s 12 month submission deadline. Mr. Johnson’s actions clearly constitute substantial compliance with CALPERS’ requirements.

### **3. The Government Code Sections Do Not Address This Unique Situation For It Was Impossible For the Retiree to Comply**

The courts have also long held that where it is impossible for a party to comply with a contract, he should not be held responsible for full compliance.

[U]nder general contract principles, appellant’s obligation to perform under the contract would be discharged due to impossibility, impracticability and frustration of purpose. Performance under a contract is excused “[w]here, after a contract is made, a party’s performance is made impracticable without his fault by the occurrence of an event the nonoccurrence of which was a basic assumption on which the contract was made, his duty to render that performance is discharged, unless the language or the circumstances indicate the contrary.”

In re Marriage of Benjamins, 26 Cal. App. 4th 423, 432 n.3 (1994) (quoting Rest. 2d Contracts, § 261); see also Mineral Park Land Co. v. Howard, 172 Cal. 289, 291 (1916) (recognizing that impossibility, but not mere difficulty, excuses a party's performance under a contract); Cazares v. Saenz, 208 Cal. App. 3d 279, 285 (1989) ("[P]erformance is excused when [a] party dies or becomes otherwise incapable of performing." (citing Rest. 2d Contracts, §§ 261, 262)). The Restatement of Contracts, section 262, cited in Cazares, provides: "If the existence of a particular person is necessary for the performance of a duty, his death or such incapacity as makes performance impracticable is an event the non-occurrence of which was a basic assumption on which the contract was made." Rest. 2d Contracts, § 262.

The doctrine of impossibility applies foursquare in this situation. CALPERS Benefits Division bases its adverse ruling against Ms. Turner Johnson on the necessary fact that she submitted the court document clarifying the community property issues instead of Mr. Johnson. Despite his clear intentions, Mr. Johnson could not physically comply with the statute because he died before he could fully comply. CALPERS Benefits Division said specifically in its denial letter, 'Both the member and the new beneficiary must be alive on the effective date'.

There is nothing in the statute which explicitly states the above. It is undoubtedly true that in most instances, if the retiree if able, he must follow through with the entire process including section 21462 (d)'s requirement that '(a)n optional settlement shall be selected by a member in writing filed by the member with the board.'

The statute however does not address the current unique situation. If a member is entitled to re-distribute his entire retirement per a divorce settlement, clearly declares his intent to distribute that retirement to his new spouse, and then dies before he makes the final election, should the new spouse be denied the benefit of his clear intent? Such a result would be patently unfair and contrary to usual statutory construction.

**4. Given That The Statute Does Not Address this Unique Situation, CALPERS Should Adopt Its Own Unequivocal Intent / Substantial Compliance Rule**

The Benefits Division's decision is neither fair nor necessary under the law. No one will be hurt if CALPERS grants Mr. Johnson's wishes. His ex-wife would not be prejudiced as their divorce decree granted all the retirement benefits to Mr. Johnson.

There would be no damaging precedent to the PERS system if it granted Mr. Johnson's wishes. CALPERS obligations are clear when dealing with a living retiree. A living retiree must follow Section 21462 in its entirety.

Since there is no statute which addresses the status of an election to change beneficiaries when the retiree dies in the middle of the process, CALPERS should adopt a quasi judicial rule for similar situations.

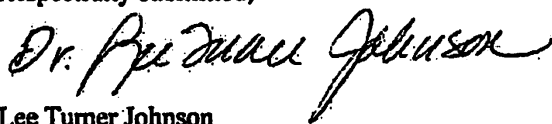
The rule should approximate the following; 'If the retiree dies after commencing but before completing an optional settlement beneficiary election, the intended beneficiary of a deceased

*Post to provide allowance.*

retiree must prove by clear and convincing evidence (or some similar high standard) that the retiree unequivocally intended to elect that new beneficiary prior to his/her death.' If the new beneficiary meets that standard, he/she should be entitled to all the deceased retiree's optional benefits.

In this case, Mr. Johnson's actions would clearly meet the above test. CALPERS should grant Ms. Turner Johnson's appeal.

Respectfully submitted,

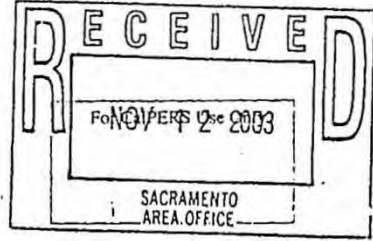
A handwritten signature in cursive script that reads "Dr. Lee Turner Johnson". The signature is written in black ink and is positioned above the printed name.

Lee Turner Johnson





Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711  
Telecommunications Device for the Deaf - (916) 326-3240 • (800) 352-2238



# Service Retirement Election Application

**Important: Mail or deliver your application to CalPERS no more than 90 days before your retirement date. Your effective retirement date cannot be earlier than the first of the month in which your application is received.**

## Section A - Member Information

Social Security Number	Grantland	L	Johnson
First Name	Middle Initial	Last Name	
Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	Date of Birth		
City	CA	95833	Home Phone
State	ZIP	Work Phone	

## Section B - Retirement Information

Retirement Date	11/16/2003	Health & Welfare Administration
Employer	Agency Secretary	
Position Title (Do Not Abbreviate)		

Temporary Annuity - I elect to have my monthly allowance modified for life to provide for an additional Temporary Annuity allowance.

Yes  No

If yes, I elect to receive Temporary Annuity until age (59½ or whole age 60 to 68) \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ .00 per month.

Final Compensation Period: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(If any period is higher than last 12 or 36 months.) From To

Other California Public Retirement Systems:  Yes  No If yes, complete the section below.

Name of System \_\_\_\_\_ Date of Retirement \_\_\_\_\_

Dates of Service Credited: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
From To

For CalPERS Use Only	
Reviewed by:	Date:
Keyed by:	Date:



Name: Grantland Johnson Social Security Number: \_\_\_\_\_

**Section C - Option Election**

I elect the following retirement payment option. (Please check one only.) I understand that my election of option is irrevocable and that by electing Option 2W, 3W, or 4, I forfeit my right to an increase in my allowance based on the conditions described on pages 8 and 9 of this booklet.

- Option 1     Option 2     Option 2W     Option 3     Option 3W

**Beneficiary Information - Single Lifetime Beneficiary (Complete for Options 1, 2, 2W, 3, or 3W).**

Charlotte Bolton M WIFE SPOUSE  
Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Unmodified Allowance.** I understand that there are no benefits payable upon death with this election (except the Survivor Continuance Benefit, if applicable). There is no return of contributions.

**Option 4 - Single Lifetime Beneficiary (Check one of the following and complete the beneficiary information below).**

- Option 2W & Option 1 Combined     Option 3W & Option 1 Combined  
 Specific Dollar Amount to Beneficiary \$ \_\_\_\_\_ .00     Specific Percentage to Beneficiary \_\_\_\_\_ %  
 Reduced Allowance for Fixed Period of Time \_\_\_\_\_ (%/or \$ Amount) through \_\_\_\_/\_\_\_\_/\_\_\_\_

**Beneficiary Information (for Option 4 Single Lifetime Beneficiary).**

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_  
Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Option 4 - Multiple Lifetime Beneficiaries**

Check to elect equal share for each beneficiary or show specific amount or percent in space below.

**Option 4 - Court-Ordered Community Property (Refer to instructions for Community Property on page 10 and check one of the following. Complete the beneficiary information below, but do not complete the space for specific dollar or percent).**

- Option 4/Unmodified     Option 4/Option 1     Option 4/Option 2W     Option 4/Option 3W

**Beneficiary Information (for Option 4 Multiple Lifetime Beneficiaries or Option 4 Court-Ordered Community Property)**

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_ Specific Dollar or % \_\_\_\_\_  
M / F

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_ Specific Dollar or % \_\_\_\_\_  
M / F

\_\_\_\_\_  
Social Security Number \_\_\_\_\_ Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Relationship \_\_\_\_\_ Specific Dollar or % \_\_\_\_\_  
M / F

Name: Grantland L. Johnson Social Security Number: \_\_\_\_\_

**Section D - Retired Death Benefit**

**Lump Sum Retired Death Benefit Beneficiary**

Beneficiary's Social Security Number \_\_\_\_\_ Name Matrice C. Boston-Johnson Relationship Daughter

The person listed above will receive the Lump Sum Retired Death Benefit that is payable upon my death. I understand that I may change this beneficiary at any time and that any change in my marital status or the birth or adoption of a child automatically revokes this designation.

**Section E - Survivor Continuance**

Please answer all four questions and complete the information for each section answered "yes".

Will you be married on, and at least one year prior to, your retirement date?  Yes  No

Spouse's Social Security Number \_\_\_\_\_ Name Charlotte W. Boston

Date of Birth \_\_\_\_\_ Date of Marriage 2/5/75  Male  Female

Do you have any natural or adopted unmarried children under 18?  Yes  No

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any unmarried children who were disabled prior to their 18<sup>th</sup> birthday and are still disabled?  Yes  No

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Child's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Are your parents dependent upon you for one-half of their support?  Yes  No

Parent's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Social Security Number \_\_\_\_\_ Full Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section F - Employer Certification (to be completed by employer)**

Employee's Last Day on Payroll \_\_\_\_/\_\_\_\_/\_\_\_\_ Employee's Separation Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Balance of Unused Sick Leave Days on Employee's Date of Separation (show as days) \_\_\_\_\_

Balance of Educational Leave Days on Date of Separation (show as days) \_\_\_\_\_

I hereby certify, under the penalty of perjury, that the above information is true, complete, and correct to the best of my knowledge.

Employer Signature \_\_\_\_\_ Position Title \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Printed Name \_\_\_\_\_ Employer Phone Number \_\_\_\_\_

Name: Grantland L. Johnson Social Security Number: \_\_\_\_\_

**Section G - Tax Withholding Election**

Federal Tax Withholding Election (Please make one election only.)

- Do Not Withhold Federal Income Tax.
- Withhold Federal Income Tax in the amount of \$ \_\_\_\_\_ .00 (monthly).
- Withhold Federal Income Tax Based on the Tax Tables for:
  - A Married Individual With 1 Tax Withholding Exemptions. (Enter 0 or a Number)
  - A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- In addition to the amount withheld based on the Tax Tables, Withhold \$ \_\_\_\_\_ .00 (monthly).

State of California Tax Withholding Election (DE4P) (Please make one election only! This is optional for out-of-state residents.)

- Do Not Withhold State of California Income Tax.
- Withhold State of California Income Tax in the Amount of \$ \_\_\_\_\_ .00 (monthly).
- Withhold State of California Income Tax Based on the Tax Tables for:
  - A Married Individual With 1 Tax Withholding Exemptions. (Enter 0 or a Number)
  - A Single Individual With \_\_\_\_\_ Tax Withholding Exemptions. (Enter 0 or a Number)
- In Addition to the Amount Withheld Based on Tax Tables, Withhold \$ \_\_\_\_\_ .00 (monthly).
- Withhold State of California Income Tax in the Amount of 10 Percent of the Federal Income Tax Withholding Amount.

**Section H - Member Signature & Notary**

I hereby certify, under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge. I understand that to cancel this application I must notify CalPERS before the mailing of my first retirement allowance check.

I am not married.

Grantland L. Johnson \_\_\_\_\_ 12/12/2003  
Member's Signature Date

Carol Belton \_\_\_\_\_ 12/12/2003  
Spouse's Signature Date

California \_\_\_\_\_ Sacramento  
State of County of

On 11/12/03 before me, Grant L. Johnson personally known to me or

proven to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

Notary Seal

Witness my hand and official seal OR authorized CalPERS representative signature.

Sabrina Trifton \_\_\_\_\_ RPS1 \_\_\_\_\_ 11/12/2003  
Representative's Signature Position Title Date

Sabrina Trifton

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**Benefit Services Division**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
Telcommunications Device For  
The Deaf - (916) 326-3240  
(916) 326-3232; FAX (916) 326-3934

Reply To: Section 415  
Refer To:

December 4, 2003

Grantland L Johnson

**YOUR SERVICE RETIREMENT ALLOWANCE:**

Your election to receive the Option 2 Allowance has been processed. Your monthly retirement benefit is \$972.14 based on your retirement date of 11/16/2003. This amount does not include any deduction you have authorized this system to make. Your first regular warrant will arrive on or shortly after 01/01/2004 and will cover the period of 12/01/2003 through 12/31/2003. Your retroactive warrant will be issued on 12/18/2003, and will cover the period of 11/16/2003 through 11/30/2003. Your future retirement warrants will be mailed to arrive on or shortly after the first of the month following the month to which they apply.

Please endorse and cash or deposit each warrant promptly. Unless direct bank mailings are authorized, your personal endorsement is required. If you have requested direct deposit, it will take effect in 30 to 60 days.

Your retirement allowance shown above is an approximation of the amount you are eligible to receive. An adjustment to your account, if needed, to reflect an increase in service (i.e. Golden Handshake service credit), a change in retirement date, or increase in salary will be completed after final payroll information has been received. Any questions concerning an adjustment or pertaining to your future retirement benefits should be directed to the Benefit Services Division, P.O. Box 942716, Sacramento, CA 94229-2716 or by telephoning (916) 326-3848 or (800) 352-2238.

**BENEFICIARY/SURVIVOR ALLOWANCE:**

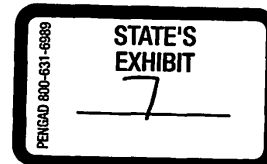
Upon your death, benefits will be paid to your beneficiary in accordance with the designation indicated on your retirement election document. If you elected a benefit which requires marriage and/or birth documentation and you have not submitted these documents, please send them immediately to the Benefit Services Division. If the documents are not in file at the time of your death, it may be necessary to delay payment of benefits to your beneficiary.

If your beneficiary predeceases you, your allowance will increase to the Unmodified allowance. You may modify your election to Option 1, 2, 2W, 3, 3W, or 4 and name a new beneficiary. You may also modify your election upon marriage after retirement if a former spouse was not named as the beneficiary. If a former spouse was named, you must have a court order that awards you the entire interest in your CalPERS benefits before you can name a new spouse as beneficiary. You may modify your election upon divorce, annulment or legal separation if you have a court order that awards you the entire interest in your CalPERS benefits.

To request a modification of election to name a new beneficiary for a lifetime option allowance, please contact the Benefit Services Division for information about a recalculation of allowance and the required documentation.

California Public Employees' Retirement System  
Lincoln Plaza-400 P Street-Sacramento, CA

PAS313 / P1313D



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**Grantland L Johnson**

**INCOME TAX INFORMATION:**

The following information regarding your contributions will assist you in the determination of the taxability of your benefit.

CONTRIBUTIONS:	Total Contributions and Interest	Interest	Taxed Contributions	Non-taxed Contributions
Normal	\$ 23,790.49	\$ 3,823.51	\$ .00	\$ 19,966.98
<b>Total</b>	<b>\$ 23,790.49</b>	<b>\$ 3,823.51</b>	<b>\$ .00</b>	<b>\$ 19,966.98</b>

Based on your taxed contributions, your monthly tax free amount is \$.00.

The staff of the California Public Employees' Retirement System hope that your transition into retirement has been a pleasant experience. We look forward to assisting you in the future.

Retirement Eligibility and Payment Section

PERS-BAS-11

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**BENEFIT SERVICES DIVISION**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
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(800) 352-2238; FAX (916) 326-3933

Grantland L Johnson  
[REDACTED]  
Sacramento CA 95833

SSA#  
Retirement Date: 11/16/2003  
Member Age: 55.00  
Beneficiary Date of Birth:

## ACCOUNT DETAIL INFORMATION SHEET

The following is the data used to calculate your retirement allowance. Any change in the information reflected below could result in a change to your retirement benefit. An adjustment to your account, if needed, will be completed after final payroll information has been received from your employer.

EMPLOYER NAME	TYPE OF SERVICE	YRS OF SERVICE	FORMULA / BENEFIT FACTOR	FINAL COMP
EMPLOY DEV DEPT	NORMAL SERVICE	2.729	2% @ 55 / 2.000	10,951.00
EMPLOY DEV DEPT	NORMAL SERVICE	1.833	2% @ 55 / 2.000	10,951.00
HLTH & WLF ADM	NORMAL SERVICE	0.300	2% @ 55 / 2.000	10,951.00
HLTH & WLF ADM	NORMAL SERVICE	0.150	2% @ 55 / 2.000	10,951.00

Final compensation is your highest average monthly pay rate for the last consecutive 12 or 36 months of employment based on your employer's contract. If your service was coordinated with Social Security the final compensation shown was reduced by \$133.33 in the calculation of your retirement allowance.

Retirement Eligibility and Payment Section  
Benefit Services Division

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Reply to Section 415  
Refer to No.  
December 4, 2003

To: 5790 Hlth & Wlf Adm  
Attn: Personnel  
10014

From: Benefit Services Division  
California Public Employees' Retirement System

Subject: Johnson, Grantland L

Notice of Placement on Retirement Roll:

This is to advise you that the employee named above has been placed on our 12/2003 Service Retirement Roll with an effective date of 11/16/2003 and separation date of 11/15/2003.

PERS-BAS-62



Skip to: Content | Footer | Welcome sday | Help | Contact Us | CalPERS | Log out **July 08, 2015**



Home Participant Business Partner Benefits Benefit Admin Admin Workflow my Toolbox

Summary Balance Relationships Record Maintenance Receivables Community Property Service Credit Purchase

**Common Tasks**

**Menu**

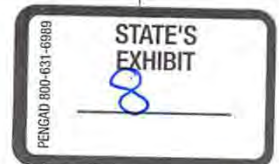
- Search
- Online Account Maintenance
- Member Elections
- Capture Interaction Information
- Publications Ordering List
- Publications History
- View Service History

**Participant Name:** Grantland L Johnson **CalPERS ID:**

Notes Search Criteria

Notes Search Results [Add New](#)

	Type	Note		
<a href="#">Legal Office</a>	Participant	The Death Benefits Appeal has been Assigned to Attorney Preet Kaur. Please refer Appeal Inquiries to her at 795-1054.	05/06/2015	L. Okamoto / I
<a href="#">Legal Office</a>	Participant	This Appeal Case Was Received in the Legal Office on 4/8/2015, and will be Assigned to an Attorney. Until an Attorney is Assigned, Please refer Appeal Inquiries to Legal's Main Line: 916-795-3675.	04/20/2015	L. Okamoto / I
<a href="#">Death</a>	Participant	Letter acknowledging appeal mailed to spouse.	04/03/2015	M. Cisneros / I
<a href="#">Death</a>	Participant	Death file to Melissa to hold.	04/03/2015	S. Day-Bolar / I
<a href="#">Death</a>	Participant	Request for Legal Assistance routed to Legal Via Keith/Diane.	04/03/2015	S. Day-Bolar / I
<a href="#">Death</a>	Participant	CalPERS rcvd spouse's letter appealing our determination on 4/2/14.	04/03/2015	M. Cisneros / I
<a href="#">Death</a>	Participant	File to Melissa Cisneros for holding for a possible appeal.	03/10/2015	L. Chong / I
<a href="#">Death</a>	Participant	Released PR benefit to Lee (██████████) Released CP Pend funds to Lee (██████████)	03/09/2015	L. Chong / I
<a href="#">Death</a>	Participant	Overpayment deduction of \$592.52 applied to bene's warrant.		
<a href="#">Death</a>	Participant	File to Lydia to expedite payment of the CP held money and the Prorata.	03/09/2015	C. Beck / I
<a href="#">Participant Admin</a>	Participant	PCR PSR00496051: Removed Appointment Cutover Fixes admin hold with reason text "[ELECTION] election effective interval was modified to fit within appointment."	03/05/2015	pcr-patch / S
<a href="#">Death</a>	Participant	File to Lisa R. to issue payment of funds held pending the resolution of the community property claim and for payment of the PR to the mbr's spouse. Mbr's surviving spouse Dr. Lee Turner Johnson is the beneficiary entitled to both benefits.	03/04/2015	M. Cisneros / I



		Requesting expedited payment processing. Then file should be returned to me to hold for a possible appeal.		
<u>Death</u>	Participant	Determination letter mailed to spouse Dr. Turner Johnson. Sent Certified Mail Return Receipt.	03/04/2015	M. Cisneros / I
<u>Death</u>	Participant	Our recommendation that no Option 2 death benefit allowance is payable due to the member's request to remove his former spouse and no recalc processed prior to death has been approved. File returned to Melissa to mail determination letter to spouse and have the c/p pending money and prorata paid. Then the file should be held for possible appeal. If no appeal is received within 30 days the balance of contributions benefit will be paid to the spouse.	03/04/2015	S. Day-Bolar / I
<u>Death</u>	Participant	Recommendation memo to Keith for review/approval.	03/04/2015	S. Day-Bolar / I
<u>Death</u>	Participant	Email to Lisa R to determine path forward for recivable in amount of \$382.72	02/26/2015	L. Moore / I
<u>Death</u>	Participant	File back to Melissa.	02/26/2015	S. Day-Bolar / I
<u>Death</u>	Participant	Released RB to Lee [REDACTED] issuing 3/9/15, validated ready to pay warrant. Determined contribution balance is \$2,858.71, fully taxable. File to Shayne.	02/26/2015	L. Moore / I
<u>Death</u>	Participant	I provided an explanation regarding our beneficiary and death benefit determination to Mr. Becker of Assembly Member McCarty's office via email today. File to Roger to assign for payment of the RDB and calculation of any remaining balance of contributions. Then the file should be returned to Melissa for further review.	02/25/2015	S. Day-Bolar / I
<u>Death</u>	Participant	Melissa advised me regarding her telephone call today with Mrs. Johnson regarding her request to receive an Option monthly death benefit allowance even though no recalculation election was made prior to the member's death. She feels that the fact that the member died before he was awarded 100% interest and before a recalc election could be completed is just technicality. She feels that his intentions are clear and that she should now be able to elect the recalc on his behalf. She indicated she didn't want to receive a written determination providing appeal rights because it doesn't need to get to that point. I called to explain that we are governed by the PERL and the information provided by Melissa is what is required by law. I also let her know that the law requires that we notify her of our determination and her appeal rights in writing. She stated her intent to protest.	02/23/2015	S. Day-Bolar / I

		<p>several legislators who would then be in contact with us. I let her know she would soon be notified of our determination and her appeal rights and we will also share our determination with any legislator who inquires. She continued to be very argumentative so I informed her I was terminating the call. I thanked her and hung up.</p> <p>&lt; [REDACTED] &gt;</p>		
<u>Death</u>	Participant	<p>We received correspondence, "Post Retirement Lump Sum Beneficiary Designation" form, "Application to Modify Option and/or Life Option Beneficiary" form, birth cert for Lee Anne Turner, signed app, signed tax form, death cert for Grantland Lee Johnson, will docs, dissolution docs from Lee Turner Johnson date stamped 2/18/15.</p> <p>&lt; [REDACTED] &gt;</p>	02/20/2015	S. Kashiwase / I
<u>Community Property</u>	Workflow	<p>Ltr to parties ack Judgment on Reserved Issues which awards mbr the entire interest in his CalPERS pension. Parties advised case will be referred to the Death Benefits Unit to handle processing death benefits. CP hold removed</p> <p>&lt; [REDACTED] &gt;</p>	02/17/2015	S. Stuart / I
<u>Death</u>	Participant	<p>Copy of property settlement agreement forwarded to CP for review.</p>	02/17/2015	M. Cisneros / I
<u>Death</u>	Participant	<p>File to Melissa for CP review. Requested a rush.</p>	02/17/2015	L. Rawlinson / I
<u>Death (+)</u>	Participant	<p>Rush request will be made to exceptional processing unit to have someone give Lee a call back with the correct information requested.</p> <p>&lt; [REDACTED] &gt;</p>	02/13/2015	F. Yuan / I
<u>Death (+)</u>	Workflow CRM	<p>Spoke to Lee Turner, see notes.</p>	02/13/2015	F. Yuan / I
<u>Death</u>	Participant	<p>Called and spoke to Lee Turner. Informed her that we got the documents that she faxed as of 2/11/14. She wanted to know if she was going to get a continued monthly benefit to continue her health benefits. I informed at our initial review it did not look like she would be getting a monthly benefit. However, now that we have more documentation we will review again. She was upset that I told her this. Explained to her that I am not trained in this area to review these types of special cases that that it has to go to our exceptional processing unit to be review. She was upset that I answered her phone call inquiry when someone who can answer her questions should I have. I explained to her that I am just trying to answer her questions to my best ability. Informed that I will have someone who can answer her questions correctly call her back.</p> <p>&lt; [REDACTED] &gt;</p>	02/13/2015	F. Yuan / I

<u>Death (+)</u>	Participant	Please disregard hidden notes.	02/13/2015	A. Fernando / I
		We received correspondence, the death certificate for Grandland Lee Johnson, a signed application, a signed tax form, photocopy of warrant #11-374262 dated 9/1/14 in the amount of \$737.60, photocopy of warrant #11-011260 dated 5/1/14 in the amount of \$842.50, photocopy of warrant #10-927897 dated 4/1/14 in the amount of \$517.47, photocopy of warrant #10-842342 dated 3/1/14 in the amount of \$622.37, photocopy of warrant #10-759849 dated 2/1/14 in the amount of \$613.21, photocopy of warrant #10-675056 dated 1/1/14 in the amount of \$641.60, photocopy of warrant #10-589484 dated 12/1/13 in the amount of \$619.05 for Grantland L Johnson, notarized document, the Will of Grantland Lee Johnson, divorce docs, copy of Post Retirement Lump Sum Beneficiary Designation form signed 8/5/14, copy of Application to Modify Option and/or Life Option Beneficiary form signed 8/3/14, and the birth certificate for Lee Anne Turner from Dr Lee A Turner fax dated 2/11/15.		
<u>Death (+)</u>	Workflow CRM	No call back needed	02/06/2015	J. Birtwhistle / I
<u>Death</u>	Participant	Mbr's spouse (Lee Turner) called regards health benefits; inform CalPERS is still waiting on determination of benefits. Ms. Turner send court documents to CalPERS by certified mail; inform we have not received yet. she will have certified copy fax to CalPERS at 800 fax #.	02/03/2015	T. Singh / I
<u>Death (+)</u>	Workflow CRM	Called and spoke to Lee Turner at [REDACTED], advised her that I have no status for her we are waiting for the final settlement on the community property and forward to analyst to reviews and made that determination. She wants to know that once that is cleared that ex-spouse rescind from his retirement, his is his and her is her. Will she get his retirement, that he want it to pass on to her. I told her that I can't tell her because it needs to be reviews and analyst needs to make the determination. Most likely she won't be eligible for the Survivor Continuance benefit because she is married after retirement and for option 02 benefits that needs to be recalculate I don't know if she is eligible or not. She will wait for the determination.	12/02/2014	L. Chong / I
<u>Death</u>	Participant	Benefits payable include option 2 to former spouse Charlot Bolton, CID [REDACTED] \$2000 RB and \$726.31 PR. There is a receivable of \$382.72 on PeopleSoft. Possibly a defect.	10/10/2014	L. Rawlinson / I
		Member has a CP hold. File is at my desk to determine source of the receivable. < [REDACTED] >		

<u>Death</u>	Participant	We received photocopy of warrant #11-374262 dated 9/1/14 for Grantland L Johnson in the amount of \$737.60 from ? rec'd 10/1/14.	10/02/2014	S. Kashiwase / I
		SCO Warrant Number: 11374262 Warrant Issue Date: Warrant Issue Date: 09/01/2014		
<u>Benefit Payments</u>	Participant	CalPERS Warrant ID Number: CalPERS Warrant ID Number: L9272494 Net Amount: \$737.60 deposit into OP AR of [REDACTED]	10/01/2014	L. Duncan / I
<u>Death</u>	Participant	We rec'd correspondence, signed application, signed tax form, all purpose acknowledgement, will, and a death cert for Grantland Lee Johnson from Lee A. Turner. Date stamped 9/19/2014. < [REDACTED] >	09/22/2014	J. Sawchuk / I
<u>Service Retirement</u>	Participant	Member passed, unable to process Modification of Option.	09/15/2014	B. Jennings / I
<u>Death</u>	Participant	Spouse Lee ([REDACTED]) called to report the death of member which I processed. Advise we need a copy of the death cert and the last check back.	09/09/2014	D. Horton / I
<u>Participant Admin</u>	Workflow	Beneficiary form approved signed on 08/05/2014	08/14/2014	D. Secrease / I
<u>Unable to Verify Caller</u>	Participant	Per caller inquiry about the way to complete the application to modify option and/or life option beneficiary, I assisted with general information about competing the form and advised of the timeframe for processing.	08/06/2014	K. Abram / I
<u>Benefit Payments</u>	Participant	Rejected BENE request received 7.3.14; CalPERS form needed. Reject letter sent.	07/25/2014	R. Jenkins / I
<u>Unknown</u>	Workflow	Page one of the dep KPSA Group election form with missing ALPHA from the Medicare Claim Number. < [REDACTED] >	06/18/2014	T. Lepisto / I
<u>Health Enrollment (+)</u>	Workflow CRM	Health Deduction Team: Called and spoke w/spouse, advised the \$104.90 Medicare overpayment is correct. Advised 3/1/14 warrant mbr was already given a Medicare Reimbursement of \$104.90. But on the 5/1/14 warrant, we did a time time adj and mbr recv \$209.80 instead of \$104.90. Agreed to pay a 1 time deduction on the 8/1/14 warrant to satisfy OP Receivable ID [REDACTED]. Sent request to set up deduction. < [REDACTED] >	06/15/2014	E. Navarro / I
<u>Health Medicare</u>	Participant	The Medicare Administration mailed a lett to notify spouses that are enrolled in the Kaiser Medicare plan with CalPERS, to notify them of their requirement to submit < [REDACTED] >	06/05/2014	M. Countryman /

		<p>Advantage plan "Senior Advantage". Did not respond to letter, will be canceled 8/1/2014.                  NOTE: Do not reinstate health plan unless member show proof of enrollment into Kaiser "Senior Advantage".</p>		
<u>CSOD - Member (+)</u>	Workflow CRM	Reviewed by CSOD Training Unit - Mbr and forwarded to Health Enrollment Inquiry for further review.	06/05/2014	J. Dolar / I
<u>Benefit Payments</u>	Participant	Mbr called and gave permission for us to talk to wife, Lee Turner Johnson. Mbr had questions in regards to his medicare reimbursement on his recent warrtant. Transferred to IAA.	05/15/2014	D. Sanui / I
<u>Health Enrollment</u>	Participant	Rec'd copy of sps' Medicaid w/ both Part A/B eff dates. Confirmed w/ mbr that sps hasn't used services. Advised eff date for sps' dep h/cov will be 5/1/14; Part B eff date is 4/1/14, doc rec'd 4/15/14.	05/12/2014	J. Reveles / I
		Advised mbr a confirmation will be sent and Kaiser will send medical cards for sps within 2 weeks. < [REDACTED] >		
<u>Unknown</u>	Workflow	Dup	04/11/2014	T. Lepisto / I
<u>Unknown (+)</u>	Workflow	Letter from Kaiser stng member enrolled in KPSA State Group plan.	04/11/2014	T. Lepisto / I
<u>Unknown</u>	Workflow	Copy of member KPSA group election form.	03/24/2014	T. Lepisto / I
<u>Health Medicare</u>	Participant	recvd call from Kaiser rep to confirm mbr's KPSA group enrollment. Per rep mbr's enrollment eff 11/1/2013. Rescinded 3/1/2014 health cancellation other with no break in coverage.	03/24/2014	L. Braziel-Moore /
<u>Health Enrollment</u>	Participant	Advised mbr to send copy of confirmation of KPSA enrollment letter to reinstate his health benefit.	03/14/2014	L. Tran / I
<u>Health Medicare</u>	Participant	Member requesting to add spouse due to marriage. Member was advised to send dependent's Medicare documents. Received copy of dependent's Medicare Part A card. Unable to add dependent to health because member's health was cancelled for failure to enroll in KPSA, and dependent needs to submit proof of enrollment into Medicare Part B. Sent letter requesting completed Certification of Medicare Status form for dependent, copy of letter uploaded in doc history. < [REDACTED] >	03/03/2014	K. Anderson / I
<u>Health Medicare</u>	Participant	The Medicare Administration mailed a letter to member notifying him: 1. to enroll in Kaiser Permanente Senior Advantage plan. < [REDACTED] >	02/27/2014	D. Truong / I

		2. to verify with Kaiser Permanente about his KPSA enrollment status.		
		Mbr did not respond to the letter; therefore, mbr's health coverage will be cancelled, effective 03/01/2014.		
		NOTE: DO NOT REINSTATE MBR'S HEALTH COVERAGE UNLESS THERE IS PROOF OF KPSA ENROLLMENT.		
<u>Health Medicare</u>	Participant	Kaiser--Confirmed Pending KPSA Effective 11/01/2013.  Left Msg for Grantland Johnson to call me.	12/20/2013	A. Pamplona / I
<u>Unknown</u>	Workflow	Per receipt of the marriage certificate, I've added the new spouse only to the dental coverage. The reason is that the new spouse is over age 65 years of age. Contacted the member via phone this morning to indicate that I need to have a copy of her Medicare card. Member and spouse told me that they will send over a copy of her Medicare card via mail.	12/18/2013	A. Cannon / I
<u>Community Property</u>	Participant	Rec'd filed Notice of Appearance. (Brian Kennelly)	11/27/2013	M. Hrudas / I
<u>Unknown</u>	Workflow	Per member request to delete ex-wife from his health and dental due to divorce effective 12/01/13.	11/21/2013	J. Preston / I
<u>Unknown</u>	Workflow	Member KPSA election form.	11/06/2013	T. Lepisto / I
<u>Benefit Payments</u>	Participant	v took escalated call, mbr requested copy of First Payment Acknowledgment Letter. Printed and mailed out. < [REDACTED] >	10/24/2013	A. Shugrue / I
<u>Death</u>	Participant	Mbr Grantland L Johnson provided authorization to speak with Lee Turner. Caller asked about death benefits? Transferred call to IAA.	10/24/2013	R. Serrato / I
<u>Health Enrollment</u>	Participant	Mbr Grantland L Johnson provided authorization to speak with Lee Turner. Caller asked if mbr is enrolled in health plan KPSA? Explained mbr enrolled but letter sent was to explain that he also needs to fill out enrollment form from KPSA and send in. < [REDACTED] >	10/24/2013	R. Serrato / I
<u>Service Retirement</u>	Participant	v took escalated call, mbr requested copy of 2012 1099R. ordered dup	10/24/2013	A. Shugrue / I
<u>Community Property</u>	Workflow	Processed Summons Joinder. Sending Notice of Appearance and Proof of Service to be filed with the court. Copies of the Notice of Appearance and Proof of Service letters to parties along with a cover letter	10/21/2013	M. Viscuso / I

		telling the parties to send us a copy of the entire property settlement agreement or a complete endorsed copy of the judgment of dissolution of marriage in which the determination of the CP interest has been made. Mbr is retired. Holding 1/2 Mbr's monthly allowance effective with the 1/1/2014 dated warrant. Copy of all letters to DMS to be imaged.		
<u>Health Medicare</u>	Participant	The Medicare Administration mailed letter on October 9, 2013 to inform Member/Spouse of their requirement to complete and enroll into Kaiser Permanente Senior Advantage (KPSA) Medicare plan. If participant does not submit completed KPSA election form to Kaiser Permanente by 11/30/2013, participant will be canceled 12/1/2013. NOTE: Once canceled, do not reinstate coverage unless proof of enrollment into Kaiser "Senior Advantage".	10/09/2013	M. Countryman /
<u>Community Property</u>	Participant	Notice of Acknowledgement has been sent to Neutral Atty Jolene M. Pasztor and copy to DMC.	08/22/2013	R. Abelia / I
<u>Unknown</u>	Workflow	Enrolled member in a Medicare plan eff 9/1/13	08/19/2013	T. Lepisto / I
<u>Health Enrollment</u>	Participant	spouse was extremely upset about the dev project & kept saying that the court has ordered calpers in the beginning of the cp case that the spouse be kept on. I tried to explaine that yes, calpers recommends that the spouse stay on but it is not court ordered until the final judgement is finished. She stated that she had been told by her friends that calpers is court ordered in the beginning of process. She hung up on me while I was explaining for the 3rd time about the dev project & that she may be inadvertently deleted until project is finished.	06/21/2013	C. Freeman / I
<u>Health Enrollment</u>	Participant	Per request of spouse, Charlot Bolton (CID: [REDACTED]), provided 2013 COBRA rate (\$621.53) and advised Charlot that with a divorce, FS would be eligible to stay on COBRA for up to 36 months.	06/13/2013	C. Keil / I
<u>Unknown</u>	Workflow	Tax withholding form signed 3/19/2013 - approved.	04/25/2013	M. Vong / I
<u>Benefit Payments</u>	Participant	Mbr requesting change of beneficiary and tax withholding.	02/15/2013	D. Drummond / I
<u>Health Enrollment</u>	Participant	Mbr requesting change of FS to DP. Transferred to IAA	02/15/2013	D. Drummond / I
<u>Health Enrollment</u>	Participant		02/15/2013	G. Saldana / I



		Informed mbr cannot enroll DP until copy of divorce decree is submitted to delete soon to be ex-spouse. Once deleted, advise the member to submit copy of the marriage certificate, spouse's birth certificate and SSN, along with a signed written request to enroll spouse to health/dental plan. < [REDACTED] >		
<u>Unknown</u>	Workflow	address change request already been updated	12/05/2011	H. Doubikin / I
<u>Unknown</u>	Workflow	Duplicate request. Request completed 10-25-2011 to cancel EFT and send warrant to AOR effective 12/1/2011.	11/01/2011	D. Coleman / I
<u>Benefit Payments</u>	Participant	Received signed correspondence. Member requested to cancel DD (wells Fargo Bank). Deleted DD rt# [REDACTED] Account Number: [REDACTED] I will look out for 11-1-11 money. FYI < [REDACTED] >	10/25/2011	L. Mercado / I
<u>Conversion (+)</u>	Participant	Member Calc Program	09/19/2011	CONV_SMT_USER S
<u>Conversion (+)</u>	Participant	Customer Contact	09/19/2011	CONV_SMT_USER S
<u>Conversion (+)</u>	Participant	Dental	09/19/2011	CONV_SMT_USER S
<u>Conversion (+)</u>	Participant	PURGED MEMBER RECORD SOURCE: [REDACTED]	02/10/2002	pcr-patch / S

[View Norm](#)

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 Developer Console  
 Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 UID: 599 Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
 Action class : psr.web.mvc.general.cases.SearchNoteAction  
 JSP : /int/general/cases/searchNote.jsp  
 SQL query executed by this page: 177 in 0.769 seconds with 277 rows received.  
 Duplicate queries executed by this page: 30 in 0.034 seconds with 30 rows received.  
 Action execution time: 0.812 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 02/13/2015

**Category:** Death

**Type:** Participant

**Program:** California Public Employees' Retirement System

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
02/13/2015	<p>Please disregard hidden notes.</p> <p>We received correspondence, the death certificate for Grandland Lee Johnson, a signed application, a signed tax form, photocopy of warrant #11-374262 dated 9/1/14 in the amount of \$737.60, photocopy of warrant #11-011260 dated 5/1/14 in the amount of \$842.50, photocopy of warrant #10-927897 dated 4/1/14 in the amount of \$517.47, photocopy of warrant #10-842342dated 3/1/14 in the amount of \$622.37, photocopy of warrant #10-759849 dated 2/1/14 in the amount of \$613.21, photocopy of warrant #10-675056 dated 1/1/14 in the amount of \$641.60, photocopy of warrant #10-589484 dated 12/1/13 in the amount of \$619.05 for Grantland L Johnson, notarized document, the Will of Grantland Lee Johnson, divorce docs, copy of Post Retirement Lump Sum Beneficiary Designation form signed 8/5/14, copy of Application to Modify Option and/or Life Option Beneficiary form signed 8/3/14, and the birth certificate for Lee Anne Turner from Dr Lee A Turner fax dated 2/11/15.</p>	A. Fernando /
02/13/2015	<p>Please disregard hidden note.</p> <p>We received a signed application, a signed tax form, photocopy of warrant #11-374262 dated 9/1/14 in the amount of \$737.60, photocopy of warrant #11-011260 dated 5/1/14 in the amount of \$842.50, photocopy of warrant #10-927897 dated 4/1/14 in the amount of \$517.47, photocopy of warrant #10-842342dated 3/1/14 in the amount of \$622.37, photocopy of warrant #10-759849 dated 2/1/14 in the amount of \$613.21, photocopy of warrant #10-675056 dated 1/1/14 in the amount of \$641.60, photocopy of warrant #10-589484 dated 12/1/13 in the amount of \$619.05 for Grantland L Johnson, notarized document, the Will of Grantland Lee Johnson, divorce docs, copy of Post Retirement Lump Sum Beneficiary Designation form signed 8/5/14, copy of Application to Modify Option and/or Life Option Beneficiary form signed 8/3/14, and the birth certificate for Lee Anne Turner from Dr Lee A Turner fax dated 2/11/15.</p>	A. Fernando /
02/13/2015	<p>We received a signed application, a signed tax form, photocopy of warrant #11-374262 dated 9/1/14 in the amount of \$737.60, photocopy of warrant #11-011260 dated 5/1/14 in the amount of \$842.50, photocopy of warrant #10-927897 dated 4/1/14 in the amount of \$517.47, photocopy of warrant #10-842342dated 3/1/14 in the amount of \$622.37, photocopy of warrant #10-759849 dated 2/1/14 in the amount of \$613.21, photocopy of warrant #10-675056 dated 1/1/14 in the amount of \$641.60, photocopy of warrant #10-589484 dated 12/1/13 in the amount of \$619.05 for Grantland L Johnson, notarized document, the Will of Grantland Lee Johnson, divorce docs, copy of Post Retirement Lump Sum Beneficiary Designation form signed 8/5/14, copy of</p>	A. Fernando /

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Date	Note	Updated By
	8/3/14, and the birth certificate for Lee Anne Turner from Dr Lee A Turner fax dated 2/11/15.	
	from ? rec'd 10/1/14.	

[Update Note](#)

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 5 in 0.020 seconds with 7 rows received.  
Duplicate queries executed by this page: 2 in 0.003 seconds with 2 rows received.  
Action execution time: 0.073 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 02/13/2015

**Category:** Death

**Type:** Participant

**Program:** California Public Employees' Retirement System **Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
02/13/2015	Rush request will be made to exceptional processing unit to have someone give Lee a call back with the correct information requested.	F. Yuan / I
02/13/2015	Rust request will be made to exceptional processing unit to have someone give Lee a call back with the correct information requested.	F. Yuan / I

[Update Note](#)

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5

Action class : psr.web.mvc.general.cases.ViewNoteAction

JSP : /int/general/cases/viewNote.jsp

SQL query executed by this page: 4 in 0.027 seconds with 5 rows received.

Duplicate queries executed by this page: 1 in 0.001 seconds with 1 rows received.

Action execution time: 0.155 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 02/11/2015

**Category:** Death

**Type:** Workflow

**Process Name:** Customer Inquiry

**Program:** California Public Employees' Retirement System

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
02/13/2015	Spoke to Lee Turner, see notes.	F. Yuan / I
02/11/2015	<p>Lee Turner (CID# [REDACTED]) called about the information that she sent in for her deceased spouse, Grantland L Johnson (CID# [REDACTED]). She wanted to know that we received the 49 page document that she fax in today, she wanted to know if it is going to be processed, and she wanted to know if she can be told if she is going to have a continued benefit so she could get health coverage again. She insisted on a call back. Advised call back timeframe of 10 calendar days. Advised her that if she faxed in documentation that was required today (2/11/2015) that it would be unlikely that we will have a chance to process it... She stated that her cell phone number [REDACTED] is the primary number and the secondary number would be [REDACTED].</p>	A. Ramstad / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 5 in 0.018 seconds with 6 rows received.  
Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
Action execution time: 0.082 seconds

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**Participant Name:** Grantland L Johnson    **CalPERS ID:**

**Notes Summary**

**Creation Date:** 02/04/2015

**Category:** Death

**Type:** Workflow

**Process Name:** Customer Inquiry

**Program:** California Public Employees' Retirement System

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
02/06/2015	No call back needed	J. Birtwhistle / I
02/04/2015	Mbr's spouse Lee Turner ( ) calling regarding death benefits for Grantland. Mbr's spouse (Lee Turner) called regards health benefits; inform CalPERS is still waiting on determination of death benefits and option that was chosen by member.	S. Hutchinson / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 5 in 0.023 seconds with 6 rows received.  
Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
Action execution time: 0.094 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 11/26/2014

**Category:** Death

**Type:** Workflow

**Process Name:** Customer Inquiry

**Program:** California Public Employees' Retirement System **Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
12/02/2014	Called and spoke to Lee Turner at [REDACTED], advised her that I have no status for her we are waiting for the final settlement on the community property and forward to analyst to reviews and made that determination. She wants to know that once that is cleared that ex-spouse rescind from his retirement, his is his and her is her. Will she get his retirement, that he want it to pass on to her. I told her that I can't tell her because it needs to be reviews and analyst needs to make the determination. Most likely she won't be eligible for the Survivor Continuance benefit because she is married after retirement and for option 02 benefits that needs to be recalculate I don't know if she is eligible or not. She will wait for the determination.	L. Chong / I
11/26/2014	Lee Turner with cid [REDACTED] called and stated that she submitted her packet in September 2014 and is requesting status on her benefits. Please call her on [REDACTED] and assist. Thanks!	K. Pather / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 5 in 0.063 seconds with 6 rows received.  
Duplicate queries executed by this page: 0 in 0.000.seconds with 0 rows received.  
Action execution time: 0.191 seconds

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**Participant Name:** Grantland L Johnson    **CalPERS ID:**

**Notes Summary**

**Creation Date:** 04/10/2014

**Category:** Unknown

**Type:** Workflow

**Process Name:** Review Incoming Health Document

**Program:**

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
04/11/2014	Letter from Kaiser stsing member enrolled in KPSA State Group plan.	T. Lepisto / I
04/10/2014	Sending inquiry over to the Medicare Unit via KPSA compliance.	A. Cannon / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 5 in 0.033 seconds with 6 rows received.  
Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
Action execution time: 0.142 seconds



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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 05/15/2014  
**Category:** Health Enrollment  
**Type:** Workflow  
**Process Name:** Customer Inquiry  
**Program:**

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
06/15/2014	Health Deduction Team: Called and spoke w/spouse, advised the \$104.90 Medicare overpayment is correct. Advised 3/1/14 warrant mbr was already given a Medicare Reimbursement of \$104.90. But on the 5/1/14 warrant, we did a time time adj and mbr rcv \$209.80 instead of \$104.90. Agreed to pay a 1 time deduction on the 8/1/14 warrant to satisfy OP Receivable ID [REDACTED]. Sent request to set up deduction.	E. Navarro / I
05/15/2014	Questions on RHP received and 3 reimbursements.	T. Lepisto / I
05/15/2014	Received transferred IAA call regarding medicare reimbursement overpayment letter. Advised that it was due to a cancellation that was later rescinded. Mbr is also questioning why there were 3 medicare reimbursements on the may warrant. Please call them back at [REDACTED]	K. Dinh / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
 Action class : psr.web.mvc.general.cases.ViewNoteAction  
 JSP : /Int/general/cases/viewNote.jsp  
 SQL query executed by this page: 6 in 0.019 seconds with 8 rows received.  
 Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
 Action execution time: 0.086 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 06/05/2014  
**Category:** CSOD - Member  
**Type:** Workflow  
**Process Name:** Customer Inquiry  
**Program:** California Public Employees' Retirement System **Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
06/05/2014	Reviewed by CSOD Training Unit - Mbr and forwarded to Health Enrollment Inquiry for further review.	J. Dolar / I
06/05/2014	Mbr called and gave permission to speak with his spouse, Lee Turner. Mbr is inquiring about the RHP 1st Notice letter he received, dated 5/27/14. Per mbr, if there is any payments still owing, mbr would like the payments deducted from his next warrant. Mbr is requesting clarification regarding the Past Due notices and can be reached at [REDACTED] or [REDACTED]. Advised mbr of 5 business day callback timeframe. Category: health enrollment, Sub-Cat: pay entity carrier discrepancy	L. Nguyen / I

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
 Action class : psr.web.mvc.general.cases.ViewNoteAction  
 JSP : /int/general/cases/viewNote.jsp  
 SQL query executed by this page: 5 in 0.036 seconds with 6 rows received.  
 Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
 Action execution time: 0.141 seconds

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Summary Balance Relationships Record Maintenance Receivables Community Property Service Credit Purchase

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 06/02/2000  
**Category:** Conversion  
**Type:** Participant  
**Program:**

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
09/19/2011	Member Calc Program	CONV_SMT_USEI S
12/11/2001	Date/Time: 12/11/2001 08:50:05 Process Category Type: Service Credits DivP Analyst Name: Penwell,Sinda Note Text: file cleared to CRU per Kathy Anderson file not needed	CONV_SMT_USEI S
08/07/2001	Date/Time: 08/07/2001 09:55:17 Process Category Type: Service Credits DivP Analyst Name: Krasko,Audrey E Note Text: pending resolution case; per Kathy Anderson/830 it is ok to clear case; no calc or letters done	CONV_SMT_USEI S
06/02/2000	Date/Time: 06/02/2000 14:54:45 Process Category Type: Service Credits DivP Analyst Name: Griffin,Kerry L Note Text: FILE TO KATHY ANDERSON FOR REVIEW	CONV_SMT_USEI S

[Update Note](#)

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[Developer Console](#)

Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
 Action class : psr.web.mvc.general.cases.ViewNoteAction  
 JSP : /int/general/cases/viewNote.jsp  
 SQL query executed by this page: 6 in 0.017 seconds with 9 rows received.  
 Duplicate queries executed by this page: 3 in 0.003 seconds with 3 rows received.  
 Action execution time: 0.110 seconds

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 11/12/2003  
**Category:** Conversion  
**Type:** Participant  
**Program:**

**Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
09/19/2011	Customer Contact	CONV_SMT_USEI S
10/10/2009	Date/Time: 10/10/2009 14:12:02 Process Category Type: No Category DivP Analyst Name: Mcmurray,Lois R Inquiry Category: Retirement Checks (Warrant/Roll) Inquiry Subject: Check - Direct Deposit Person Contacting: Johnson, Grantland L Caller Contact: [REDACTED] Contacting About: Grantland Johnson Note Text: DD deleted. Addr updated on CICS.	CONV_SMT_USEI S
10/07/2009	Date/Time: 10/07/2009 14:04:33 Process Category Type: No Category DivP Analyst Name: Pierce,Melinda Inquiry Category: Retirement Checks (Warrant/Roll) Inquiry Subject: Check - Direct Deposit Person Contacting: Johnson, Grantland L Caller Contact: [REDACTED] Contacting About: Grantland Johnson Note Text: Member will be faxing in new bank info from Wells Fargo..Please mail warrents to 2667 Sutterville Rd. Sac Ca 95820 until new form is processed.	CONV_SMT_USEI S
07/17/2007	Date/Time: 07/17/2007 08:57:46 Process Category Type: No Category DivP Analyst Name: Renteria,Pamela A Inquiry Category: Member Education Inquiry Subject: Member Education Inquiry Person Contacting: Bolton, Charlotte Contacting About: Grantland Johnson Note Text: advised spouse we need permission from member to speak to her	CONV_SMT_USEI S
11/19/2003	Date/Time: 11/19/2003 14:15:25 Process Category Type: Service Retirement DivP Analyst Name: Hensley,Lita Note Text: Suspending case for 2 weeks pending mbr vesting. Mbr does not vest as of right now. Sent mbr SRV-Note letter. Case fell on error & Warning list as Admin Hold w/ a Hold code 08.	CONV_SMT_USEI S
11/14/2003	Date/Time: 11/14/2003 00:00:00 Process Category Type: No Category DivP Analyst Name: Husted,Catherine G Inquiry Category: Retirement Application Processing Inquiry Subject: Benefit Calculations Inquiry Person Contacting: Sharleen Contacting About: Grantland Johnson Note Text: Er calling to verify retirement date of mbr.	CONV_SMT_USEI S
11/13/2003		

Date	Note	Updated By
	<p>Date/Time: 11/13/2003 10:47:00                      Process Category Type: No Category                      DivP Analyst Name: Hlawaty,Glenda                      Inquiry Category: Health Benefit Services                      Inquiry Subject: Eligibility and Enrollment                      Caller Contact: 0000000                      Contacting About: Grantland Johnson                      Note Text: This is the email response to Sabrina -- ..PIMS reflects employment history for 12/21/82 - 4/13/83 with EDD and Off/Eco Opp. It appears Off/Eco Opp is now know as Dept of Community Services and Development. Based on this employment history, the member is not required to meet vesting criteria for the State's health contribution rate.</p>	<p>CONV_SMT_USEI S</p>
11/12/2003	<p>Date/Time: 11/12/2003 14:49:35                      Process Category Type: No Category                      DivP Analyst Name: Stroud,Sabrina                      Inquiry Category: Health Benefit Services                      Inquiry Subject: Eligibility and Enrollment                      Caller Contact: 0000000                      Contacting About: Grantland Johnson                      Note Text: member is retiring 11/16/03 received application today, Governor Appointee losing position. Provided retirement counseling appointment today special handling required. Member identified that he had been appointed back in 1980-1983 also stated he was a legislative member back in the early 1980's. Please review for health vesting related issues. This information is not reflected in his current account that I can see. Please send me information via email to follow up with this member. thank you strafton//sro</p>	<p>CONV_SMT_USEI S</p>
11/12/2003	<p>Date/Time: 11/12/2003 12:00:00                      Process Category Type: No Category                      DivP Analyst Name: System,BSW                      Inquiry Category: Health Benefit Services                      Inquiry Subject: Eligibility and Enrollment                      Caller Contact: 0000000                      Contacting About: Grantland Johnson                      Note Text: member is retiring 11/16/03 received application today, Governor Appointee losing position. Provided retirement counseling appointment today special handling required. Member identified that he had been appointed back in 1980-1983 also stated he was a legislative member back in the early 1980's. Please review for health vesting related issues. This information is not reflected in his current account that I can see. Please send me information via email to follow up with this member. thank you strafton//sro</p>	<p>CONV_SMT_USEI S</p>

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 Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 UID: 601 Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
 Action class : psr.web.mvc.general.cases.ViewNoteAction  
 JSP : /int/general/cases/viewNote.jsp  
 SQL query executed by this page: 11 in 0.029 seconds with 19 rows received.  
 Duplicate queries executed by this page: 8 in 0.009 seconds with 8 rows received.  
 Action execution time: 0.120 seconds

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Summary Balance Relationships Record Maintenance Receivables Community Property Service Credit Purchase

**Common Tasks**  **Participant Name:** Grantland L Johnson **CalPERS ID:**

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**Notes Summary**

**Creation Date:** 12/16/2003  
**Category:** Conversion  
**Type:** Participant  
**Program:**

**Security Status:** Unrestricted

**Note Detail**

Date	Note
09/19/2011	Dental

12/16/2003	Date/Time: 12/16/2003 08:09:25 Process Category Type: Dental DivP Analyst Name: DePriest,Janie Note Text: Continuation of benefits into retirement.
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Updated By
CONV_SMT_USEI S
CONV_SMT_USEI S

[Update Note](#)

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[Developer Console](#)  
 Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
 Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_nodes  
 Action class : psr.web.mvc.general.cases.ViewNoteAction  
 JSP : /int/general/cases/viewNote.jsp  
 SQL query executed by this page: 4 in 0.020 seconds with 5 rows received.  
 Duplicate queries executed by this page: 1 in 0.001 seconds with 1 rows received.  
 Action execution time: 0.089 seconds

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Summary Balance Relationships Record Maintenance Receivables Community Property Service Credit Purchase

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**Participant Name:** Grantland L Johnson **CalPERS ID:**

**Notes Summary**

**Creation Date:** 02/10/2002

**Category:** Conversion

**Type:** Participant

**Program:** California Public Employees' Retirement System **Security Status:** Unrestricted

**Note Detail**

Date	Note	Updated By
02/10/2002	PURGED MEMBER RECORD SOURCE: 0000000001988107	pcr-patch / S
02/10/2002	Title: PURGED MEMBER RECORD SOURCE: 0 Category: Demographics Topic: Related To: Member Date/Time: 02/10/2002 08:06:44 COMET Analyst Login: PINTCONV	pcr-patch / S

[Update Note](#)

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Build: v5.2.0.a Baseline: 150629\_222036\_v5.2\_Int.8431 **UID: 601** Browser: IE 10.  
Username: sday Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node5  
Action class : psr.web.mvc.general.cases.ViewNoteAction  
JSP : /int/general/cases/viewNote.jsp  
SQL query executed by this page: 4 in 0.011 seconds with 5 rows received.  
Duplicate queries executed by this page: 1 in 0.001 seconds with 1 rows received.  
Action execution time: 0.071 seconds

Search by CalPERS ID



Home Participant Business Partner Admin Workflow my Toolbox

Primary Balance Record Maintenance Receivables Reports

Participant Name: Grantland L Johnson CalPERS ID:

Document History Search

Document Category:

Document Number:

Begin Date:

Status:

Multi-Document Print

Search Clear

Document Type:

Document Name:

End Date:

Document ID:

Display Thumbnail



Search Results

To change the customer and Case of a document, select the document and click "Association."  
 To override an In Progress document, select the document to override and click "Override Draft."  
 To remove an In Progress document, select document and click "Remove Draft."  
 To re-distribute a previously generated or distributed document, select the document and click "Redistribute Document."

Association Override Draft Remove Draft Redistribute Document

Document Number	Document Name	Date	Date Received	Source	Status	Document Detail	Print Local
my CalPERS 2123 86603721	Legal Miscellaneous	04/21/2015	N/A	Outgoing	Generated	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 1180 86121375	Notice to Disburse Community Property Pend Fund	03/09/2015	03/09/2015	Internal	Uploaded Valid	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0436 85886257	Community Property Letterhead	02/17/2015	N/A	Outgoing	Generated	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 2236 85219555 - 1 p.	Tax Form 1099R 2014	01/02/2015	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0992 83656675 - 1 p.	Request Warrant Stop Payment or Duplicate from SCO	10/04/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0678 83326831 - 2 pp.	Statement of Citizenship Federal Tax Withholding Election	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 1192 83326830 - 2 pp.	Election for Survivor Benefits Including Benefits Eligible for Rollover	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 1191 83326829 - 6 pp.	Application for Retired Member Payee Survivor Benefits	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0368 83326828 - 1 p.	Certification of Trust	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 1008 83326827 - 2 pp.	Post-Retirement Condolence Letter	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0414 83326826 - 1 p.	Template Coversheet for Publications and Bulk Distributions	09/09/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0397 83326338 - 1 p.	CP Death Notification	09/09/2014	N/A	Outgoing	Suppress	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 2172 83019284 - 1 p.	Bene Designation Approval Letter	08/14/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 1197 82946608 - 11 pp.	Application to Modify Option and/or Life Option Beneficiary	08/07/2014	08/07/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0773 82946491 - 4 pp.	Post-Retirement Beneficiary Designation Form	08/07/2014	08/07/2014	Incoming	Undetermined	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0775 82780701 - 1 p.	Justification for Absence of Spouse or Registered Domestic Partners Signature	07/25/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0773 82780700 - 4 pp.	Post-Retirement Beneficiary Designation Form	07/25/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>
my CalPERS 0589		07/25/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>

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9K

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Detail

9A	myCalPERS 0773 82547667 - 1 p.	Request Additional Information for Beneficiary Designation Post-Retirement Beneficiary Designation Form	07/03/2014	07/03/2014	Incoming	Undetermined	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 82297641 - 5 pp.	Health Enrollment Unknown	06/18/2014	06/18/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 82281327 - 2 pp.	Health Enrollment Unknown	06/17/2014	06/16/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 2051 82062043 - 2 pp.	MCR/RHP - 1st Notice	05/29/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1289 81931544 - 3 pp.	Federal Tax Withholding Election W-4P	05/15/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0352 81881120 - 3 pp.	Notification of Health Change	05/12/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 81507557 - 2 pp.	Health Enrollment Unknown	04/15/2014	04/15/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 81450896 - 2 pp.	Health Enrollment Unknown	04/10/2014	04/09/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 81414462 - 2 pp.	Health Enrollment Unknown	04/08/2014	04/07/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 2065 81366976 - 4 pp.	Medicare Overpayment	04/03/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 81180340 - 5 pp.	Health Enrollment Unknown	03/21/2014	03/20/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 80940343	Health Enrollment Unknown	03/03/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 80823494 - 2 pp.	Health Enrollment Unknown	02/21/2014	02/21/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 2212 80093807 - 1 p.	Tax Form 1099R 2013	01/01/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0352 79473278 - 2 pp.	Notification of Health Change	12/18/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
9B	myCalPERS 1092 79421239 - 4 pp.	Marriage Certificate	12/17/2013	12/16/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1088 79151137 - 1 p.	Divorce Decree	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
90	myCalPERS 1088 79151058 - 1 p.	Divorce Decree	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0706 79157377 - 2 pp.	COBRA General Information	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0352 79157367 - 3 pp.	Notification of Health Change	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1088 79096860 - 2 pp.	Divorce Decree	11/19/2013	11/18/2013	Incoming	Undetermined	<a href="#">View</a>	<a href="#">Print Local</a>				
9P	myCalPERS 0445 78951335 - 3 pp.	Notice of Appearance	11/12/2013	11/12/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 78887309 - 5 pp.	Health Enrollment Unknown	11/05/2013	11/04/2013	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>				
9Q	myCalPERS 1027 78790113 - 6 pp.	Community Property Unknown	10/30/2013	10/23/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1028 78697011 - 1 p.	Health Enrollment Unknown	10/22/2013	10/19/2013	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>				
9R	myCalPERS 1027 78368734 - 1 p.	Community Property Unknown	09/26/2013	08/23/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
9S	myCalPERS 1077 77983389	Summons Joinder	08/22/2013	08/22/2013	Uploaded Internal	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0719 77910870 - 3 pp.	Certificate of Medicare Status	08/16/2013	08/15/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0719 77782356 - 1 p.	Certificate of Medicare Status	08/01/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0660 77782355 - 1 p.	Medicare Second Notice	08/01/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 0719 77024282 - 1 p.	Certificate of Medicare Status	06/03/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1006 77024281 - 2 pp.	Requirements to Continue Health Coverage After Age 65	06/03/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1289 76232888 - 1 p.	Federal Tax Withholding Election W-4P	03/26/2013	03/26/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>				
	myCalPERS 1423 75859782 - 4 pp.	Retiree Enrollment Amnesty Letter / Disenrollment Form	03/17/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>				
9T-	myCalPERS 1109	Request for Option 2 or										

	Request Additional Information for Beneficiary Designation								
○	<a href="#">myCalPERS 0773 82547667 - 1 p.</a>	Post-Retirement Beneficiary Designation Form	07/03/2014	07/03/2014	Incoming	Undetermined	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 82297641 - 5 pp.</a>	Health Enrollment Unknown	06/18/2014	06/18/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 82281327 - 2 pp.</a>	Health Enrollment Unknown	06/17/2014	06/16/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 2051 82062043 - 2 pp.</a>	MCR/RHP - 1st Notice	05/29/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1289 81931544 - 3 pp.</a>	Federal Tax Withholding Election W-4P	05/15/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0352 81881120 - 3 pp.</a>	Notification of Health Change	05/12/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 81507557 - 2 pp.</a>	Health Enrollment Unknown	04/15/2014	04/15/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 81450896 - 2 pp.</a>	Health Enrollment Unknown	04/10/2014	04/09/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 81414462 - 2 pp.</a>	Health Enrollment Unknown	04/08/2014	04/07/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 2065 81366976 - 4 pp.</a>	Medicare Overpayment	04/03/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 81180340 - 5 pp.</a>	Health Enrollment Unknown	03/21/2014	03/20/2014	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 80940343</a>	Health Enrollment Unknown	03/03/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 80823494 - 2 pp.</a>	Health Enrollment Unknown	02/21/2014	02/21/2014	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 2212 80093807 - 1 p.</a>	Tax Form 1099R 2013	01/01/2014	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0352 79473278 - 2 pp.</a>	Notification of Health Change	12/18/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1092 79421239 - 4 pp.</a>	Marriage Certificate	12/17/2013	12/16/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1088 79151137 - 1 p.</a>	Divorce Decree	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1088 79151058 - 1 p.</a>	Divorce Decree	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0706 79157377 - 2 pp.</a>	COBRA General Information	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0352 79157367 - 3 pp.</a>	Notification of Health Change	11/21/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1088 79096860 - 2 pp.</a>	Divorce Decree	11/19/2013	11/18/2013	Incoming	Undetermined	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0445 78951335 - 3 pp.</a>	Notice of Appearance	11/12/2013	11/12/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 78887309 - 5 pp.</a>	Health Enrollment Unknown	11/05/2013	11/04/2013	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1027 78790113 - 6 pp.</a>	Community Property Unknown	10/30/2013	10/23/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1028 78697011 - 1 p.</a>	Health Enrollment Unknown	10/22/2013	10/19/2013	Incoming		<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1027 78368734 - 1 p.</a>	Community Property Unknown	09/26/2013	08/23/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1077 77983389</a>	Summons Joinder	08/22/2013	08/22/2013	Uploaded - Internal	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0719 77910870 - 3 pp.</a>	Certificate of Medicare Status	08/16/2013	08/15/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0719 77782356 - 1 p.</a>	Certificate of Medicare Status	08/01/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0660 77782355 - 1 p.</a>	Medicare Second Notice	08/01/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 0719 77024282 - 1 p.</a>	Certificate of Medicare Status	06/03/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1006 77024281 - 2 pp.</a>	Requirements to Continue Health Coverage After Age 65	06/03/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1289 76232888 - 1 p.</a>	Federal Tax Withholding Election W-4P	03/26/2013	03/26/2013	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>	
○	<a href="#">myCalPERS 1423 75859782 - 4 pp.</a>	Retiree Enrollment Amnesty Letter / Disenrollment Form	03/17/2013	N/A	Outgoing	Distributed	<a href="#">View</a>	<a href="#">Print Local</a>	
	<a href="#">myCalPERS 1109</a>	Request for Option 2 or							

								<a href="#">Detail</a>	
90	<a href="#">myCalPERS 1197</a> 75467369 - 2 pp.	Application to Modify Option and/or Life Option Beneficiary Justification for Absence of Spouse or Registered Domestic Partners Signature	02/15/2013	N/A	Outgoing	Suppress		<a href="#">View</a>	<a href="#">Print Local</a>
91	<a href="#">myCalPERS 0775</a> 75467368 - 1 p.	Post-Retirement Beneficiary Designation Form	02/15/2013	N/A	Outgoing	Suppress		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 0773</a> 75467367 - 3 pp.	Template Coversheet for Publications and Bulk Distributions	02/15/2013	N/A	Outgoing	Suppress		<a href="#">View</a>	<a href="#">Print Local</a>
92	<a href="#">myCalPERS 0414</a> 75467365 - 1 p.	Tax Form 1099R 2012	01/01/2013	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 1413</a> 74814923 - 1 p.	Tax Form 1099R 2012	01/01/2013	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 1413</a> 74814923 - 1 p.	Tax Form 1099R 2011	01/01/2012	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 1314</a> 69232742	Confirmation of Personal and Demographic Update	11/16/2011	11/16/2011	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 0350</a> 68504600 - 1 p.	Unknown	11/02/2011	11/02/2011	Incoming			<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 1026</a> 68379462 - 3 pp.	Direct Deposit Change Letter	10/20/2011	10/20/2011	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 1296</a> 68271532 - 3 pp.	Print Warrant Statement	09/21/2011	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 0951</a> 68043290 - 1 p.	Print Warrant Statement	09/21/2011	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">myCalPERS 0951</a> 68043289 - 1 p.	Tax Form 1099R 2010	12/31/2010	12/31/2010	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 58540179	Direct Deposit Authorization Form	03/25/2010	03/25/2010	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 55370883 - 1 p.	Tax Form 1099-R 2009	12/31/2009	12/31/2009	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 59086775	Direct Deposit Verification Form	11/02/2009	11/02/2009	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 56626995 - 1 p.	Tax Form 1099-R	12/31/2008	12/31/2008	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 57448309	Direct Deposit Authorization Form	03/08/2004	03/08/2004	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 48915393 - 1 p.	Health Enrollment Unknown	02/05/2004	02/05/2004	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 49601000 - 1 p.	Health Enrollment Unknown	01/09/2004	01/09/2004	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 45224112 - 1 p.	Correspondence	12/09/2003	N/A	Outgoing	Distributed		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 49700549 - 1 p.	First Payment Acknowledgement Letter	12/04/2003	12/04/2003	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 52036420 - 4 pp.	Computer Output/Worksheet	11/14/2003	11/14/2003	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Calculations</a> 52027756 - 6 pp.	Service Retirement Election Application	11/12/2003	11/12/2003	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">LEGACY</a> 48327244 - 4 pp.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852010 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852009 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852008 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852007 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852006 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852005 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852004 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852003 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852002 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852001 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852000 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid		<a href="#">View</a>	<a href="#">Print Local</a>
	<a href="#">Legacy Backfile</a> 31852000 - 1 p.	Computer							

							<a href="#">Detail</a>	
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851998 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851997 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851996 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851995 - 1 p.	Computer Output/Worksheet	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851994 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851993 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851992 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851991 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851990 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851989 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851988 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851987 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851986 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851985 - 1 p.	Correspondence	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851984 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851983 - 1 p.	Correspondence	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851982 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851981 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851980 - 1 p.	Correspondence	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print Local</a>
<input type="radio"/>	<a href="#">Legacy Backfile</a> 31851979 - 1 p.	Forms	01/01/2000	01/01/2000	Incoming	Valid	<a href="#">View</a>	<a href="#">Print</a> <a href="#">View Nor</a>

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Build: v5.4.0.b Baseline: 150917\_190207\_v5.4\_In t.8751 **UID: 557**  
 Username: pkaur Datasource: env98ds Schema owner: UNKNOWN Server: ENV98\_node8  
 Action class : psr.web.mvc.general.documents.DocumentHistorySearchAction  
 JSP : int/general/document/documentHistorySearch.jsp  
 SQL query executed by this page: 3 in 0.047 seconds with 110 rows received.  
 Duplicate queries executed by this page: 0 in 0.000 seconds with 0 rows received.  
 Action execution time: 0.210 seconds



California Public Employees' Retirement System  
Benefit Services Division  
P.O. Box 2056  
Sacramento, CA 95812-2056  
TTY: (877) 249-7442  
(888)CalPERS (225-7377)phone; (800) 959-6545 fax  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

Reply to: Section 420

February 17, 2015

Dr. Lee Turner Johnson

CalPERS ID:

Re: Marriage of Grantland Johnson and Charlot Bolton

Dear Dr. Johnson,

Thank you for your letter dated February 11, 2015 along with a copy of the Judgment on Reserved Issues, filed December 31, 2014, pertaining to Grantland Johnson's retirement benefits with CalPERS.

Based on the Judgment, Mr. Johnson was awarded the entire interest in his CalPERS pension. Therefore, we are removing the community property claim on behalf of Charlot Bolton's behalf.

Mr. Johnson's case is being referred to our Death Benefits Unit to continue processing death benefits on behalf of our member.

Please note, for security purposes, all communications with CalPERS must identify the member's full name, date of birth, and Social Security number or CalPERS ID number.

We are here to assist you. If you have any questions, please visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may call us toll free at **888 CalPERS** (or **888-225-7377**).

Sincerely,

Sylvia Stuart  
Community Property Unit

cc: Charlot Bolton  
Mark P. Grotewohl, Attorney at Law





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Grantland L. Johnson  
Participant Name

Social Security Number / CalPERS ID Number

Statement of Citizenship/Federal Tax Withholding Election

Section 1 Information About You

Provide information about yourself and complete Section 2 or 3 if applicable.

Name (First Name, Middle Initial, Last Name)

SSN  ITIN

Social Security Number (SSN) or IRS assigned Foreign Taxpayer Identifying Number (ITIN)

Note: ITIN is required for payment if you are a foreign citizen or resident alien.

Permanent Residence Address (Do Not Use P.O. Box or "In-Care-Of" Address Here)

City State ZIP Country (Do Not Abbreviate)

Mailing Address (if different from residence)

City State ZIP Country (Do Not Abbreviate)

Lump-sum benefits will be subject to withholding at the current rates specified by the Internal Revenue Service.

I am a citizen and resident of the United States. If this box is marked, skip sections 2, 3 and 4 and sign here.

Signature

Date (mm/dd/yyyy)

Section 2 U.S. Citizen Living Abroad or Resident Alien

Fill out this section only if you are a U.S. citizen living abroad or a resident alien.

I am a citizen of the United States living abroad

I am a citizen of \_\_\_\_\_ and a legal resident of the United States of America.  
Country

I do not elect federal withholding from any monthly benefit.

I elect federal withholding from any monthly benefit as follows:

Marital status:

Single \_\_\_\_\_  Married \_\_\_\_\_  Married, but withhold \_\_\_\_\_  
Number of Allowances Number of Allowances at higher Single rate Number of Allowances

In addition, I elect to have the following amount of federal tax withheld: \$ \_\_\_\_\_

You can designate a specific dollar amount to be withheld only if you are also withholding based on the tax tables.

Important: Be sure to sign the next page of this form or your election cannot be processed.

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**Section 3 Non-Resident Alien**

Fill out this section only if you are a non-resident alien.

\_\_\_\_\_  
Country of Citizenship Country of Legal Residence

I hereby request withholding of U.S. federal tax based on the rate prescribed in the income tax treaty between my country of residence and the United States. I have provided my taxpayer identification number as requested above. If my country of residence does not have a tax treaty with the U.S., 30 percent will be withheld as prescribed by federal law.

**Section 4 Certification**

A "beneficial owner" is normally the beneficiary entitled to payment. For more information, please see IRS Form W-8BEN on the Internet at [www.irs.gov](http://www.irs.gov).

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
Signature Date (mm/dd/yyyy)





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888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Tax Withholding Election for Survivor Benefits Including Benefits Eligible for Rollover

Name of the Deceased Member \_\_\_\_\_ Social Security Number \ CalPERS ID Number \_\_\_\_\_  
You may be eligible for a lump sum and/or monthly benefit. Please complete all applicable sections of this form

Important: Failure to return this form will be considered an election to have taxes withheld

**Section 1** Monthly (Periodic Payments) and/or Prorated Payment

There are penalties for not paying enough taxes during the year.

Estimated tax requirements and penalties are explained in Internal Revenue Service Publication 505. To order call (800) 829-3676.

Federal Tax Withholding Election

I do not elect to have federal tax withheld from my death benefit payment(s).

I elect to have federal tax withheld based on:

Single \_\_\_\_\_  Married \_\_\_\_\_  Married, but withhold \_\_\_\_\_  
Number of Allowances Number of Allowances at higher Single rate Number of Allowances

In addition, I elect to have the following amount of federal tax withheld \$ \_\_\_\_\_.

You can designate a specific dollar amount to be withheld only if you are also withholding based on the tax tables.

California State Tax Withholding Election

I do not elect to have state tax withheld from my death benefit payment(s).

I elect to have state tax withheld based on:

Single \_\_\_\_\_  Married \_\_\_\_\_  Head of Household \_\_\_\_\_  
Number of Allowances Number of Allowances Number of Allowances

In addition, I elect to have the following amount of state tax withheld \$ \_\_\_\_\_.

I elect to have State tax withheld in the amount of 10 percent of the amount withheld for federal income tax withholding.

**Section 2** Lump Sum(Non-Periodic Payments) Option One and Temporary Annuity Payments

Federal Tax Withholding Election

Important  
Please consider your election carefully. Once payment has been issued, you cannot make a change. Your decision is final once payment had been made.

I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.

I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

Name of Financial Institution \_\_\_\_\_

Plan Name \_\_\_\_\_

Account Number \_\_\_\_\_

Address of Institution \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

California Tax Withholding Election

I do not elect to have State tax withheld from my lump sum benefit payment.

I elect to have State tax withheld from my lump sum benefit payment.

IRA Information  
A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA" or "Inherited IRA". However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

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Put name and Social Security number at the top of every page. \_\_\_\_\_  
Name of Deceased Member Social Security Number \ CalPERS ID Number

**Section 3**

**Lump Sum(Non-Periodic Payments) Retired Death Benefit**

Federal Tax Withholding Election

**IRA Information**  
A spouse or ex-spouse awarded a community property interest has the right to rollover the taxable portion into a "Qualified IRA," or "Inherited IRA" However, Federal law provides that a non-spouse or same sex spouse beneficiary is subject to 20% withholding unless rolled into an IRA established on their behalf that will be treated as an "Inherited IRA" pursuant to provision of IRC §402(c)(11).

- I do not elect to have the taxable portion of the lump sum benefit payment rolled into an Individual Retirement Account (IRA). I understand that 20 percent federal tax will be withheld.
- I elect to have the taxable portion of the lump sum benefit payment rolled into the following Individual Retirement Account (IRA).

\_\_\_\_\_  
Name of Financial Institution

\_\_\_\_\_  
Plan Name

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Address of Institution

\_\_\_\_\_  
City State ZIP Code

**California Tax Withholding Election**

- I do not elect to have State tax withheld from my lump sum benefit payment.
- I elect to have State tax withheld from my lump sum benefit payment.

**Section 4**

**Tax Election Declaration**

By signing here, I hereby make the elections checked above

Be sure to sign this form if you make an election. Otherwise, we will return the form for your signature, which will delay payment if you are the beneficiary.

\_\_\_\_\_  
Your Signature Social Security Number or Tax Identification Number

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Important:** Failure to return this form will be considered an election to have taxes withheld

**Mail to:**

CalPERS Benefit Services Division P.O. Box 1652, Sacramento, California 95812-1652





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

September 09, 2014

Lee A. Turner  
[Redacted]  
[Redacted]

Application for Retired Member/Payee Survivor Benefits

Name of the Deceased Member Social Security Number / CalPERS ID Number

**Signature Section** Required Information

This section is required. By filling out this section, you certify under penalty of perjury under the laws of the State of California that the information provided here is correct to the best of your knowledge. You also claim any benefits to which you may be entitled. You understand that completing this document does not necessarily entitle you to benefits.

Please be sure you sign your name here as it appears on your Social Security card and provide your Social Security number.

Name (First Name, Middle Initial, Last Name) Daytime Phone  
Signature Date (mm/dd/yyyy) Male / Female Gender

Provide an address for other correspondence only if it is different than the address you provided for payment.  
Social Security Number Relationship to Deceased Date of Birth  
Address for Payment City State ZIP

Address for Other Correspondence City State ZIP  
For Spouses Only: Continue Direct Deposit?  Yes  No  Checking  Savings

Routing Number (nine digits) Account Number

Was the deceased a member of another public retirement system in California? (e.g., STRS, UCRS, County or City Retirement System)  Yes  No  Don't Know  
If Yes, Name of System

**Section 1** Information About the Member and Immediate Family

Please fill out this form as completely as possible. The information will help us determine who is entitled to survivor benefits.  
Will the estate of the deceased require probate?  Yes  No  Don't Know  
Did the deceased leave a will?  Yes  No  Don't Know  
(Copy is not required unless the estate is the named beneficiary and does not require probate.)  
Name of Executor/Administrator

Address City State ZIP Daytime Phone

my|CalPERS 1191



**Section 1 (continued)**

Name of the Deceased Member \_\_\_\_\_ Social Security Number \ CalPERS ID Number \_\_\_\_\_  
**Information About the Member and Immediate Family (continued)**

Attorney Handling Probate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Did the deceased leave a trust?  Yes  No  Don't Know

Trustee Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Provide information about the spouse or registered domestic partner. **Was the deceased married or in a legal domestic partnership on the date of death?**  
 Yes  No  Don't Know

If Yes, complete the following:

Name of Spouse or Domestic Partner (First, Middle Initial, Last) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Date of Birth (mm/dd/yyyy) \_\_\_\_\_ Date of Marriage/Domestic Partnership(mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If No, Reason:  Never Married  Spouse Deceased \_\_\_\_\_  
Date(mm/dd/yyyy)

Divorced/Other \_\_\_\_\_  
Date (mm/dd/yyyy)

Provide as much information you know about all the children.

**Was the deceased survived by natural or adopted children?**  Don't Know

Yes \_\_\_\_\_ # of children complete the information requested below for each child.

No  Never Had Children  All Children Deceased (Proceed to Section 2)

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_ Social Security Number \_\_\_\_\_ Gender Male / Female

Date of Disability(mm/dd/yyyy) \_\_\_\_\_ Disabled?  No  Yes \_\_\_\_\_ Date of Birth (mm/dd/yyyy) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child.

Name of Child (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_



Name of Deceased Member Social Security Number / CalPERS ID Number

**Section 1 (continued) Information About the Member and Immediate Family (continued)**

Name of Child (First Name, Middle Initial, Last Name) Social Security Number Gender <sup>Male / Female</sup>

Date of Disability(mm/dd/yyyy) Disabled?  No  Yes Date of Birth (mm/dd/yyyy)

Address  
City State ZIP Daytime Phone ( )

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child.

Name of Child (First Name, Middle Initial, Last Name)

Address  
City State ZIP Daytime Phone ( )

If there is not enough space to enter all of the names and addresses of the decedent's children, attach a separate sheet or use Section 4 of this application. Be sure to use a label, or clearly write the member's Social Security Number and name on each attachment.

Name of Child (First Name, Middle Initial, Last Name) Social Security Number

Date of Disability(mm/dd/yyyy) Disabled?  No  Yes Date of Birth (mm/dd/yyyy)

Address  
City State ZIP Daytime Phone ( )

If the child is under age 18 or was disabled prior to age 18, provide information about the person who has care or custody of this child.

Name of Child (First Name, Middle Initial, Last Name)

Address  
City State ZIP Daytime Phone ( )



Name of Deceased Member Social Security Number \ CalPERS ID Number

**Section 2**

Complete this section if the deceased was survived by a parent.

Was the deceased survived by a parent or parents?

Yes  No  Don't Know

If Yes, complete the following:

Name of Mother (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP Daytime Phone

Name of Father (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP Daytime Phone

Stop! If you have marked yes to any of the above and provided the names and addresses, you do not need to complete the remaining questions.

**Section 3**

**READ FIRST**

If you answer "Yes" to one of these questions, please provide the name(s), address(es) and telephone number(s) in Section 4 titled "Other Next of Kin." You do not need to answer the rest of the questions.

Next Of Kin - If No Spouse, Children, Living Parents

Was the deceased survived by any living brothers or sisters?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

Was the deceased survived by any step children who had been in a parent child relationship?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

Was the deceased survived by any grandchildren (including step grandchildren)?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

Was the deceased survived by any nieces and nephews?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

Was the deceased survived by any great grandchildren?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

Was the deceased survived by any cousins?

Yes \_\_\_\_\_  No  Don't Know  
How Many?

If you answered yes to any of the above questions, please provide name(s), address(es), and phone number(s) in Section 4, Other Next of Kin.

Did the deceased prepay for funeral expenses?

Yes  No  Don't Know

If No, provide name, address, and telephone number of person who paid the funeral expenses.

Name of Person Paying For Funeral Expenses Social Security Number

Address

City State ZIP Daytime Phone



Name of Deceased Member Social Security Number \ CalPERS ID Number

**Section 4**

**Other Next of Kin**

Be sure to indicate the relationship of the persons you listed in this section (Brothers/ Sisters, Stepchildren, Grandchildren, Nieces/ Nephews, Great-Grandchildren, Cousins).

Name (First Name, Middle Initial, Last Name) Relationship  
Address ( )  
City State ZIP Daytime Phone  
If the child is under 18 enter birthdate Birthdate (mm/dd/yyyy) Male / Female Gender  
Who has custody of this child?

Name (First Name, Middle Initial, Last Name)  
Address ( )  
City State ZIP Daytime Phone

Name (First Name, Middle Initial, Last Name) Relationship  
Address ( )  
City State ZIP Daytime Phone  
If the child is under 18 enter birthdate Birthdate (mm/dd/yyyy) Male / Female Gender  
Who has custody of this child?

Name (First Name, Middle Initial, Last Name)  
Address ( )  
City State ZIP Daytime Phone

Name (First Name, Middle Initial, Last Name) Relationship  
Address ( )  
City State ZIP Daytime Phone  
If the child is under 18 enter birthdate Birthdate (mm/dd/yyyy) Male / Female Gender  
Who has custody of this child?

Name (First Name, Middle Initial, Last Name)  
Address ( )  
City State ZIP Daytime Phone



Name of Deceased Member \_\_\_\_\_ Social Security Number \ CalPERS ID Number \_\_\_\_\_

**Section 4 (continued) Other Next of Kin (continued)**

Be sure to indicate the relationship of the persons you listed in this section (Brothers/Sisters, Stepchildren, Grandchildren, Nieces/Nephews, Great-Grandchildren, Cousins).

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If there are additional next of kin, please attach a sheet of paper and list the remaining persons, providing this same information.

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

If the child is under 18 enter birthdate \_\_\_\_\_ Birthdate (mm/dd/yyyy) \_\_\_\_\_ Male / Female Gender \_\_\_\_\_

Who has custody of this child? \_\_\_\_\_

Name (First Name, Middle Initial, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Daytime Phone \_\_\_\_\_

**Mail to:**

CalPERS Benefit Services Division P.O. Box 1652, Sacramento, California 95812-1652

my|CalPERS 1191





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

September 09, 2014

Lee A. Turner  
[REDACTED]  
[REDACTED]

CalPERS ID:

Dear Lee A. Turner:

On behalf of the Board of Administration of the California Public Employees' Retirement System (CalPERS), please accept our sincere condolences on the death of Grantland Johnson.

This decedent's monthly allowance ceased to be payable on the date of death. Any warrant issued after the date of death must be returned to CalPERS unless you were **specifically** instructed by staff in our Customer Contact Center that these warrant(s) may be cashed and deducted from the death benefits. To expedite processing, the warrant(s) should be mailed directly to CalPERS, **not** to the State Controller's Office.

To avoid duplicate repayment to CalPERS, if payment was sent directly to a bank account, please contact the financial institution to confirm they have not returned the warrant before you send us a personal check for reimbursement. If we notify the bank and ask that the payment(s) be returned, a copy of the request letter will be sent to you for your records.

Please understand that we cannot confirm who the beneficiary is until we review the information in the member's file. Please refer to the enclosed booklet for a description of benefits.

To provide information and/or claim death benefits for Grantland Johnson, complete and return the application in this package along with a copy of the death certificate.

California Public Employees' Retirement System  
Attn: Benefit Services Division  
PO Box 1652  
Sacramento, CA 95812-1652

my|CalPERS 1008





or by FAX to 916-795-1281

We will greatly appreciate your cooperation in providing the needed information. If you have any questions, please visit our Web site [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may contact us toll free at **888 CalPERS** (or **888-225-7377**).

Sincerely,

Benefit Services Division



P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

September 09, 2014

Lee A. Turner  
[REDACTED]

Dear Lee A. Turner:

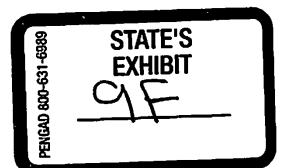
Per your request, see attached customer package(s)/form(s):

Document	Document ID	Quantity
Post-Retirement Death (Spouse, Domestic Partner, or Ex-spouse)	PUB-60	1

If you have any questions, please visit our Web site [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may contact us toll free at 888 CalPERS (or 888-225-7377).

Enclosure(s)

my|CalPERS 0414





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

California Public Employees' Retirement System

August 14, 2014

Grantland L. Johnson  
[REDACTED]  
[REDACTED]

CalPERS ID:

Dear Grantland L. Johnson:

This is to confirm that your Beneficiary Designation form which was designated on 08/14/2014 9:32 am has been accepted by CalPERS.

Benefit Selection: Pro-Rata Lump Sum

Beneficiary(s): Lee A. Turner, Primary, 100.00%

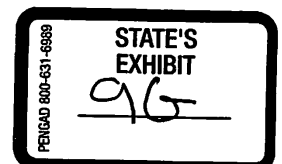
We would like to remind you that if any of the following events should occur, your current designation will be automatically revoked:

- Marriage or registered domestic partnership.
- Dissolution or annulment of marriage or registered domestic partnership if initiated after the beneficiary designation form was submitted.
- Birth or adoption of a child.
- Termination of employment that results in a refund of your contributions.

If one of these events should occur, a new beneficiary designation must be completed if you wish to name someone other than your statutory beneficiary(ies). The statutory order is: 1) Spouse or Registered Domestic Partner, or if none, 2) Children, or if none, 3) Parents, or if none, 4) Brothers and sisters, or if none, 5) Estate, if probated, or if not, 6) Trust.

If you have any questions, please visit our website [www.calpers.ca.gov](http://www.calpers.ca.gov) or you may contact us toll free at 888 CalPERS (or 888-225-7377).

my|CalPERS 2172



2014/08/07 13:44:25 56 5546



# Application to Modify Option and/or Life Option Beneficiary

888 CalPERS (or 888-225 7377) TTY (877) 249 7442

Name of Participant (First Name Middle Initial Last Name) Grandland Lee Johnson Social Security Number (Last Four Digits) \_\_\_\_\_ CalPERS ID \_\_\_\_\_

## Section 1

### Qualifying Events for Modification

Please submit a copy of appropriate legal document such as certified death certificate, marriage certificate, certificate of domestic partnership or the endorsed filed court order with this application

You can change your benefit option or life option beneficiary only if one of the following events occurs. Indicate the event that applies.

- Death of current life option beneficiary (submit a copy of the certified death certificate)  
 Name of Beneficiary (First Name Middle Initial Last Name) \_\_\_\_\_ Date of Death (mm/dd/yyyy) \_\_\_\_\_
- Marriage (submit a copy of marriage certificate)  
 Name of Spouse (First Name Middle Initial Last Name) \_\_\_\_\_ Date of Marriage (mm/dd/yyyy) \_\_\_\_\_
- Establishment of domestic partnership (submit a copy of certificate of domestic partnership)  
 Name of Domestic Partner (First Name Middle Initial Last Name) \_\_\_\_\_ Date of Partnership (mm/dd/yyyy) \_\_\_\_\_
- Divorce, annulment or legal separation from spouse or ex-spouse who is your life option beneficiary (submit a copy of the endorsed filed court order)  
 divorce  annulment  legal separation  
 Date 11/9/13 \_\_\_\_\_
- Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed filed court order)  
 Date \_\_\_\_\_

RECEIVED/S. CR. # 414  
 C. PERS  
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## Section 2

### New Beneficiary Information

Complete new beneficiary information and submit a copy of their birth certificate

If you were required by court order at the time of retirement to designate your former spouse or a legally recognized domestic partner as a Community Property Option 4 beneficiary, you must do so. Do not complete Sections 2 and 3.

Name of New Beneficiary (First Name Middle Initial Last Name) Lee A Turner Johnson Social Security Number (Last Four Digits) \_\_\_\_\_ CalPERS ID \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Relationship to You wife

Address \_\_\_\_\_  
 City \_\_\_\_\_

on file at CalPERS w/ Medical Dental

For more information on page 2

**POOR QUALITY ORIGINAL**



Put your name and Social Security number or CalPERS ID at the top of every page

Crawford Lee Johnson  
 Name of Participant Social Security Number or CalPERS ID

**Section 3**

We will provide Options 1, 2, 3W, and 3V. If these do not meet your needs, you can request one of the approved Option 4 types shown.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of the benefit.

**Option 4 Types**

You must first review CalPERS publication *Retirement Option 4* 6-07.  
 Option 2W & Option 1 Combined ~~NA~~  Option 3W & Option 1 Combined  
 Specific Percentage to Beneficiary 100 %  Specific Dollar Amount to Beneficiary \$ \_\_\_\_\_  
 Percentage Amount  
 Reduced Allowance for Fixed Period of Time 68  
 Reduce my Allowance by \$ \_\_\_\_\_ or \_\_\_\_\_ % through the end of \_\_\_\_\_  
 Dollar Amount Percentage Date (mm/yyyy)

Multiple Lifetime Beneficiaries

Name (First Name Middle Initial Last Name) Social Security Number or CalPERS ID  
 Birth Date (mm/dd/yyyy)  Male  Female Gender Relationship to You Date of Birth (mm/yyyy)  
 Address  
 City State ZIP County

Name (First Name Middle Initial Last Name) Social Security Number or CalPERS ID  
 Birth Date (mm/dd/yyyy)  Male  Female Gender Relationship to You Date of Birth (mm/yyyy)  
 Address  
 City State ZIP County

Name (First Name Middle Initial Last Name) Social Security Number or CalPERS ID  
 Birth Date (mm/dd/yyyy)  Male  Female Gender Relationship to You Date of Birth (mm/yyyy)  
 Address  
 City State ZIP County

Reduced Allowance Upon Death of Retiree or Beneficiary \$ \_\_\_\_\_  
 Reduction Amount

2014/08/07 13:44:26 56 5547

Put your name and Social Security number or CalPERS ID at the top of every page

Grantland Lee Johnson  
Name of Participant Social Security Number or CalPERS ID

**Section 4**

**Option 4 Court-Ordered Community Property**

These options apply to Option 4 Court Ordered Community Property only

- Option 4/1 – To complete this option choice you must also fill out the new beneficiary information below
- Option 4/2W – To complete this option choice you must also fill out the new beneficiary information below
- Option 4/3W – To complete this option choice, you must also fill out the new beneficiary information below

Complete new beneficiary information and submit a copy of their birth certificate

Name (First Name Middle Initial Last Name) \_\_\_\_\_ CalPERS ID \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Gender  Male  Female Relationship to You \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

**Section 5**

**Survivor Continuance**

If your spouse or domestic partner is your eligible survivor you must submit a copy of your marriage certificate or certificate of domestic partnership

I currently have an eligible survivor who may be entitled to the Survivor Continuance benefit

Name of Survivor (First Name Middle Initial Last Name) Dr Lee A Turner Johnson CalPERS ID \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Relationship to You wife Date of Marriage or Domestic Partnership 11/15/14

**Section 6**

**Certification of Participant**

I understand that this form is a request for an election form to modify my option and beneficiary(ies) I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS I hereby certify under penalty of perjury that the foregoing information is true and correct

Grantland Lee Johnson Signature of Participant 8/3/14 Date

Home Phone Number \_\_\_\_\_ Business Phone Number altus

2014/08/07 13:44:26 S6 5548

Mail to: CalPERS Benefit Services Division • P O Box 942711 Sacramento, California 94229-2711

2014/08/07 13:44:27 56 5549

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address) <b>MARK P GROTEWOHL</b> 244050 LAW OFFICES OF MARK GROTEWOHL 1610 Executive Court Sacramento CA 95864 TELEPHONE NO (916) 925-9130 FAX NO (Optional) (916) 925 9182 E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name) Grantland L Johnson	FOR COURT USE ONLY  <div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;">                     FILED/ENDORSED                      OCT 21 2013                      Family                 </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS 3341 POWER INN ROAD MAILING ADDRESS -same as above- CITY AND ZIP CODE SACRAMENTO CA 95826 BRANCH NAME WILLIAM R RIDGEWAY FAMILY RELATIONS	
PETITIONER Grantland L Johnson  RESPONDENT Charlot Bolton	
NOTICE OF ENTRY OF JUDGMENT	CASE NUMBER 13FL01863

You are notified that the following judgment was entered on (date)

- 1  Dissolution
- 2  Dissolution status only
- 3  Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
- 4  Legal separation
- 5  Nullity
- 6  Parent-child relationship
- 7  Judgment on reserved issues
- 8  Other (specify)

OCT 21 2013

RECEIVED/S. CLERK'S OFFICE  
 2014 AUG -7 AM 9 26  
 DDC - 1

OCT 21 2013

Clerk by \_\_\_\_\_ Deputy

**-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY**

Under the provisions of Code of Civil Procedure section 1952 if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time

**STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION**

Effective date of termination of marital or domestic partnership status (specify) 11/9/13

**WARNING** Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status as shown in this box

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the Notice of Judgment was mailed first class postage fully prepaid in a sealed envelope addressed as shown below and that the notice was mailed

at (place) Sacramento

California on (date)

Date

OCT 21 2013

OCT 21 2013

Clerk by \_\_\_\_\_ Deputy

Name and address of petitioner or petitioner's attorney  
 Grantland L Johnson  
 c/o Mark Grotewohl  
 LAW OFFICES OF MARK GROTEWOHL  
 1610 Executive Court  
 Sacramento CA 95864

Name and address of respondent or respondent's attorney  
 Charlot Bolton  
 c/o Jolene M Pasztor  
 LAW OFFICES OF VICTORIA S LINDER  
 5303 Folsom Boulevard  
 Sacramento CA 95819



2014/08/07 13:44:27 56 5550

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address)  
 MARK P GROTEWOHL 244050  
 LAW OFFICES OF MARK GROTEWOHL  
 1610 Executive Court  
 Sacramento CA 95864

TELEPHONE NO (916) 925-9180 FAX NO (Optional) (916) 925-9182  
 E-MAIL ADDRESS (Optional)  
 ATTORNEY FOR (Name) Grantland L Johnson

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO  
 STREET ADDRESS 3341 POWER INN ROAD  
 MAILING ADDRESS same as above  
 CITY AND ZIP CODE SACRAMENTO CA 95826  
 BRANCH NAME WILLIAM R RIDGEWAY FAMILY RELATIONS

MARRIAGE OR PARTNERSHIP OF  
 PETITIONER Grantland L Johnson  
 RESPONDENT Charlot Bolton

JUDGMENT  
 DISSOLUTION       LEGAL SEPARATION       NULLITY  
 Status only  
 Reserving jurisdiction over termination of marital or domestic partnership status  
 Judgment on reserved issues  
 Date marital or domestic partnership status ends 11/9/2013

FOR COURT USE ONLY

FILED/ENDORSED  
 OCT 21 2013  
 Clerk  
 Deputy

- 1  This judgment  contains personal conduct restraining orders  modifies existing restraining orders  
 The restraining orders are contained on page(s) \_\_\_\_\_ of the attachment They expire on (date) \_\_\_\_\_
- 2 This proceeding was heard as to vs  Default or uncontested  By declaration under Family Code section 2330  
 Contested  Agreement in court  
 a Date 10/8/2013 Dept 121 Room \_\_\_\_\_  
 b Judicial officer (name) Judge Matthew Gary  Temporary judge  
 c  Petitioner present in court  Attorney present in court (name) Mark Grotevohl  
 d  Respondent present in court  Attorney present in court (name) Joirene Pasztor  
 e  Claimant present in court (name)  Attorney present in court (name)  
 f  Other (specify name)
- 3 The court acquired jurisdiction of the respondent on (date) 5/8/2013  
 a  The respondent was served with process  
 b  The respondent appeared

THE COURT ORDERS, GOOD CAUSE APPEARING

- 4 a  Judgment of dissolution is entered Marital or domestic partnership status is terminated and the parties are restored to the status of single persons  
 (1)  on (specify date) 11/9/2013  
 (2)  on a date to be determined on noticed motion of either party or on stipulation  
 b  Judgment of legal separation is entered  
 c  Judgment of nullity is entered The parties are declared to be single persons on the ground of (specify)
- d  This judgment will be entered nunc pro tunc as of (date)  
 e  Judgment on reserved issues  
 f The  petitioner's  respondent's former name is restored to (specify)  
 g  Jurisdiction is reserved over all other issues and all present orders remain in effect except as provided below  
 h  This judgment contains provisions for child support or family support Each party must complete and file with the court a Child Support Case Registry Form (form FL-191) within 10 days of the date of this judgment The parents must notify the court of any change in the information submitted within 10 days of the change by filing an updated form The Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order (form FL-192) is attached

Adopted for Mandatory Use  
Judicial Council of California  
FL 180 (Rev July 1 2012)

JUDGMENT  
(Family Law)

Page 1 of 2  
Family Code 56 2024 23-0  
7343 23-0  
www.courts.ca.gov



JOHNSON GRANTLAND



CASE NAME (Last name first name of each party)  
Johnson Grantland v Bolton Cnartot

CASE NUMBER  
13FL01863

11/17/2014/08/07 13:44:28 s6 5551

The children of this marriage or domestic partnership are  
(1)  Name Birthdate

(2)  Parentage is established for children of this relationship born prior to the marriage or domestic partnership  
 Child custody and visitation (parenting time) are ordered as set forth in the attached  
(1)  Settlement agreement stipulation of judgment or other written agreement which contains the information required by Family Code section 3041(a)  
(2)  Child Custody and Visitation Order Attachment (form FL 341)  
(3)  Stipulation and Order for Custody and/or Visitation of Children (form FL 325)  
(4)  Previously established in another case Case number Court

Child support is ordered as set forth in the attached  
(1)  Settlement agreement stipulation for judgment or other written agreement which contains the declarations required by Family Code section 4065(a)  
(2)  Child Support Information and Order Attachment (form FL 352)  
(3)  Stipulation to Establish or Modify Child Support and Order (form FL 353)  
(4)  Previously established in another case Case number Court

Spousal domestic partner or family support is ordered  
(1)  Reserved for future determination as to whether  petitioner  respondent  
(2)  Jurisdiction retained to order spousal domestic partner or family support to  petitioner  respondent  
(3)  As set forth in the attached Spousal Domestic Partner or Family Support Order Attachment (form FL 343)  
(4)  As set forth in the attached settlement agreement stipulation for judgment or other written agreement  
(5)  Other (specify)

Property division is ordered as set forth in the attached  
(1)  Settlement agreement stipulation for judgment or other written agreement  
(2)  Property Order Attachment to Judgment (form FL 345)  
(3)  Other (specify)

Attorney fees and costs are ordered as set forth in the attached  
(1)  Settlement agreement stipulation for judgment or other written agreement  
(2)  Attorney Fees and Costs Order (form FL 346)  
(3)  Other (specify)

Other (specify)

Each attachment to this judgment is incorporated into this judgment and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date

5 Number of pages attached four (4) OCT 21 2013

*Matthew J. Gary*  
JUDGE  
MATTHEW J. GARY

**NOTICE**  
Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer on death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other action.  
A debt or obligation may be assigned to one party as part of the dissolution or property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect on the other party.  
An earnings assignment may be issued without additional proof if child, family partner, or spousal support is ordered.  
Any party required to pay support must pay interest on overdue amounts at the legal rate, which is currently 10 percent.

PETITIONER Grantland L Johnson

Case No. 13FJ0863

RESPONDENT Charlot Bolton

**BIFURCATION OF STATUS OF MARRIAGE OR DOMESTIC PARTNERSHIP**

**ATTACHMENT TO  JUDGMENT (FL-180)  FINDINGS AND ORDER AFTER HEARING (FL-340)**

The court grants the request of  petitioner  respondent to bifurcate and grant a separate trial on the issue of the dissolution of the status of the marriage or domestic partnership apart from other issues.

Date marital or domestic partnership status ends (specify) 11/19/2013

**THE COURT FINDS**

- 1 A preliminary declaration or disclosure with a completed schedule of assets and debts and income and expense declaration has been served on the non-moving party or the parties have stipulated in writing to the preliminary declaration or disclosure until a later time.
- 2 Each requirement of personal jurisdiction of the parties has been joined as a party to the proceeding for dissolution unless joinder is precluded or made unnecessary by applicable law.

**THE COURT ORDERS**

- 3 a To preserve the claims of each party in all retirement plan benefits on entry of judgment granting a dissolution of the status of the marriage or domestic partnership, the court makes the following orders to each retirement plan in which either party is a participant:
  - (1) A final domestic relations order of qualified domestic relations court under Family Code section 2013 discussing the court party's interest in retirement plan benefits including survivor and death benefits.
  - (2) An interim order preserving the non-employee party's right to retirement plan benefits including survivor and death benefits pending entry of judgment on all remaining issues.
  - (3) A provisional order on *Pension Benefits—Attachment to Judgment* (form FL 348) incorporated as an attachment to this judgment of dissolution of the status of marriage or domestic partnership (judgment (Family Law) form FL 180). This order provisionally awards to each party a one-half interest in all retirement benefits attributable to employment during the marriage or domestic partnership.

b Name of plan

Petitioner's CalPERS Package

Type of order attached

3a	3a(1)	3a(2)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

See attachment 3b for additional plans

c The moving party must promptly serve on the retirement or pension plan administrator a copy of any order entered under terms a and b above and a copy of the judgment granting dissolution of the status of the marriage or domestic partnership form FL 180.

- 4 Jurisdiction is reserved to later determine all other pending issues in this case.
- 5 The court makes the following additional orders as conditions for granting the severance on the issue of dissolution of the status of marriage or domestic partnership. In the case of the moving party's death, the order continues to be binding on the moving party's estate and will be enforceable against any asset including the proceeds thereof to the same extent that these obligations would have been enforceable before the person's death.

a  Division of property

The  petitioner  respondent must indemnify and hold the other party harmless from any  taxes  reassessments  interest and  penalties payable by the other party in connection with the division of the community estate that would not have been payable if the parties were still married or domestic partners at the time the division was made.



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PETITIONER Grantland L. Johnson

CASE NUMBER  
13FL01363

RESPONDENT Charlot Bolton

2014/08/07 13:44:29 S6 5553

5 b  Health insurance

Until a judgment has been entered and filed on all remaining issues the  petitioner  respondent must maintain all existing health and medical insurance coverage for the other party and that party must also maintain any minor children as named dependents as long as that party is eligible to do so at any time during this period. The  petitioner  respondent is not eligible to maintain that coverage. The party must at his or her sole expense provide and maintain health and medical insurance coverage that is comparable to the existing health and medical insurance coverage to the extent it is available. Please refer to page 11 of the Other Conditions.

If that coverage is not available the  petitioner  respondent is responsible for paying the health and medical care for the other party and the minor children to the extent that care would have been covered by the existing insurance coverage but for the dissolution of marital status or domestic partnership and will otherwise indemnify and hold the other party harmless from any adverse consequences resulting from the loss or reduction of the existing coverage. Health and medical insurance coverage includes any coverage under any group or individual health or dental medical plan fund policy or program.

c  Probate nomination

Until a judgment has been entered and filed on all remaining issues the  petitioner  respondent will indemnify and hold the other party harmless from any adverse consequences of the other party if the dissolution results in a termination of the other party's right to probate homestead in the residence which the other party resides in if the severance is granted.

d  Probate family allowance

Until a judgment has been entered and filed on all remaining issues the  petitioner  respondent will indemnify and hold the other party harmless from any adverse consequences of the other party if the dissolution results in the loss of the rights of the other party to a probate family allowance as the surviving spouse or surviving domestic partner.

e  Retirement benefits

Except for any retirement plan and/or arrangement identified in any orders and attached as set out in paragraph 7, until a judgment has been entered on all remaining issues the  petitioner  respondent will indemnify and hold the other party harmless from any adverse consequences of the other party if the dissolution results in the loss of the other party's rights with respect to any retirement survivor or deferred compensation benefits under any plan, fund, or arrangement of any elections or options associated with the plan to the extent that the other party would have been entitled to those benefits or elections as the spouse or surviving spouse or the domestic partner or surviving domestic partner of the moving party.

f  Social security benefits

The moving party must indemnify and hold the other party harmless from any adverse consequences if the dissolution results in the loss of rights to social security benefits or elections to the extent the other party would not have been entitled to those benefits or elections as the surviving spouse or surviving domestic partner of the moving party.

g  Beneficiary designation nonprobate transfer

Attachment 5(g) Order Re Beneficiary Designation for Nonprobate Transfer Assets will remain in effect for each covered asset until the division of any community interest therein has been completed.

h  Individual Retirement Account

Attachment 5(h) Order Re Division of IRA Under Internal Revenue Code Section 402(d)(6) has been issued to preserve the ability of  petitioner  respondent to defer distribution of his or her community interests on the death of the IRA owner.

FL-347

PETITIONER Grantland L Johnson	CASE NUMBER 13FL01863
RESPONDENT Charlot Bolton	

2014/08/07 13:44:29 S6 5854

- 5
- Enforcement of community property rights  
Good cause exists to make additional orders as set out in Family Code section 2337(c)(9) See attachment 5(i)
  - Other conditions that are just and equitable  
Other The parties were sworn in and the jurisdictional facts were taken The Dissolution of Marriage Status Only was granted based on irreconcilable differences The Court reserves over all remaining issues  
  
Upon termination of marital status and when Respondent transfers from Petitioner's health insurance to Medicare Petitioner will pay \$300.00 per month to Respondent to cover Respondent's co pays/health care costs

6 Number of attachments one (1)

**WARNING** Judgment (Family Law) form FL 180 (status only) must be completed in addition to this form for the status of the marriage or domestic partnership to be ended



PETITIONER/PLAINTIFF Grantland L Johnson	Case No. FL 13-10193
RESPONDENT/DEFENDANT Cha lot Bolton	

**PENSION BENEFITS ATTACHMENT TO JUDGMENT**  
*(Attach to form FL 180)*

This order concerns the division of retirement and survivor benefits of each of the following two parties:

Name of petitioner	Grantland L Johnson	Name of respondent	Cha lot Bolton
Address of petitioner	C/O Mark Grotzwohl Attorney at Law 1610 Exchange Court Sacramento CA 95854	Address of respondent	609 Jolene Pasato Attorney at Law 5207 Fritcham Blvd Sacramento CA 95819
Date of marriage or registration of domestic partnership	2/5/1975	Date of separation	1/1 2002

**TO THE EMPLOYER PLAN ADMINISTRATOR OF EACH PLAN IDENTIFIED BELOW**

Each party identified above is provisionally divided without prejudice and subject to adjustment by a later domestic relations order a separate interest in the pension benefits accrued to each party during the marriage or domestic partnership which one party has accrued a benefit including but not limited to the plans listed below as a result of employment of the other party during the marriage or domestic partnership and before the date of separation or dissolution of the marriage. The plan must, as allowed by law or as allowed by the terms of the plan in the case of a governmental pension, treat the parties as married persons or domestic partners for purposes of any survivor rights and benefits available under the plan to the extent necessary to provide for payment to the surviving spouse or domestic partner an amount equal to that separate interest or all of the survivor benefits if at the time of death of the participant there is no other eligible spouse or survivor benefit.

**TO THE PARTIES**

Each party must provide the information and take the required actions listed below to protect his or her party's interest in retirement benefits:

1. List below (or on a page attached) the name and address of each employer to which you or the other party worked or worked where either or you participated in a pension or plan during the marriage and before your separation. Include the name (or a description) if you do not have the name of the employer.

State of California  
CalPERS  
PO Box 9427  
Sacramento CA 95820

See Attached

2. For each plan you listed under item 1, promptly deliver a copy of this order to the plan's administrator. You can deliver a copy of this order in person or by mail. Provide a proof of service to the court and the other party. If you do not know the plan's administrator, deliver a copy to the employer or plan sponsor, or if unknown, the trustee or custodian of any assets of the plan.

3. Each party who is a participant in a plan listed under item 1 must join that plan as a party to this case when joinder is required by law. (See Retirement Plan Joinder Information Sheet (form FL 313 (1/4/02))

4. If you are not the party who participated in a plan listed in item 1 and are concerned that you have not received proof that notice of your interest has been delivered to that plan, you are encouraged to deliver a copy of this order to the appropriate plan administrator as described in item 2. You also have a right to join any plan that requires joinder in the event that no joinder documents have been filed with the court or sent to the plan's administrator.

5. Each party must promptly let each plan representative know of any change in the party's mailing address until all benefits due that party under the plan have been paid.

2014/08/07 13:44:30 S6 5555

CERTIFICATION OF VITAL RECORD

SACRAMENTO COUNTY  
SACRAMENTO, CALIFORNIA

LICENSE AND CERTIFICATE OF MARRIAGE

DATE FILE NUMBER: 11/13/2013  
 LOCAL REGISTRATION NUMBER: 11/20/2012

**PERSON 1**  
 1A FIRST NAME: LEE  
 1B MIDDLE: ANNE  
 1C CURRENT LAST: TURNER  
 1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C): ANNE  
 2 DATE OF BIRTH (MM/DD/CCYY): 11/20/1972  
 3 STATE/COUNTRY OF BIRTH: CA  
 4 PREVIOUS MARRIAGES (DATE):  
 5A LAST MARRIAGE (DATE ENDED BY): 11/20/2012  
 5B DATE ENDED (MM/DD/CCYY):  
 6 ADDRESS: SACRAMENTO, CA 95820  
 7 ZIP CODE: 95820  
 8A FULL BIRTH NAME OF FATHER/PARENT: JOHN WALTER TURNER  
 8B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): CA  
 9A FULL BIRTH NAME OF MOTHER/PARENT: DORIS IRENE SIDDALL  
 9B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): CA

**PERSON 2**  
 1A FIRST NAME: GRANTLAND  
 1B MIDDLE: LEE  
 1C CURRENT LAST: JOHNSON  
 1D LAST NAME AT BIRTH (IF DIFFERENT THAN 1C):  
 2 DATE OF BIRTH (MM/DD/CCYY): 01/11/1973  
 3 STATE/COUNTRY OF BIRTH: CA  
 4 PREVIOUS MARRIAGES (DATE):  
 5A LAST MARRIAGE (DATE ENDED BY): 11/09/2013  
 5B DATE ENDED (MM/DD/CCYY):  
 6 ADDRESS: SACRAMENTO, CA 95820  
 7 ZIP CODE: 95820  
 8A FULL BIRTH NAME OF FATHER/PARENT: ROBERT LEE JOHNSON  
 8B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): CA  
 9A FULL BIRTH NAME OF MOTHER/PARENT: MAE WILLIE PINKSTON  
 9B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY): MS

**AFFIDAVIT**  
 10 I, THE UNDERSIGNED CLERK, AND A FEWITY OF PERSONS (WHICH MAY BE ONE OR MORE) OF THE STATE OF CALIFORNIA, THAT WE ARE UNBIASED AND THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE FURTHER DECLARE THAT NO LEGAL OBJECTION TO THE MARRIAGE AND THE ISSUANCE OF A LICENSE IS KNOWN TO US. WE ACKNOWLEDGE RECEIPT OF THE INFORMATION REQUIRED BY FAMILY CODE SECTION 304 AND HEREBY APPLY FOR A LICENSE AND CERTIFICATE OF MARRIAGE.  
 11 SIGNATURE OF PERSON 1 (TYPE OR PRINT CLEARLY): *Lee Turner*  
 12 SIGNATURE OF PERSON 2 (TYPE OR PRINT CLEARLY): *Grantland Lee Johnson*

**CLERK & WITNESSES**  
 13 I, A RESIDE DATE (MM/DD/CCYY): 02/10/2014  
 14 I, A RESIDE DATE (MM/DD/CCYY): 02/10/2014  
 15 NAME OF COUNTY CLERK: CRAIG A. KRAMER  
 16 SIGNATURE OF CLERK (TYPE OR PRINT CLEARLY): *Craig A. Kramer*  
 17 MARITAL LICENSE NUMBER: A-41334005952  
 18 COUNTY OF ISSUE: SACRAMENTO  
 19 RETURN COMPLETED MARRIAGE LICENSE TO (MARRIAGE OFFICE): 600 8TH STREET SACRAMENTO CA 95814

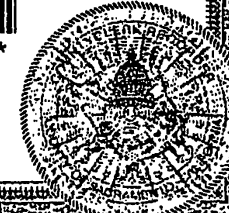
**WITNESSES**  
 20 SIGNATURE OF WITNESS: *Robert J. Skobe*  
 21 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Robert J. Skobe  
 22 ADDRESS, CITY, STATE/COUNTRY AND ZIP CODE: 100 State Ave Sacramento, CA 95815  
 23 SIGNATURE OF WITNESS: *Kimberly J. Mueller*  
 24 NAME OF PERSON WITNESSING MARRIAGE (TYPE OR PRINT CLEARLY): Kimberly J. Mueller  
 25 OFFICIAL TITLE: U.S. District Judge  
 26 ADDRESS, CITY, STATE/COUNTRY AND ZIP CODE: U.S. District Court, 501 I Street, 15th Fl., Sacramento, California 95814  
 27 ADDRESS, CITY, STATE/COUNTRY AND ZIP CODE:

**NEW NAMES (IF ANY)**  
 28A FIRST MIDDLE AND LAST NAME OF PERSON LISTED IN 1A (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION): LEE ANNE TURNER  
 28B MIDDLE: ANNE  
 28C LAST: JOHNSON  
 29A FIRST MIDDLE AND LAST NAME OF PERSON LISTED IN 2A (IF ANY) FOR USE UPON SOLEMNIZATION OF THE MARRIAGE (SEE REVERSE FOR INFORMATION): GRANTLAND LEE JOHNSON  
 29B MIDDLE: LEE  
 29C LAST: JOHNSON

**LOCAL REGISTRAR**  
 30A NAME OF LOCAL REGISTRAR: CRAIG A. KRAMER  
 30B SIGNATURE OF CLERK/DEPUTY CLERK: *Craig A. Kramer*  
 30C DATE RECEIVED OR REGISTRATION: 11/22/2013

POOR QUALITY ORIGINAL

2014/08/07 13:44:30 56 5556



CERTIFIED COPY OF VITAL RECORDS  
STATE OF CALIFORNIA COUNTY OF SACRAMENTO



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK/RECORDER

DATE ISSUED NOV 22 2013

This copy not valid unless prepared on engraved border displaying date, seal and signature of the County Clerk/Recorder

ANY ALTERATION OR ERASURE VOID THIS CERTIFICATE



P O Box 942715 Sacramento CA 94229 2715  
888 CalPERS (or 888 225 7377) | Fax (800) 959 6545  
www calpers ca gov

California Public Employees Retirement System

Post Retirement Lump Sum Beneficiary Designation

Section 1

Member Information

Please include your first name middle initial and last name

Grantland L Johnson

Member's Full Name SSN or CalPERS ID Telephone Number Birth Date

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

1  I hereby designate the following person(s) who survive me share and share alike if no percentage (%) is given as BENEFICIARIES for any lump sum death benefits payable under the Public Employees Retirement Law in the event of my death  
100% Or

2  I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for

- Retired Death Benefit  Option 1 Balance
- Temporary Annuity Balance  Option 4 Option 1 Balance

Section 2

Beneficiary Designation

Provide on the form the full name of your beneficiaries relationship Social Security number or CalPERS ID and the complete address

I understand that if I am married or in a registered domestic partnership but do not name my spouse or registered domestic partner as beneficiary they may be entitled to a community property share of the balance of contributions (Option 1) or Temporary Annuity Balance. The community property share will be based on one half of the contributions or one half of the service credit earned during the marriage/ registered domestic partnership. If the marriage or partnership occurred after my retirement date then my spouse or registered domestic partner is not entitled to a community property interest. If a community property interest applies my designated beneficiary(ies) will receive the portion of my lump sum Option 1 or Temporary Annuity Balance that is not payable to my spouse or registered domestic partner as their community property share.

Primary Beneficiaries

If a percentage (%) is entered make sure the total equals 100%

Dr Lee Turner Johnson  
Name of Primary Beneficiary Birth Date

If the form does not provide enough space you may attach additional sheets provided you indicate whether you are designating primary or secondary beneficiaries. You must sign date and write your Social Security number or CalPERS ID at the top of each additional sheet

wife 100%  
Relationship to the Member Percentage of the Benefit Social Security Number or CalPERS ID

[Redacted Address]

Address (Number Street City State and Zip Code)

Name of Primary Beneficiary Birth Date

Relationship to the Member Percentage of the Benefit Social Security Number or CalPERS ID

Address (Number Street City State and Zip Code)

Continued on page 2

RECEIVED/RECEIVED  
CALPERS  
2014 AUG - 7 AM 9 2  
DOC - 1  
myCalPERS 0773



Put your name and Social Security number or CalPERS ID at the top of every page

Grantland L. Johnson  
Member's Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 2**

**Beneficiary Designation - Continued**

If a percentage (%) is entered make sure the total equals 100%

**Primary Beneficiaries - Continued**

\_\_\_\_\_  
Name of Primary Beneficiary

\_\_\_\_\_  
Birth Date

If the form does not provide enough space you may attach additional sheets provided you indicate whether you are designating primary or secondary beneficiaries. You must sign date and write your Social Security number or CalPERS ID at the top of each additional sheet.

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number Street City State and Zip Code)

In the event I survive the person(s) named as primary beneficiary I hereby designate the following person(s) who survive me as BENEFICIARIES. If no percentage (%) is given benefits will be paid **share and share alike**.

**Secondary Beneficiaries**

\_\_\_\_\_  
Name of Secondary Beneficiary

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number Street City State and Zip Code)

\_\_\_\_\_  
Name of Secondary Beneficiary

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number Street City State and Zip Code)

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Put your name and  
Social Security number  
or CalPERS ID at the  
top of every page

Grantland L. Johnson  
Member's Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 3**

**Required Signature(s)**

Provide the date you  
signed the form

**Member's Acknowledgement**

Should I survive all of the persons named I understand that the benefits payable upon my death will be paid to my statutory beneficiaries or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS all in accordance with applicable provisions of law

By this beneficiary designation I hereby revoke any previous designation I have filed I understand that my marriage or domestic partnership final dissolution or annulment of my marriage or the termination of my domestic partnership or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation

If you are married or in a registered domestic partnership and your spouse or registered domestic partner does not sign this form you must complete and submit the Justification for Absence of Spouse s or Registered Domestic Partner s Signature (my|CalPERS 0775) form with your designation form

I understand that a designation filed after the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will not be revoked when the legal process is finalized

Are you legally married or have a registered domestic partner?  Yes  No

If yes your spouse or registered domestic partner must sign this form If no please indicate

Never Married/Never in Registered Domestic Partnership  Divorced/Annulled  Widowed

IMPORTANT You must complete the Justification for Absence of Spouse s or Registered Domestic Partner s Signature (my|CalPERS 0775) if you are married or have a registered domestic partnership but your spouse or registered domestic partner is unable to sign below

X Grantland L. Johnson 8.5.14  
Member's Signature Date (mm/dd/yyyy)

**Spouse s/Registered Domestic Partner s Acknowledgement**

Before submitting your completed form be sure to make a copy to keep with your important retirement information

By signing this beneficiary designation form I acknowledge that I am aware of the designation made by my spouse or registered domestic partner I also hereby state that I am the current spouse or registered domestic partner

Dr. Grantland L. Johnson 8.5.14  
Spouse s/Registered Domestic Partner s Signature Date (mm/dd/yyyy)

11.15.14  
Date of Marriage or Registered Partnership (mm/dd/yyyy)

**Mail to:**

CalPERS Benefit Services Division • P O Box 942711 Sacramento CA 94229 2711

my|CalPERS 0773



11/15/2014/08/07 13:38:15 S6 5432

2014/08/07 13:38:16 S6 5433

**Section 4**

**Information and Instructions**

**Instructions**

The death benefits paid to your beneficiary depend on the retirement option you selected when you retired and the benefits contracted by your former employer. Please order or download *What You Need to Know About Changing Your Beneficiary or Monthly Benefit after Retirement* for a description of the benefits. The Post Retirement Lump Sum Beneficiary Designation form is used to designate a beneficiary(ies) for your lump sum benefits only.

A. The following is a list of all the lump sum benefits that could be paid:

- 1. Retired Death Benefit
- 2. Option 1 Balance
- 3. Temporary Annuity Balance
- 4. Option 4, Option 2W or 3W and Option 1 Combined Balance

Any lump sum death benefits will be paid to your designated beneficiary. However, if no valid designation is in effect at the time of your death, your lump sum death benefits are paid to your statutory beneficiary (the order is determined by law).

B. Any of the following events automatically revoke an existing beneficiary designation:

- 1. Marriage
- 2. Registered domestic partnership
- 3. Dissolution or annulment of marriage or termination of a registered domestic partnership that is initiated before the designation is filed
- 4. Birth or adoption of a child

If your beneficiary designation is revoked and there is no designation in effect at the time of your death, benefits will be paid to your statutory beneficiary. However, you can redesignate your previous beneficiary or name a new beneficiary by completing this form.

C. If you are legally married or in a registered domestic partnership and you designate someone other than your spouse or registered domestic partner to receive your Option 1 balance, they could be entitled to their community property interest in this benefit. Their community property interest is 50 percent of the benefit for the period of CalPERS service during which you were married to your current spouse or in a registered domestic partnership. If you married or established a registered domestic partnership after retirement, your spouse or registered domestic partner does not have a community property interest in your death benefits.

D. In Section 1, remember to clearly print the personal information requested at the top of the form. To protect you and your beneficiary from a possible legal challenge of your designations, we cannot accept a form with any corrections or erasure marks. Also, remember to check either Box 1 or Box 2. Check Box 1 if your designation applies to all applicable lump sum death benefits. Check Box 2 if you want to designate a different beneficiary for each lump sum death benefit payable. Your primary beneficiary(ies) will receive an equal percent of the benefit, unless you indicate otherwise.

E. In Section 2, if you want to name more than three primary beneficiaries or more than two secondary beneficiaries for one or all of the lump sum death benefits, you may attach additional sheets provided you indicate whether you are designating primary or secondary beneficiaries. You must sign date and write your Social Security number or CalPERS ID at the top of each additional sheet.

F. In Section 3, you must sign the *Member's Acknowledgement* and your current spouse or registered domestic partner must also sign the *Spouse's or Registered Domestic Partner's Acknowledgement* to acknowledge the action you are taking. If you are not legally married or in a registered domestic partnership, you should check the box in the *Member's Acknowledgement* section stating that you are not married or in a domestic partnership and mark the correct applicable situation. If you are married or in a registered domestic partnership and your spouse or registered domestic partner does not sign the form, you must complete and submit the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form with your designation form.

**Information Practices Statement**

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000 et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to state and public agency employers, California State Attorney General, Office of the State Controller, California Technology Agency, Public Safety & Communications Division, Franchise Tax Board, Internal Revenue Service, Workers Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Justification For Absence Of Spouse Or Registered Domestic Partner's Signature

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of an election of retirement optional settlement and/or designation of beneficiary for Death Benefits.

If a spouse or registered domestic partner's signature does not appear on one of the above-mentioned documents, the following information MUST be completed by the member and submitted with the corresponding document. If you have any questions, please visit our website www.calpers.ca.gov, or you may contact us toll free at 888 CalPERS (or 888-225-7377).

Member's Name Grantland L. Johnson	CalPERS ID
Name of the Corresponding Document Post Retirement Lump Sum Beneficiary Designation	

Select either 1 or 2 and indicate specifics:

- By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
  - Never married or never in registered domestic partnership.
  - Divorced/marriage annulled or registered domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
  
- By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
  - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner, **OR**,
  - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **OR**,
  - My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
  - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **OR**
  - My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

I certify under penalty of perjury that the foregoing information is true and correct.

MEMBER'S SIGNATURE	DATE SIGNED
--------------------	-------------

You may scan and upload this form into my|CalPERS or mail it to the address below:

<b>Mail To:</b>	CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711
-----------------	--

my|CalPERS 0775





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

Post Retirement Lump Sum Beneficiary Designation

Section 1

Member Information

Please include your first name, middle initial and last name.

Grantland L. Johnson

Member's Full Name SSN or CalPERS ID Telephone Number Birth Date

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

1.  I hereby designate the following person(s) who survive me, **share and share alike** if no percentage (%) is given, as BENEFICIARIES for any lump-sum death benefits payable under the Public Employees' Retirement Law in the event of my death.
- Or -----
2.  I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:
- Retired Death Benefit  Option 1 Balance
- Temporary Annuity Balance  Option 4 - Option 1 Balance

Section 2

Beneficiary Designation

Provide on the form the full name of your beneficiaries, relationship, Social Security number or CalPERS ID and the complete address.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or registered domestic partner as beneficiary, they may be entitled to a community property share of the balance of contributions (Option 1) or Temporary Annuity Balance. The community property share will be based on one-half of the contributions or one-half of the service credit earned during the marriage/registered domestic partnership. If the marriage or partnership occurred after my retirement date, then my spouse or registered domestic partner is not entitled to a community property interest. If a community property interest applies, my designated beneficiary(ies) will receive the portion of my lump sum Option 1 or Temporary Annuity Balance that is not payable to my spouse or registered domestic partner as their community property share.

Primary Beneficiaries

If a percentage (%) is entered make sure the total equals 100%.

Name of Primary Beneficiary Birth Date

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

Relationship to the Member Percentage of the Benefit Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Name of Primary Beneficiary Birth Date

Relationship to the Member Percentage of the Benefit Social Security Number or CalPERS ID

Address (Number, Street, City, State and Zip Code)

Continued on page 2



Put your name and Social Security number or CalPERS ID at the top of every page.

Grantland L. Johnson  
Member's Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 2**

**Beneficiary Designation - Continued**

If a percentage (%) is entered make sure the total equals 100%.

**Primary Beneficiaries - Continued**

\_\_\_\_\_  
Name of Primary Beneficiary

\_\_\_\_\_  
Birth Date

If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You must sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number, Street, City, State and Zip Code)

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me as BENEFICIARIES. If no percentage (%) is given, benefits will be paid **share and share alike**.

**Secondary Beneficiaries**

\_\_\_\_\_  
Name of Secondary Beneficiary

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number, Street, City, State and Zip Code)

\_\_\_\_\_  
Name of Secondary Beneficiary

\_\_\_\_\_  
Birth Date

\_\_\_\_\_  
Relationship to the Member

\_\_\_\_\_  
Percentage of the Benefit

\_\_\_\_\_  
Social Security Number or CalPERS ID

\_\_\_\_\_  
Address (Number, Street, City, State and Zip Code)



Put your name and Social Security number or CalPERS ID at the top of every page.

Grantland L. Johnson  
Member's Name

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 3**

**Required Signature(s)**

Provide the date you signed the form.

**Member's Acknowledgement:**

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation.

I understand that a designation filed after the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will not be revoked when the legal process is finalized.

Are you legally married or have a registered domestic partner?  Yes  No

If yes, your spouse or registered domestic partner must sign this form. If no, please indicate:

Never Married/Never in Registered Domestic Partnership  Divorced/Annulled  Widowed

If you are married or in a registered domestic partnership and your spouse or registered domestic partner **does not** sign this form, you must complete and submit the **Justification for Absence of Spouse's or Registered Domestic Partner's Signature** (my|CalPERS 0775) form with your designation form.

**IMPORTANT** - You must complete the Justification for Absence of Spouse's or Registered Domestic Partner's Signature (my|CalPERS 0775) if you are married or have a registered domestic partnership but your spouse or registered domestic partner is unable to sign below.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Spouse's/Registered Domestic Partner's Acknowledgement:**

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or registered domestic partner. I also hereby state that I am the current spouse or registered domestic partner.

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

\_\_\_\_\_  
Spouse's/Registered Domestic Partner's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Date of Marriage or Registered Partnership (mm/dd/yyyy)

**Mail to:**

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, CA 94229-2711

my|CalPERS 0773



**Section 4**

**Information and Instructions**

**Instructions**

The death benefits paid to your beneficiary depend on the retirement option you selected when you retired and the benefits contracted by your former employer. Please order or download *What You Need to Know About Changing Your Beneficiary or Monthly Benefit after Retirement* for a description of the benefits. The Post Retirement Lump Sum Beneficiary Designation form is used to designate a beneficiary(ies) for your lump sum benefits only.

- A. The following is a list of all the lump sum benefits that could be paid:
1. Retired Death Benefit
  2. Option 1 Balance
  3. Temporary Annuity Balance
  4. Option 4: Option 2W or 3W and Option 1 Combined Balance

Any lump sum death benefits will be paid to your designated beneficiary. However, if no valid designation is in effect at the time of your death, your lump sum death benefits are paid to your statutory beneficiary (the order is determined by law).

- B. Any of the following events automatically revoke an existing beneficiary designation:
1. Marriage
  2. Registered domestic partnership
  3. Dissolution or annulment of marriage, or termination of a registered domestic partnership that is initiated before the designation is filed
  4. Birth or adoption of a child

If your beneficiary designation is revoked and there is no designation in effect at the time of your death, benefits will be paid to your statutory beneficiary. However, you can redesignate your previous beneficiary or name a new beneficiary by completing this form.

- C. If you are legally married or in a registered domestic partnership and you designate someone other than your spouse or registered domestic partner to receive your Option 1 balance, they could be entitled to their community property interest in this benefit. Their community property interest is 50 percent of the benefit for the period of CalPERS service during which you were married to your current spouse or in a registered domestic partnership. If you married or established a registered domestic partnership after retirement, your spouse or registered domestic partner does not have a community property interest in your death benefits.
- D. In Section 1, remember to clearly print the personal information requested at the top of the form. To protect you and your beneficiary from a possible legal challenge of your designations, we cannot accept a form with any corrections or erasure marks. Also, remember to check either Box 1 or Box 2. Check Box 1 if your designation applies to all applicable lump sum death benefits. Check Box 2 if you want to designate a different beneficiary for each lump sum death benefit payable. Your primary beneficiaries will receive an equal percent of the benefit, unless you indicate otherwise.
- E. In Section 2, if you want to name more than three primary beneficiaries or more than two secondary beneficiaries for one or all of the lump sum death benefits, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You **must** sign, date and write your Social Security number or CalPERS ID at the top of each additional sheet.
- F. In Section 3, you **must** sign the *Member's Acknowledgement* and your current spouse or registered domestic partner **must** also sign the *Spouse's or Registered Domestic Partner's Acknowledgement* to acknowledge the action you are taking. If you are not legally married or in a registered domestic partnership, you should check the box in the Member's Acknowledgement section stating that you are not married or in a domestic partnership and mark the correct applicable situation. If you are married or in a registered domestic partnership and your spouse or registered domestic partner does not sign the form, you **must** complete and submit the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form with your designation form.

**Information Practices Statement**

The Information Practices Act of 1977 and the Federal Privacy Act require the California Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, California Technology Agency Public Safety & Communications Division, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for CalPERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the California Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

California Public Employees' Retirement System

July 25, 2014

Grantland L. Johnson  
[REDACTED]  
[REDACTED]

CalPERS ID:

Dear Grantland L. Johnson:

The Beneficiary Designation Form, which you recently submitted, cannot be processed because of the following reasons(s):

- An incorrect or invalid form was submitted. Please complete the enclosed form and re-submit.

You must complete a new form, which is provided. Please review the "Information and Instructions" sheet before completing the new form and make a copy of the form prior to mailing.

If you have any questions, please visit our Web site [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may contact us toll free at **888 CalPERS** (or **888-225-7377**).

You may submit a new beneficiary designation at any time by logging into my|CalPERS

my|CalPERS 0589





RECEIVED  
CALPERS  
ODC - 8

2014 JUL -3 AM 9 13

June 23, 2014

Cal PERS  
PO Box 942715  
Sacramento, CA 94229 2715

RE IUD No

To Whom It May Concern

I want my wife Lee Anne Turner Johnson, to be named as the beneficiary with my CalPERS retirement and all death benefits (previously named for Charlot Bolton and Patrice Bolton Johnson)

As of November 15, 2013, we were legally married. A court judgment or marital agreement will soon be filed and sent to you, finalizing all property with my former wife, Charlot Bolton. Upon receipt of this final settlement agreement, please immediately change all of my retirement benefit and all death benefit to my wife, Dr Lee Turner Johnson.

Once completed, please send confirmation of this change to us at

Grantland Lee Johnson and Lee A Turner Johnson

[REDACTED]

I thank you for your prompt attention to this matter.

Sincerely,

*Grantland Johnson*  
Grantland L Johnson

2014/07/03 14:27:55 S5 2279

STATE'S EXHIBIT  
9M  
PENGAD 800-631-6986

RECEIVED SACRAMENTO  
CALPERS  
DDC 15

2013 DEC 16 AM 9 38

2013/12/17 13:18:25 S8 2263

December 12, 2013

Cal PERS  
PO Box 942715  
Sacramento, CA 94229 2715

RE IUD No :

To Whom It May Concern

Please add Lee Anne Turner Johnson, my new wife to my Health Plan with CalPERS  
As of November 15, 2013, we are legally married I have included a copy of the  
Marriage Certificate, Lee's Social Security card and her birth certificate Thank you

Please send confirmation of her plan coverage to us at

Grantland Lee Johnson and Lee A. Turner Johnson

[Redacted Address]

I thank you for your prompt attention to this matter

Sincerely

*Grantland Johnson*

Grantland L. Johnson

PENGAD 800-531-6989  
STATE'S  
EXHIBIT  
9N

2013/12/17 13:18:25 58 2264

**STATE OF CALIFORNIA**  
**CERTIFICATION OF VITAL RECORD**

**SACRAMENTO COUNTY**  
**SACRAMENTO, CALIFORNIA**

**LICENSE AND CERTIFICATE OF MARRIAGE**

STATE FILE NUMBER		1201134007676
JUSTICE (LEGIBLE - MAKE NO CHANGES - WRITE OUT IF OTHER ALTERATIONS USE DARK INK ONLY)		LOCAL REGISTRATION NUMBER
FIRST PER OFFENSE	14 FIRST NAME <b>LEE</b>	18 MIDDLE <b>ANNE</b>
	16 CURRENT LAST <b>TURNER</b>	19 LAST NAME AT BIRTH (IF DIFFERENT THAN 16C) <b>TURNER</b>
	17 DATE OF BIRTH (MM/DD/CCYY) <b>06 AUG 55</b>	20 DATE BIRTH (MM/DD/CCYY) <b>11/20/2012</b>
	18A CITY <b>SACRAMENTO</b>	18B STATE/COUNTRY <b>CA</b>
	18C ZIP CODE <b>95820</b>	18D ZIP CODE <b>95820</b>
10A FULL BIRTH NAME OF FATHER/PARENT <b>JOHN WALTER TURNER</b>	10B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
11A FULL BIRTH NAME OF MOTHER/PARENT <b>DORIS IRENS SIDDALL</b>	11B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
SECOND PER OFFENSE	22A FIRST NAME <b>GRANTLAND</b>	22B MIDDLE <b>LEE</b>
	24 CURRENT LAST <b>JOHNSON</b>	25 LAST NAME AT BIRTH (IF DIFFERENT THAN 22C) <b>JOHNSON</b>
	23 DATE OF BIRTH (MM/DD/CCYY) <b>11/13/2013</b>	26 DATE BIRTH (MM/DD/CCYY) <b>11/09/2013</b>
	24A CITY <b>SACRAMENTO</b>	24B STATE/COUNTRY <b>CA</b>
	24C ZIP CODE <b>95820</b>	24D ZIP CODE <b>95820</b>
27A FULL BIRTH NAME OF FATHER/PARENT <b>ROBERT LEE JOHNSON</b>	27B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
28A FULL BIRTH NAME OF MOTHER/PARENT <b>MARIE WILLIE PINKSTON</b>	28B STATE OF BIRTH (IF OUTSIDE U.S. ENTER COUNTRY) <b>CA</b>	
<p>WE THE UNDERSIGNED DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT WE ARE UNMARRIED AND THAT THE FOP COMES INTO BEING IN FULL COMPLIANCE WITH THE LAWS OF CALIFORNIA AND THAT WE ARE ABLE TO ENTER INTO THIS MARRIAGE VOLUNTARILY AND WITHOUT COERCION OR UNLAWFUL INFLUENCE. WE HAVE READ AND UNDERSTAND THE CONTENTS OF THIS MARRIAGE LICENSE AND WE AGREE TO BE BOUND BY ITS TERMS AND CONDITIONS. WE HAVE BEEN ADVISED BY THE CLERK OF THE COUNTY OF SACRAMENTO OF OUR RIGHTS AND OBLIGATIONS IN ENTERING INTO THIS MARRIAGE AND WE AGREE TO ENTER INTO THIS MARRIAGE KNOWINGLY AND WITHOUT COERCION OR UNLAWFUL INFLUENCE.</p>		
29 SIGNATURE OF PERSON LISTED PRIOR TO ID <i>[Signature]</i>		30 SIGNATURE OF PERSON LISTED PRIOR TO ID <i>[Signature]</i>
<p>THE UNDERSIGNED DO HEREBY CERTIFY THAT THE ABOVE-NAMED PARTIES TO BE UNITED HAVE PERSONALLY AND APPEARED BEFORE ME AS ONE OF THE PARTIES PERFORMING THE SAME IN AN OPEN AND SOLEMN MANNER AND HAVE DECLARED THAT ONE OF BOTH OF THE PARTIES TO BE UNITED HAS BEEN LEGALLY SEPARATED FROM THE OTHER BY COURT ORDER OR BY AGREEMENT OF THE PARTIES TO BE UNITED. I HAVE BEEN ADVISED BY THE CLERK OF THE COUNTY OF SACRAMENTO OF OUR RIGHTS AND OBLIGATIONS IN ENTERING INTO THIS MARRIAGE AND WE AGREE TO ENTER INTO THIS MARRIAGE KNOWINGLY AND WITHOUT COERCION OR UNLAWFUL INFLUENCE.</p>		
32A DATE OF MARRIAGE (MM/DD/CCYY) <b>11/13/2013</b>		32B DATE OF MARRIAGE (MM/DD/CCYY) <b>02/10/2014</b>
33A COUNTY OF MARRIAGE <b>SACRAMENTO</b>		33B COUNTY OF MARRIAGE <b>SACRAMENTO</b>
34A ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>900 State Ave Sacramento CA 95815</b>		34B ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>600 9TH STREET SACRAMENTO CA 95814</b>
35A SIGNATURE OF WITNESS <i>[Signature]</i>		35B NAME OF PERSON WITHIN 10' (PRINT CLEARLY) <b>Robert J. Stobe</b>
36A ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>900 State Ave Sacramento CA 95815</b>		36B ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>600 9TH STREET SACRAMENTO CA 95814</b>
<p>THE WITNESSES HAVE BEEN DULY SWORN AND HAVE DECLARED THAT THE ABOVE-NAMED PARTIES WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA. NOTE: THE WITNESSES MUST TAKE PLACE IN THE STATE OF CALIFORNIA.</p>		
37A DATE OF MARRIAGE (MM/DD/CCYY) <b>11/13/2013</b>		37B COUNTY OF MARRIAGE <b>SACRAMENTO</b>
38 SIGNATURE OF PERSON WITHIN 10' (PRINT CLEARLY) <b>Kimberly J. Mueller</b>		38B RELIGIOUS DESIGNATION (IF ANY) <b>U.S. District Judge</b>
39A ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>U.S. District Court, 501 L Street, 15th Fl., Sacramento, California 95814</b>		39B ADDRESS CITY STATE/COUNTRY AND ZIP CODE <b>SACRAMENTO</b>
40A FIRST NAME MUST BE SAME AS 14 <b>LEE</b>		40C LAST NAME <b>JOHNSON</b>
41A FIRST NAME MUST BE SAME AS 22A <b>LEE</b>		41C LAST NAME <b>JOHNSON</b>
42A NAME OF LOCAL REGISTRAR <b>CRAIG A. FRAMER</b>		42B SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>
43A DATE ACCEPTED FOR REGISTRATION <b>11/22/2013</b>		43B DATE ACCEPTED FOR REGISTRATION <b>11/22/2013</b>

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OFFICE OF VITAL RECORDS 15 117 0001 0 3

**CERTIFIED COPY OF VITAL RECORDS**  
**STATE OF CALIFORNIA COUNTY OF SACRAMENTO**



This is a true and exact reproduction of the document officially registered and placed on file in the office of the SACRAMENTO COUNTY CLERK/RECORDER

DATE ISSUED **NOV 22 2013**

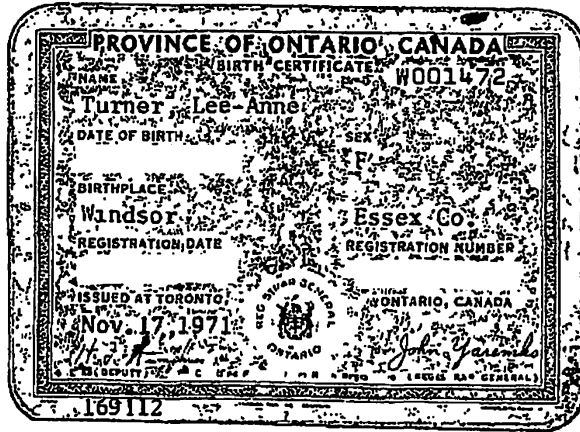
This copy not valid unless prepared on engraved border displaying date seal and signature of the County Clerk/Recorder

*Craig A. Frammer*  
CRAIG A. FRAMMER CLERK/RECORDER  
SACRAMENTO COUNTY CALIFORNIA



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

2013/12/17 13:18:26 S8 2265



2013/12/17 13:18:26 S8 2266



RECEIVED SACRAMENTO  
CALPERS  
DDC # 16

November 13, 2013

2013 NOV 18 AM 11 26

Cal PERS  
PO Box 942715  
Sacramento, CA 94229 2715

RE IUD No.

To Whom It May Concern

Please remove Charlot Bolton, my former wife from my Health Plan with CalPERS  
As of November 9, 2013, we are legally divorced I have included a copy of the  
divorce judgment and Charlot is no longer on my CalPERS health plan

Please send confirmation of her removal from the plan to me at

Grantland Lee Johnson  
[REDACTED]  
[REDACTED]

I thank you for your prompt attention to this matter

Sincerely,  
*Grantland Johnson*  
Grantland L Johnson

2013/11/19 11:07:42 S6 404

PENCLAD 800-531-6888  
STATE'S  
EXHIBIT  
90

FL 190

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name & title, bar number and address) <b>MARK P GROTEWOHL</b> 244050 LAW OFFICES OF MARK GROTEWOHL 1610 Executive Court Sacramento CA 95864 TELEPHONE NO (916) 925-9180 FAX NO (Optional) (916) 925 9182 E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name) Grantland L Johnson		FOR COURT USE ONLY  <div style="border: 2px solid black; padding: 5px; text-align: center;">                     FILED/ENDORSED                      OCT 21 2013                      C. A.                      L. P. 11                 </div>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS 3341 POWER INN ROAD MAILING ADDRESS -same as above- CITY AND ZIP CODE SACRAMENTO CA 95826 BRANCH NAME WILLIAM R RIDGEWAY FAMILY RELATIONS		
PETITIONER Grantland L Johnson  RESPONDENT Charlot Bolton		
NOTICE OF ENTRY OF JUDGMENT		CASE NUMBER 13FL01863

10/21/2013 11:07:43 S6 405

You are notified that the following judgment was entered on (date)

- 1  Dissolution
  - 2  Dissolution status only
  - 3  Dissolution - reserving jurisdiction over termination of marital status or domestic partnership
  - 4  Legal separation
  - 5  Nullity
  - 6  Parent child relationship
  - 7  Judgment on reserved issues
  - 8  Other (specify)
- " / / 2013

Date

OCT 21 2013

Clerk by \_\_\_\_\_ Deputy

**-NOTICE TO ATTORNEY OF RECORD OR PARTY WITHOUT ATTORNEY-**

Under the provisions of Code of Civil Procedure section 1952 if no appeal is filed the court may order the exhibits destroyed or otherwise disposed of after 60 days from the expiration of the appeal time

**STATEMENT IN THIS BOX APPLIES ONLY TO JUDGMENT OF DISSOLUTION**

Effective date of termination of marital or domestic partnership status (specify) 11/9/13

**WARNING** Neither party may remarry or enter into a new domestic partnership until the effective date of the termination of marital or domestic partnership status, as shown in this box

**CLERK'S CERTIFICATE OF MAILING**

I certify that I am not a party to this cause and that a true copy of the *Notice of Entry of Judgment* was mailed first class postage fully prepaid in a sealed envelope addressed as shown below and that the notice was mailed

at (place) Sacramento

California on (date)

Date

OCT 21 2013

OCT 21 2013

Clerk by \_\_\_\_\_ Deputy

Name and address of petitioner or petitioner's attorney  
 Grantland L Johnson  
 c/o Mark Grotewohl  
 LAW OFFICES OF MARK GROTEWOHL  
 1610 Executive Court  
 Sacramento CA 95864

Name and address of respondent or respondent's attorney  
 Charlot Bolton  
 c/o Jolene M Pasztor  
 LAW OFFICES OF VICTORIA S LINDER  
 5303 Folsom Boulevard  
 Sacramento CA 95819

Page 1 of 1



**COPY**  
FOR COURT USE ONLY

2013/11/12 15:36:53 S6 1089

ATTORNEY OR PARTY WITH ATTORNEY (NAME ADDRESS) TELEPHONE NO		<p><b>FILED</b> <b>ENDORSED</b></p> <p>OCT 31 2013 TP</p> <p>T SCOTT Dep. Clerk</p>
CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM P O BOX 2056 SACRAMENTO CA 95812-2056		
TELEPHONE NO (Optional) (888) 225-7377	FAX NO (800) 959-6545	
E-MAIL ADDR		
ATTORNEY FOR (NAME)		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento		
STREET ADDRESS	3341 Power Inn Road	
MAILING ADDRESS	Same as above	
CITY AND ZIP CODE	Sacramento CA 95826	
BRANCH NAME		
MARRIAGE OF Johnson		
PETITIONER	Grantland Johnson	
RESPONDENT	Charlot Bolton	
CLAIMANT CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM		CASE NUMBER 13FL01863
NOTICE OF APPEARANCE <input checked="" type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN		

1 An appearance in this proceeding is entered by claimant employee benefit plan (name)

CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM

2 Service on claimant may be made as follows

a  Attorney for claimant (name address and telephone number)

California Public Employees Retirement System  
Community Property Unit  
P O Box 2056 (400 P Street)  
Sacramento CA 95812-2056  
888) 225-7377

b  Other (name title address and telephone number)

3  Claimant responds to the pleading on joinder and states that the allegations of the pleadings are

a  correct

b  incorrect as set forth in  attachment 3b or  as follows (specify)

RETIREMENT PLAN IS UNABLE TO VERIFY WHETHER INFORMATION PROVIDED IS ACCURATE

Dated October 21 2013

Claimant CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM

Natalie Perez  
(TYPE OR PRINT NAME)

BY

*Natalie Perez*  
(SIGNATURE)

RECEIVED SACRAMENTO  
CALPERS  
DDC # 15  
2013 NOV 12 PM 1 22

STATE'S EXHIBIT  
770  
6889-009-000-000-000-000



**COPY**

FL-335

2013/11/12 15:36:53 \$6 1090

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address) <b>CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM</b> <b>P O BOX 2056</b> <b>SACRAMENTO, CA 95812-2056</b>		FOR COURT USE ONLY <div style="border: 1px solid black; padding: 5px; text-align: center;">           FILED            ENDORSED            OCT 31 2013            T SCOTT            Deputy Clerk         </div>
TELEPHONE NO (888) 225-7377      FAX NO (Optional)      (800) 959-6345 E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)	by _____	
SUPERIOR COURT OF CALIFORNIA COUNTY OF Sacramento STREET ADDRESS 3341 Power Inn Road MAILING ADDRESS Same as above CITY AND ZIP CODE Sacramento, CA 95826 BRANCH NAME		CASE NUMBER <b>13FL01863</b> <i>(if applicable provide)</i> HEARING DATE HEARING TIME DEPT
PETITIONER/PLAINTIFF Grantland Johnson RESPONDENT/DEFENDANT Charlot Bolton OTHER PARENT/PARTY		
<b>PROOF OF SERVICE BY MAIL</b>		

**NOTICE To serve temporary restraining orders you must use personal service (see form FL 330)**

- I am at least 18 years of age not a party to this action and I am a resident of or employed in the county where the mailing took place
- My residence or business address is  
P O Box 2056, (400 P Street)  
Sacramento, CA 95812-2056
- I served a copy of the following documents (specify)  
**NOTICE OF APPEARANCE AND RESPONSE OF EMPLOYEE BENEFIT PLAN**

by enclosing them in an envelope AND

- depositing the sealed envelope with the United States Postal Service with the postage fully prepaid
- placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices I am readily familiar with this business s practice for collecting and processing correspondence for mailing On the same day that correspondence is placed for collection and mailing it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid

- The envelope was addressed and mailed as follows
  - Name of person served Victoria Linder
  - Address 5303 Folsom Blvd  
Sacramento, CA 95819
  - Date mailed October 21, 2013
  - Place of mailing (city and state) Sacramento, California


- I served a request to modify a child custody visitation or child support judgment or permanent order which included an address verification declaration (Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody Visitation or Child Support Order (form FL 334) may be used for this purpose )

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

Date October 21, 2013

Natalie Perez

(TYPE OR PRINT NAME)

  
 (SIGNATURE OF PERSON COMPLETING THIS FORM)

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335)

A person at least 18 years of age or older must serve the documents. There are two ways to serve documents: (1) personal delivery and (2) by mail. See the *Proof of Personal Service* (form FL-330) if the documents are being personally served. The person who serves the documents must complete a proof of service form for the documents being served. **You cannot serve documents if you are a party to the action.**

### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

You must complete a proof of service for each package of documents you serve. For example, if you serve the respondent and the other parent, you must complete two proofs of service: one for the respondent and one for the other parent.

Complete the top section of the proof of service forms as follows:

**First box, left side:** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side:** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side:** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side:** Leave this box blank for the court's use.

**Second box, right side:** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side:** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

- 1 You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2 Print your home or business address.
- 3 List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a Check this box if you put the documents in the regular U.S. mail.
  - b Check this box if you put the documents in the mail at your place of employment.
- 4
  - a Print the name you put on the envelope containing the documents.
  - b Print the address you put on the envelope containing the documents.
  - c Print the date that you put the envelope containing the documents in the mail.
  - d Print the city and state you were in when you mailed the envelope containing the documents.
- 5 Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6 You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

2013/11/12 15:36:54 56 1091

163



Benefit Services Division  
P O Box 2056 Sacramento CA 95812 2056  
888 CalPERS (or 888 225-7377) | Fax (800) 959-6545  
www.calpers.ca.gov

CalPERS ID

October 21, 2013

Clerk of The Superior Court  
County of Sacramento  
3341 Power Inn Road  
Sacramento, CA 95826

COMMUNITY PROPERTY  
DOCUMENT

Re Marriage of Grantland Johnson  
And Charlot Bolton Case Number 13FL01863

Dear Clerk

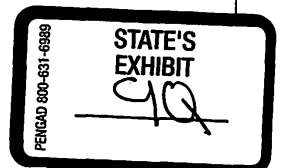
Enclosed is the original and one copy of a Notice of Appearance of Employee Pension Benefit Plan Please file the original and return the endorsed-filed copy in the enclosed stamped envelope

Thank you for your assistance

Sincerely,

Natalie Perez  
Community Property Unit

Enclosure



2013/10/25 16:42:30 S6 7744~

2013/10/25 16:42:30 56 7745

ATTORNEY OR PARTY WITH ATTORNEY (NAME AND ADDRESS)		TELEPHONE NO	FOR COURT USE ONLY
CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM P O BOX 2056 SACRAMENTO CA 95812-2056			
TELEPHONE NO (Optional) (888) 225 7377		FAX NO (800) 959 6545	
E MAIL ADDR			
ATTORNEY FOR (NAME)			
SUPERIOR COURT OF CALIFORNIA, COUNTY OF Sacramento			
STREET ADDRESS 3341 Power Inn Road			
MAILING ADDRESS Same as above			
CITY AND ZIP CODE Sacramento CA 95826			
BRANCH NAME			
MARRIAGE OF Johnson			
PETITIONER Grantland Johnson			
RESPONDENT Charlot Bolton			
CLAIMANT CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM			
NOTICE OF APPEARANCE <input checked="" type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN		CASE NUMBER	13FL01863

1 An appearance in this proceeding is entered by claimant employee benefit plan (name)

CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM

2 Service on claimant may be made as follows

a  Attorney for claimant (name address and telephone number)

California Public Employees Retirement System  
Community Property Unit  
P O Box 2056 (400 P Street)  
Sacramento CA 95812-2056  
888) 225-7377

b  Other (name title address and telephone number)

3  Claimant responds to the pleading on joinder and states that the allegations of the pleadings are

a  correct

b  incorrect as set forth in  attachment 3b or  as follows (specify)

RETIREMENT PLAN IS UNABLE TO VERIFY WHETHER INFORMATION PROVIDED IS ACCURATE

Dated October 21 2013

Claimant CALIFORNIA PUBLIC EMPLOYEES RETIREMENT SYSTEM

Natalie Perez  
(TYPE OR PRINT NAME)

BY \_\_\_\_\_  
(SIGNATURE)

FL-335

2013/10/25 16:42:31 56 7746

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number and address) <b>CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM</b> <b>P O BOX 2056</b> <b>SACRAMENTO, CA 95812-2056</b>		FOR COURT USE ONLY
TELEPHONE NO (888) 225-7377      FAX NO (Optional)      (800) 959-6545 E-MAIL ADDRESS (Optional) ATTORNEY FOR (Name)		
SUPERIOR COURT OF CALIFORNIA COUNTY OF Sacramento STREET ADDRESS 3341 Power Inn Road MAILING ADDRESS Same as above CITY AND ZIP CODE Sacramento, CA 95826 BRANCH NAME		
PETITIONER/PLAINTIFF Grantland Johnson RESPONDENT/DEFENDANT Charlot Bolton OTHER PARENT/PARTY	CASE NUMBER <b>13FL01863</b> <i>(if applicable provide)</i> HEARING DATE HEARING TIME DEPT	
<b>PROOF OF SERVICE BY MAIL</b>		

**NOTICE** To serve temporary restraining orders you must use personal service (see form FL-330)

- 1 I am at least 18 years of age not a party to this action and I am a resident of or employed in the county where the mailing took place
- 2 My residence or business address is  
P O Box 2056, (400 P Street)  
Sacramento, CA 95812-2056
- 3 I served a copy of the following documents (*specify*)  
**NOTICE OF APPEARANCE AND RESPONSE OF EMPLOYEE BENEFIT PLAN**

by enclosing them in an envelope AND

- a  depositing the sealed envelope with the United States Postal Service with the postage fully prepaid
  - b  placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices I am readily familiar with this business s practice for collecting and processing correspondence for mailing On the same day that correspondence is placed for collection and mailing it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid
- 4 The envelope was addressed and mailed as follows
    - a Name of person served Victoria Linder
    - b Address 5303 Folsom Blvd  
Sacramento, CA 95819
    - c Date mailed October 21, 2013
    - d Place of mailing (*city and state*) Sacramento, California
  - 5  I served a request to modify a child custody visitation or child support judgment or permanent order which included an address verification declaration (*Declaration Regarding Address Verification—Postjudgment Request to Modify a Child Custody Visitation or Child Support Order* (form FL-334) may be used for this purpose )
  - 6 I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct

Date October 21, 2013

Natalie Perez

(TYPE OR PRINT NAME)

(SIGNATURE OF PERSON COMPLETING THIS FORM)

Page 1 of 1

## INFORMATION SHEET FOR PROOF OF SERVICE BY MAIL

Use these instructions to complete the *Proof of Service by Mail* (form FL-335)

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### INSTRUCTIONS FOR THE PERSON WHO SERVES THE DOCUMENTS (TYPE OR PRINT IN BLACK INK)

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Complete the top section of the proof of service forms as follows:

**First box, left side** In this box print the name, address, and phone number of the person for whom you are serving the documents.

**Second box, left side** Print the name of the county in which the legal action is filed and the court's address in this box. Use the same address for the court that is on the documents you are serving.

**Third box, left side** Print the names of the petitioner/plaintiff, respondent/defendant, and other parent in this box. Use the same names listed on the documents you are serving.

**First box, top of form, right side** Leave this box blank for the court's use.

**Second box, right side** Print the case number in this box. This number is also stated on the documents you are serving.

**Third box, right side** Print the hearing date, time, and department. Use the same information that is on the documents you are serving.

**You cannot serve a temporary restraining order by mail. You must serve those documents by personal service.**

- 1 You are stating that you are at least 18 years old and that you are not a party to this action. You are also stating that you either live in or are employed in the county where the mailing took place.
- 2 Print your home or business address.
- 3 List the name of each document that you mailed (the exact names are listed on the bottoms of the forms).
  - a Check this box if you put the documents in the regular U.S. mail.
  - b Check this box if you put the documents in the mail at your place of employment.
- 4
  - a Print the name you put on the envelope containing the documents.
  - b Print the address you put on the envelope containing the documents.
  - c Print the date that you put the envelope containing the documents in the mail.
  - d Print the city and state you were in when you mailed the envelope containing the documents.
- 5 Check this box if you are serving an address verification form (required for service by mail of a postjudgment request to change a child custody, visitation, or child support order).
- 6 You are stating under penalty of perjury that the information you have provided is true and correct.

**Print your name, fill in the date, and sign the form.**

*If you need additional assistance with this form, contact the family law facilitator in your county.*

2013/10/25 16:42:31 86 7747



Benefit Services Division  
P O Box 2056 Sacramento CA 95812-2056  
888 CalPERS (or 888 225 7377) | Fax (800) 959 6545  
www.calpers.ca.gov

CalPERS ID

October 21, 2013

Victoria Linder  
Attorney at Law  
5303 Folsom Blvd  
Sacramento, CA 95819

RE Grantland Johnson

Dear Ms Linder

The California Public Employees' Retirement System has filed a Notice of Appearance in the above proceeding. Counsel for the System does not plan to appear at any settlement conference or hearing.

When the respective interests of the parties have been determined, please send this office a copy of the entire property settlement agreement or a complete endorsed copy of the judgment of dissolution of marriage in which the determination has been made.

Attached is information regarding CalPERS' procedures and requirements for community property. This is intended to provide guidance when negotiating a property settlement. Specific questions regarding a member's account should be directed to the System. Please contact this office at the above address or telephone number if you have any questions.

Sincerely,

Natalie Perez  
Community Property Unit

Enclosures

cc Grantland Johnson  
Charlot Bolton  
Mark Grotewohl, Attorney at Law  
Jolene Pasztor, Attorney at Law

California Public Employees' Retirement System  
www.calpers.ca.gov

2013/10/25 16:42:32 56 7748



Benefit Services Division  
P O Box 2056 Sacramento CA 95812-2056  
888 CalPERS (or 888 225 7377) | Fax (800) 959-6545  
www.calpers.ca.gov

CalPERS ID

October 21, 2013

Grantland Johnson

Dear Mr Johnson

We received written notice on behalf of Charlot Bolton claiming entitlement to a portion of your retirement allowance from the California Public Employees' Retirement System (CalPERS) as a result of your marriage dissolution

In accordance with California Family Code section 755, when written notice of an adverse claim is received we are required to hold the allowance pending a determination by the court as to whether or not the person making the claim is entitled to a community property interest in your pension benefits. However, instead of holding the entire allowance, we will hold one-half of your allowance and allow the remaining one-half to continue to be paid to you pending receipt of the court order resolving the community property claim. Thus, effective with the January 1, 2014 dated warrant you will receive one-half of your gross allowance, less all authorized deductions, unless we receive written notification from the former spouse or the former spouse's attorney asking CalPERS to continue payment of the full allowance to you pending receipt of an acceptable filed court order.

When the respective interests of the parties have been determined by the court, please send this office a filed copy of the entire property settlement agreement or court order in which the community property determination was made. Since the member is already retired, the parties no longer have the option to segregate the member's account.

Any further adjustment or payment of funds, other than the one-half you will be receiving, will be made only after receipt of the filed court order. Please contact this office at the above address or telephone number if you have any questions.

Sincerely,

Natalie Perez  
Community Property Unit

cc Charlot Bolton,  
Victoria Linder, Attorney at Law  
Mark Grotewohl, Attorney at Law  
Jolene Pasztor, Attorney at Law

California Public Employees' Retirement System  
www.calpers.ca.gov

2013/10/25 16:42:32 S6 7749



CID-

FL 117

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar Number and Address)  
**Jolene M Pasztor** (State Bar # 252785) |  
 The Law Offices of Victoria S Linder  
 5303 Folsom Blvd, Sacramento, California 95819  
 TELEPHONE NO (916) 498-1240 FAX NO (Optional) (916) 498-0127  
 E-MAIL ADDRESS (Optional)  
 ATTORNEY FOR (Name) **Charlot Bolton, Respondent**

FOR COURT USE ONLY

**COMMUNITY PROPERTY DOCUMENT**

SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO  
 STREET ADDRESS 3341 Power Inn Road  
 MAILING ADDRESS same as above  
 CITY AND ZIP CODE Sacramento 95826  
 BRANCH NAME William R Ridgeway Family Relations Courthouse

PETITIONER Grantland L Johnson  
 RESPONDENT Charlot Bolton  
 OTHER

**NOTICE AND ACKNOWLEDGMENT OF RECEIPT**

CASE NUMBER  
**13FL01863**

2013/09/26 11:38:38 S6 2253

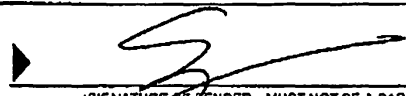
To (name of individual being served) CalPERS

**NOTICE**

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign or a person authorized by you must sign this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is not an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing 8-13-13  
 Stacey L Schade  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 OR OLDER)

**ACKNOWLEDGMENT OF RECEIPT**  
 (To be completed by sender before mailing)

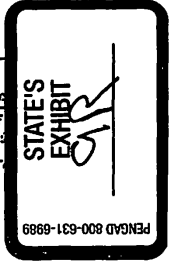
- I agree I received the following
- a  Family Law *Petition* (form FL 100) *Summons* (form FL 110) and blank *Response* (form FL 120)
  - b  Family Law—Domestic Partnership *Petition—Domestic Partnership* (form FL 103) *Summons* (form FL 110) and blank *Response—Domestic Partnership* (form FL 123)
  - c  Uniform Parentage *Petition to Establish Parental Relationship* (form FL 200) *Summons* (form FL 210) and blank *Response to Petition to Establish Parental Relationship* (form FL 220)
  - d  Custody and Support *Petition for Custody and Support of Minor Children* (form FL 260) *Summons* (form FL 210) and blank *Response to Petition for Custody and Support of Minor Children* (form FL 270)
  - e  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL 105) (5)  Completed and blank *Financial Statement (Simplified)* (form FL 155)
  - (2)  Completed and blank *Declaration of Disclosure* (form FL-140) (6)  *Order to Show Cause* (form FL 300) *Application for Order and Supporting Declaration* (form FL-310) and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL 320)
  - (3)  Completed and blank *Schedule of Assets and Debts* (form FL 142) (7)  Other (specify)
  - (4)  Completed and blank *Income and Expense Declaration* (form FL 150)

(To be completed by recipient)  
 Date this acknowledgment is signed 8/22/13

Summons on Joinder, Pleading on Joinder, Request for Joinder, blank Notice of Appearance and Response of Employee Benefit Plan, self-addressed stamped return envelope

Raelina Abelia  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)



L-375

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <b>Jolene M. Pasztor (State Bar # 252785)</b> <b>The Law Offices of Victoria S. Linder</b> <b>5303 Folsom Blvd., Sacramento, CA 95819</b> TELEPHONE NO. (Optional): (916) 498-1240 FAX NO. (Optional): (916) 498-0127 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Charlot Bolton, Respondent</b>	
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: same as above CITY AND ZIP CODE: Sacramento 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
MARRIAGE OF PETITIONER: Grantland L. Johnson RESPONDENT: Charlot Bolton	
CLAIMANT: California Public Employees' Retirement System	
<b>SUMMONS (JOINDER)</b>	CASE NUMBER: <b>13FL01863</b>

**NOTICE!** You have been sued. The court may decide against you without your being heard unless you respond within 30 days. Read the information below.

**¡AVISO!** Usted ha sido demandado. El tribunal puede decidir contra Ud. sin audiencia a menos que Ud. responda dentro de 30 días. Lea la información que sigue.

If you wish to seek the advice of an attorney in this matter, you should do so promptly so that your response or pleading, if any, may be filed on time.

Si Usted desea solicitar el consejo de un abogado en este asunto, debería hacerlo inmediatamente, de esta manera, su respuesta o alegación, si hay alguna, puede ser registrada a tiempo.

1.  TO THE  PETITIONER  RESPONDENT  CLAIMANT  
 A pleading has been filed under an order joining (name of claimant):

as a party in this proceeding. If you fail to file an appropriate pleading within 30 days of the date this summons is served on you, your default may be entered and the court may enter a judgment containing the relief requested in the pleading, court costs, and such other relief as may be granted by the court, which could result in the garnishment of wages, taking of money or property, or other relief.

2.  TO THE CLAIMANT EMPLOYEE BENEFIT PLAN  
 A pleading on joinder has been filed under the clerk's order joining (name of employee benefit plan):

**California Public Employees' Retirement System**  
 as a party claimant in this proceeding. If the employee benefit plan fails to file an appropriate pleading within 30 days of the date this summons is served on it, a default may be entered and the court may enter a judgment containing the relief requested.

Dated:

8/9/13

Clerk, By

*S. Shuell-Bender*

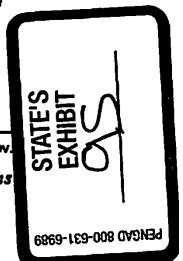
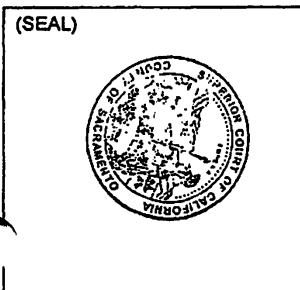
Deputy

3. NOTICE TO THE PERSON SERVED: You are served

- a.  As an individual.  
 b.  As (or on behalf of) the person sued under the fictitious name of:  
 c.  On behalf of: California Public Employees' Retirement System

- Under:  CCP 416.10 (Corporation)  CCP 416.60 (Minor)  
 CCP 416.20 (Defunct Corporation)  CCP 416.70 (Incompetent)  
 CCP 416.40 (Association or Partnership)  CCP 416.90 (Individual)  
 Other:  FC 2062 (Employee Benefit Plan)

- d.  By personal delivery on (date):



**PROOF OF SERVICE—SUMMONS (JOINDER)**  
(Use separate proof of service for each person served)

1. I served the

- a. **Summons and (1)**  **Request for Joinder of Employee Benefit Plan and Order, Pleading on Joinder-Employee Benefit Plan, blank Notice of Appearance and Response of Employee Benefit Plan**
- (2)  **Notice of Motion and Declaration for Joinder** (3)  **Order re Joinder**
- (4)  **Pleading on Joinder (specify title):**
- (5)  **Other:**

b. On (name of party or claimant):

c. By serving (1)  **Party or claimant.** (2)  **Other (name and title or relationship to person served):**

d.  **By delivery at**  **home**  **business** (1) **Date of:**  
(2) **Time of:** (3) **Address:**

e.  **By mailing** (1) **Date of:** (2) **Place of:**

2. **Manner of service: (check proper box)**

- a.  **Personal service.** By personally delivering copies. (CCP 415.10)
- b.  **Substituted service on corporation, unincorporated association (including partnership), or public entity.** By leaving, during usual office hours, copies in the office of the person served with the person who apparently was in charge and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 41 5.20(a))
- c.  **Substituted service on natural person, minor, incompetent, or candidate.** By leaving copies at the dwelling house, usual place of abode, or usual place of business of the person served in the presence of a competent member of the household or a person apparently in charge of the office or place of business, at least 18 years of age, who was informed of the general nature of the papers, and thereafter mailing (by first-class mail, postage prepaid) copies to the person served at the place where the copies were left. (CCP 415.20(b)) (Attach separate declaration or affidavit stating acts relied on to establish reasonable diligence in first attempting personal service.)
- d.  **Mail and acknowledgment service.** By mailing (by first-class mail or airmail) copies to the person served, together with two copies of the form of notice and acknowledgment and a return envelope, postage prepaid, addressed to the sender. (CCP 415.30) (Attach completed acknowledgment of receipt.)
- e.  **Certified or registered mail service.** By mailing to address outside California (by registered or certified airmail with return receipt requested) copies to the person served. (CCP 415.40) (Attach signed return receipt or other evidence of actual delivery to the person served.)
- f.  **Other (specify code section):**  
 **Additional page is attached.**

3. The notice to the person served (item 3 on the copy of the summons served) was completed as follows (CCP 412.30, 415.10, and 474):

- a.  **As an individual.**
- b.  **As the person sued under the fictitious name of:**
- c.  **On behalf of: California Public Employees' Retirement System**  
Under:  **CCP 416.10 (Corporation)**  **CCP 416.60 (Minor)**  
 **CCP 416.20 (Defunct Corporation)**  **CCP 416.70 (Incompetent)**  
 **CCP 416.40 (Association or partnership)**  **FC 2062 (Employee Benefit Plan)**

d. **By personal delivery on (date):**

4. At the time of service I was at least 18 years of age and not a party to this action.

5. **Fee for service:** \$ .....

6. **Person serving**

- a.  **Not a registered California process server.**
- b.  **Registered California process server.**
- c.  **Exempt from registration under Bus. & Prof. Code 22350(b).**
- d.  **California sheriff, marshal, or constable.**
- e. **Name, address, telephone number, and, if applicable, county of registration and number:**  
**5303 Folsom Blvd.**  
**Sacramento, CA 95819**

I declare under penalty of perjury that the foregoing is true and correct and that this declaration is executed

in (date): \_\_\_\_\_ at (place): **Sacramento, California.**

(For California sheriff, marshal, or constable use only)

I certify that the foregoing is true and correct and that this certificate is executed on (date): \_\_\_\_\_ at (place): \_\_\_\_\_, California.

(Signature)

(Signature)

PETITIONER: Grantland L. Johnson  
RESPONDENT: Charlot Bolton

CASE NUMBER:

13FL01863

4. Petition for dissolution  and response states

- a. Date of marriage: February 5, 1975
- b. Date of separation: April 1, 2002

5.  Response states

- a. Date of marriage: same as above.
- b. Date of separation:

6. Judgment


- a.  has not been entered
- b.  was entered on (date):
  - (1)  and disposes of each spouse's interest in the employee benefit plan.
  - (2)  and does not dispose of each spouse's interest in the employee benefit plan.

7. The following relief is sought:

- a.  An order determining the nature and extent of both employee and nonemployee spouse's interest in employee's benefits under the plan.
- b.  An order restraining claimant from making benefit payments to employee spouse pending the determination and disposition of nonemployee spouse's interest, if any, in employee's benefits under the plan.
- c.  An order directing claimant to notify nonemployee spouse when benefits under the plan first become payable to employee.
- d.  An order directing claimant to make payment to nonemployee spouse of said spouse's interest in employee's benefits under the plan when they become payable to employee.
- e.  Other (specify):

f. Such other orders as may be appropriate.

Dated: 8/8/13

  
\_\_\_\_\_  
(SIGNATURE OF  ATTORNEY FOR)  
 PETITIONER  RESPONDENT  
\_\_\_\_\_  
Jolene M. Pasztor  
(TYPE OR PRINT NAME)

**ADDENDUM A**

**Grantland L. Johnson**

**Social Security Number:**

FL-372


ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar no., and address): <b>Jolene M. Pasztor (State Bar # 252785)</b> The Law Offices of Victoria S. Linder 5303 Folsom Blvd. Sacramento, CA 95819 TELEPHONE NO.: (916) 498-1240 FAX NO. (Optional): (916) 498-0127 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Charlot Bolton, Respondent</b>		FOR COURT USE ONLY <b>FILED</b> <del>ENDORSED</del> 13 AUG -9 PM 4: 30 FAMILY LAW #10 SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: same as above CITY AND ZIP CODE: Sacramento 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse		
MARRIAGE OF PETITIONER: Grantland L. Johnson RESPONDENT: Charlot Bolton		
CLAIMANT: California Public Employees' Retirement System		
REQUEST FOR JOINDER OF EMPLOYEE BENEFIT PLAN AND ORDER		CASE NUMBER: 13FL01863

TO THE CLERK

1. Please join as a party claimant to this proceeding (specify name of employee benefit plan):  
 California Public Employees' Retirement System

2. The pleading on joinder is submitted with this application for filing.

Dated: 8/8/13

  
 (SIGNATURE OF  ATTORNEY FOR)  
 PETITIONER  RESPONDENT  
 \_\_\_\_\_  
 Jolene M. Pasztor  
 (TYPE OR PRINT NAME)

ORDER OF JOINDER

3. IT IS ORDERED

- a. The claimant listed in item 1 is joined as a party claimant to this proceeding.
- b. The pleading on joinder be filed.
- c. Summons be issued.
- d. Claimant be served with a copy of the pleading on joinder, a copy of this request for joinder and order, the summons, and a blank Notice of Appearance and Response of Employee Benefit Plan (form FL-374).

Dated: AUG - 9 2013 Clerk, By S. COLWELL-BENDER, Deputy

FL-370

<b>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</b> Jolene M. Pasztor (State Bar # 252785) The Law Offices of Victoria S. Linder, 5303 Folsom Blvd., Sacramento, CA 95819 TELEPHONE NO.: (916) 498-1240 FAX NO. (Optional): (916) 498-0127 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): Charlot Bolton, Respondent		<b>COURT USE ONLY</b> <b>FILED</b> <b>ENDORSED</b> 13 AUG -9 PM 4: 31 FAMILY LAW #10 SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO</b> STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: same as above CITY AND ZIP CODE: Sacramento 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse		
<b>MARRIAGE OF</b> PETITIONER: Grantland L. Johnson RESPONDENT: Charlot Bolton		
CLAIMANT: California Public Employees' Retirement System		
<b>PLEADING ON JOINDER—EMPLOYEE BENEFIT PLAN</b>		
CASE NUMBER: 13FL01863		

TO THE CLAIMANT: You have been joined as a party claimant in this proceeding because an interest is claimed in the employee benefit plan that is or may be subject to disposition by this court. The party who obtained the order for your joinder declares:

1. Information concerning the employee covered by the plan:

- a. Name: Grantland L. Johnson
- b. Employer (name): State of California
- c.  Name of labor union representing employee:
- d.  Employee identification number: See attached Addendum A
- e. Other (specify):

2. Petitioner's

- a.  Attorney (name, address, and telephone number):  
Mark Grotewohl  
1610 Executive Court  
Sacramento, CA 95864
- b.  Address and telephone number, if unrepresented by an attorney:

3. Respondent's

- a.  Attorney (name, address, and telephone number):  
Jolene M. Pasztor  
5303 Folsom Blvd., Sacramento, California 95819  
(916) 498-1240
- b. Address and telephone number, if unrepresented by an attorney:

FL-374

ATTORNEY OR PARTY WITHOUT ATTORNEY <i>(Name, state bar number and address):</i>  <b>CA</b>  TELEPHONE NO. <i>(Optional):</i> _____ FAX NO. <i>(Optional):</i> _____ E-MAIL ADDRESS <i>(Optional):</i> _____ ATTORNEY FOR <i>(Name):</i> _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OF</b> PETITIONER:  RESPONDENT:	
CLAIMANT:	CASE NUMBER:
<b>NOTICE OF APPEARANCE <input type="checkbox"/> AND RESPONSE OF EMPLOYEE BENEFIT PLAN</b>	

1. An appearance in this proceeding is entered by claimant employee benefit plan *(name)*:
  
2. Service on claimant may be made as follows
  - a.  Attorney for claimant *(name, address, and telephone number)*:
  
  - b.  Other *(name, title, address, and telephone number)*:
  
3.  Claimant responds to the pleading on joinder and states that the allegations of the pleadings are
  - a.  correct
  - b.  Incorrect as set forth in  attachment 3b or  as follows *(specify)*:

Dated: \_\_\_\_\_  
 (TYPE OR PRINT NAME)

Claimant  
 By \_\_\_\_\_  
 (SIGNATURE)



FL-117

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Jolene M. Pasztor (State Bar # 252785)</b> <b>The Law Offices of Victoria S. Linder</b> <b>5303 Folsom Blvd., Sacramento, California 95819</b> TELEPHONE NO: (916) 498-1240 FAX NO. (Optional): (916) 498-0127 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Charlot Bolton, Respondent</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: same as above CITY AND ZIP CODE: Sacramento 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER: Grantland L. Johnson RESPONDENT: Charlot Bolton OTHER:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	CASE NUMBER: <p style="text-align: center; font-size: 1.2em;">13FL01863</p>

To (name of individual being served): CalPERS

**NOTICE**

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is not an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing: 8-13-13  
 \_\_\_\_\_  
**Stacey L. Schade**  
 (TYPE OR PRINT NAME)

(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 OR OLDER)

**ACKNOWLEDGMENT OF RECEIPT**  
 (To be completed by sender before mailing)

I agree I received the following:

- a.  Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
- b.  Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
- c.  Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
- d.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- e.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (2)  Completed and blank *Declaration of Disclosure* (form FL-140)
- (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4)  Completed and blank *Income and Expense Declaration* (form FL-150)
- (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (6)  *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
- (7)  Other (specify):

Summons on Joinder; Pleading on Joinder; Request for Joinder; blank Notice of Appearance and Response of Employee Benefit Plan; self-addressed, stamped return envelope.

(To be completed by recipient)  
 Date this acknowledgment is signed: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)



FL-117

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address): <b>Jolene M. Pasztor (State Bar # 252785)</b> <b>The Law Offices of Victoria S. Linder</b> 5303 Folsom Blvd., Sacramento, California 95819 TELEPHONE NO.: (916) 498-1240 FAX NO. (Optional): (916) 498-0127 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name): <b>Charlot Bolton, Respondent</b>	FOR COURT USE ONLY
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO STREET ADDRESS: 3341 Power Inn Road MAILING ADDRESS: same as above CITY AND ZIP CODE: Sacramento 95826 BRANCH NAME: William R. Ridgeway Family Relations Courthouse	
PETITIONER: Grantland L. Johnson RESPONDENT: Charlot Bolton OTHER:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	CASE NUMBER: <b>13FL01863</b>


To (name of individual being served): CalPERS

**NOTICE**

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is not an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing: 8-13-13  
Stacey L. Schade  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE AND MUST BE 18 OR OLDER)

**ACKNOWLEDGMENT OF RECEIPT**  
 (To be completed by sender before mailing)

I agree I received the following:

- a.  Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
- b.  Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
- c.  Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
- d.  Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- e.  (1)  Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) (2)  Completed and blank *Declaration of Disclosure* (form FL-140) (3)  Completed and blank *Schedule of Assets and Debts* (form FL-142) (4)  Completed and blank *Income and Expense Declaration* (form FL-150) (5)  Completed and blank *Financial Statement (Simplified)* (form FL-155) (6)  *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320) (7)  Other (specify):  
 Summons on Joinder; Pleading on Joinder; Request for Joinder; blank Notice of Appearance and Response of Employee Benefit Plan; self-addressed, stamped return envelope.

(To be completed by recipient)  
 Date this acknowledgment is signed: \_\_\_\_\_  
 \_\_\_\_\_  
 (TYPE OR PRINT NAME)

  
 (SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)



P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

February 15, 2013

Grantland L. Johnson  
[REDACTED]  
SACRAMENTO, CA 95820-0000

**Request for Option 2 or 3 Pop-Up Increase**

**Section 1**

Provide your full name and address and your current beneficiary information.

**Member & Beneficiary Information**

Name of Member (First Name, Middle Initial, Last Name) Social Security Number

Address

City State ZIP

**Current Option 2 or 3 Beneficiary**

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to You Date of Retirement (mm/dd/yyyy)

**Section 2**

Please submit a copy of appropriate legal document, such as certified death certificate, certificate of domestic partnership, or endorsed-filed court order with this application.

**Qualifying Events**

Eligibility for Option 2 or 3 "Pop-Up" increase is based on one of the following events. Indicate the event that applies.

Death of current life option beneficiary (provide copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name) Date of Death (mm/dd/yyyy)

Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order).

divorce  annulment  legal separation

Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order).

Date Effective(mm/dd/yyyy)



**Section 3**

**Disclaimer of Benefit Request**

Check here to have CalPERS send you a **Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits** form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitlement to your option benefit. The form must be returned to CalPERS with your beneficiary's notarized signature and be approved by CalPERS before your monthly benefit amount is increased.

**Section 4**

**Certification of Member**

I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Member

Date(mm/dd/yyyy)

( )

( )

Daytime Phone

Evening Phone

**Mail to:**

CalPERS Benefit Services Division P.O. Box 942711, Sacramento, California 94229-2711

my|CalPERS 1198





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

February 15, 2013

Grantland L. Johnson  
[Redacted]  
[Redacted]

Application to Modify Option and/or Life Option Beneficiary

Name of Member (First Name, Middle Initial, Last Name) Social Security Number

Section 1

Qualifying Events for Modification

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or the endorsed-filed court order with this application.

You can change your benefit option of life option beneficiary only if one of the following event occurs. Indicate the event that applies

Death of current life option beneficiary (provide copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name) Date of Death (mm/dd/yyyy)

Marriage (provide copy of marriage certificate)

Name of Spouse (First Name, Middle Initial, Last Name) Date of Marriage (mm/dd/yyyy)

Establishment of domestic partnership (provide copy of certificate of domestic partnership)

Name of Domestic Partner (First Name, Middle Initial, Last Name) Date Registered (mm/dd/yyyy)

Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order)

divorce  annulment  legal separation Date Effective (mm/dd/yyyy)

Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order)

Date Effective (mm/dd/yyyy)

Section 2

New Beneficiary Information

Complete new beneficiary information and submit a copy of their birth certificate.

Name of New Beneficiary (First Name, Middle Initial, Last Name) Social Security Number

Male  Female

Birth Date (mm/dd/yyyy)

Gender

Relationship to You

Section 3

Option 4 Types

We will provide Options 1, 2, 2W, 3, and 3W. If these do not meet your needs, you can request one of the approved Option 4 types shown.

You must first review CalPERS publication *Retirement Option 4*.

Option 2W & Option 1 Combined  Option 3W & Option 1 Combined

Specific Percentage to Beneficiary \_\_\_\_\_ %  Specific Dollar Amount to Beneficiary \$ \_\_\_\_\_  
Percentage Amount

Reduced Allowance \_\_\_\_\_ through \_\_\_\_\_  
Percentage or Dollar Amount Date (mm/dd/yyyy)

my|CalPERS 1197



Put name and  
Social Security  
number at the top  
of every page.

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number

**Section 3 Cont** **Option 4 Types**

Multiple Lifetime Beneficiaries

Name of Beneficiary (First Name, Middle Initial, Last Name)

Birth Date (mm/dd/yyyy)

Name of Beneficiary (First Name, Middle Initial, Last Name)

Birth Date (mm/dd/yyyy)

Name of Beneficiary (First Name, Middle Initial, Last Name)

Birth Date (mm/dd/yyyy)

Reduced Allowance Upon Death of Member or Beneficiary \$ \_\_\_\_\_  
Reduction Amount

**Section 4** **Survivor Continuance**

If your spouse or  
domestic partner is  
eligible survivor,  
you must submit a  
copy of your  
marriage certificate  
of domestic  
partnership.

I currently have an eligible survivor who may be entitled to the Survivor Continuance benefit

Name of Survivor (First Name, Middle Initial, Last Name)

Social Security Number

Birth Date (mm/dd/yyyy)

Relationship to You

Date of Marriage or Domestic Partnership (mm/dd/yyyy)

**Section 5** **Certification of Member**

I understand that this form is a request for an election form to modify my option and name a new beneficiary (ies). I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS. I hereby certify under penalty of perjury that the foregoing information is true and correct

Signature of Member

Date (mm/dd/yyyy)

Home Phone Number

Business Phone Number

Mail to: **CalPERS Benefit Services Division P.O. Box 942711, Sacramento, California 94229-271**

my|CalPERS 1197





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

CalPERS ID [REDACTED]

**JUSTIFICATION FOR ABSENCE OF SPOUSE OR REGISTERED DOMESTIC PARTNER'S SIGNATURE**

Pursuant to Government Code Section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change in beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse or domestic partner's signature does not appear on one of the above-mentioned documents, the following information **MUST** be completed by the member and submitted with the application/form. If you have any questions, please visit our website [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may contact us toll free at **888 CalPERS** (or **888-225-7377**).

MEMBER'S NAME	CalPERS ID
APPLICATION SUBMITTED	

Select either 1 or 2 and indicate specifics:

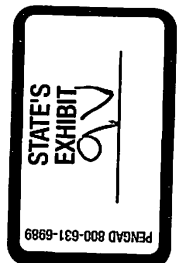
1.  By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
- Never married or never in registered domestic partnership.
  - Divorced/marriage annulled or domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
2.  By checking this box, I indicate that I am married or have a domestic partner, but my spouse or domestic partner did not sign this form because:
- I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or domestic partner, **OR**,
  - My spouse or domestic partner has no identifiable community property interest in the benefit, **OR**,
  - My spouse or domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **OR**,
  - My spouse or domestic partner has been advised of the application and has refused to sign the written acknowledgement; **OR**
  - My spouse or domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

I certify under penalty of perjury that the foregoing information is true and correct.

MEMBER'S SIGNATURE	DATE SIGNED
--------------------	-------------

Please complete this form and either scan and upload it into myCalPERS or mail it to the above address.

my|CalPERS 0775





P.O. Box 942715 Sacramento, CA 94229-2715  
888 CalPERS (or 888-225-7377) | Fax: (800) 959-6545  
www.calpers.ca.gov

California Public Employees' Retirement System

February 15, 2013

Estate of Grantland L. Johnson  
[REDACTED]

Dear Estate of Grantland L. Johnson:

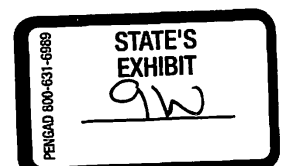
Per your request, see attached customer package(s)/form(s):

Document	Document ID	Quantity
Changing Your Beneficiary or Monthly Benefit After Retirement	PUB-98	1

If you have any questions, please visit our Web site [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may contact us toll free at **888 CalPERS** (or 888-225-7377).

Enclosure(s)

my|CalPERS 0414





FEB/11/2015/WED 03:10 PM Community Housing

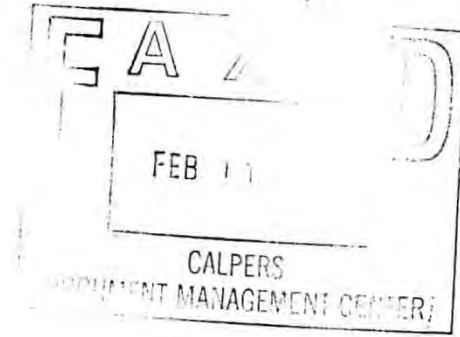
FAX No. 1707759053

D 002

February 11, 2015

Cal PERS  
PO Box 942715  
Sacramento, CA 94229-2715

RE: IUD No



CalPERS Death Benefits Division:

Enclosed please find the Certified Final Judgment on Property in the Marital Settlement and Agreement for Grantland L. Johnson in the case of Grantland Johnson V. Charlot Bolton (December 31, 2015)

The bifurcation was completed in November, 2014 (which CalPERS has on file) and this is the certified final property settlement judgment. This was held up due to lack of clerical staffing in the courts. It is my understanding from a call I made to CalPERS prior to Christmas that the analyst was awaiting this judgment in order to complete the process related to Lump Sum Death Benefit and payment of other monthly death benefits to beneficiary, designated by Grantland Johnson mid-August, 2014 before his death on August 19, 2014 which is in his file. I have enclosed copy again plus the Power of Attorney, designating myself, his wife as POA and Executor.

In addition, I am enclosing most of the pay stubs from my husband's retirement checks from December, 2013 through September, 2014. Grantland's ex-wife had put a lien on his retirement checks while the property settlement was in progress, in the event that she might receive a portion. 50% was withheld monthly during that period. The judgment (enclosed) was not in her favor. I cannot locate the stubs for June, July, and August, 2014 although they were received. My husband was ill at the time, on dialysis, and spent the latter part of July and all of August until the 16<sup>th</sup> in hospital when I brought him home to pass away in our home. The amount withheld most likely equals that of the previous month of May, 2014 and the amount shown on the September, 2014 stub. In total, I estimate the withheld amount to be a little more than \$6,000. Grantland wanted me to have this to pay off the cost of his funeral and not be burdened with this expense.

Once you have reviewed the certified final judgment, please issue the disbursement of the lump sum and the past retirement to his stated beneficiary, myself. I have included his will of 2012 naming me his Power of Attorney and his Executor- as Dr. Lee Turner-Muecke, which was my name at the time, prior to our marriage on November 15, 2014. I have enclosed both a copy of the will, and I have verified our marriage certificate which is already in your file with his death certificate and application for both lump sum and application information for other monthly benefits, sent to me by CalPERS and returned completed in September 2014, shortly after his death.

In addition, I was on his Medical/Dental plans and recently found out that I was removed because the final certified property Judgment was delayed due to court staffing and without that property settlement everything to do with his estate was closed down. This has been shocking and an extreme hardship to me as his wife



FEB/11/2015/WED 03:10 PM Community Housing

FAX No. 1707759653

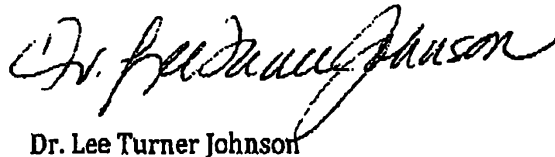
P. 003

and previously domestic partner since 2008. I believe Grantland is Tier 1 and signed Option 2 for monthly benefits to surviving spouse. As such, I would be eligible for his Medical/Dental plan for life. I anxiously await word from you on this matter, as it has been very very stressful to me.

Thank you for your attention to this business, as I continue to work on his life closure. It has been an enormous loss after our ten years together and I am very appreciative of the manner in which CalPERS has worked with me to make what is very difficult, somewhat more bearable. Should you need to reach me, the best phone number in your file to reach me is my cell, [REDACTED]

Thank you and I look forward to hearing from you.

Sincerely,



Dr. Lee Turner Johnson



Grantland Johnson



The annexed instrument is a correct copy of the  
original on file in my office. FEB 06 2015

Attest: \_\_\_\_\_

Certified

Superior Court of Sacramento

County of Sacramento

By \_\_\_\_\_

(Seal)

Deputy

*C. Rainley*

Grantland Johnson

100 No

OCT 17 2014

FL-180

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):  
**MARK P. GROTEWOHL 244050**  
**ATTORNEY OFFICES OF MARK GROTEWOHL**  
**10 Executive Court**  
**Sacramento, CA 95864**  
 TELEPHONE NO.: (916) 925-9180 FAX NO. (Optional): (916) 925-9182  
 E-MAIL ADDRESS (Optional):  
 ATTORNEY FOR (Name): Grantland L. Johnson

**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SACRAMENTO**  
 STREET ADDRESS: 3341 POWER INN ROAD  
 MAILING ADDRESS: -same as above-  
 CITY AND ZIP CODE: SACRAMENTO, CA 95826  
 BRANCH NAME: WILLIAM R. RIDGEWAY FAMILY RELATIONS

**MARRIAGE OR PARTNERSHIP OF**  
 PETITIONER: Grantland L. Johnson  
 RESPONDENT: Charlot Bolton

**JUDGMENT**  
 **DISSOLUTION**       **LEGAL SEPARATION**       **NULLITY**  
 Status only  
 Reserving jurisdiction over termination of marital or domestic partnership status  
 Judgment on reserved issues  
 Date marital or domestic partnership status ends:

FOR COURT USE ONLY

**FILED/ENDORSED**

DEC 31 2014

By: *[Signature]* L. Cox  
 DEPUTY CLERK

CASE NUMBER:  
 13FL01863

- This judgment  contains personal conduct restraining orders  modifies existing restraining orders. The restraining orders are contained on page(s) \_\_\_\_\_ of the attachment. They expire on (date): \_\_\_\_\_
- This proceeding was heard as follows:  Default or uncontested  By declaration under Family Code section 2336  
 Contested  Agreement in court  
 a. Date: **DEC 31 2014** **WM NEIL SHEPHERD** Dept.: \_\_\_\_\_ Room: \_\_\_\_\_  
**COURT COMMISSIONER**  
 Temporary judge  
 b. Judicial officer (name):  
 c.  Petitioner present in court  Attorney present in court (name):  
 d.  Respondent present in court  Attorney present in court (name):  
 e.  Claimant present in court (name):  Attorney present in court (name):  
 f.  Other (specify name):  
 3. The court acquired jurisdiction of the respondent on (date): **5/8/2013**  
 a.  The respondent was served with process.  
 b.  The respondent appeared.

**THE COURT ORDERS, GOOD CAUSE APPEARING**

- a.  Judgment of dissolution is entered. Marital or domestic partnership status is terminated and the parties are restored to the status of single persons  
 (1)  on (specify date):  
 (2)  on a date to be determined on noticed motion of either party or on stipulation.  
 b.  Judgment of legal separation is entered.  
 c.  Judgment of nullity is entered. The parties are declared to be single persons on the ground of (specify):  
 d.  This judgment will be entered nunc pro tunc as of (date):  
 e.  Judgment on reserved issues.  
 f. The  petitioner's  respondent's former name is restored to (specify):  
 g.  Jurisdiction is reserved over all other issues, and all present orders remain in effect except as provided below.  
 h.  This judgment contains provisions for child support or family support. Each party must complete and file with the court a **Child Support Case Registry Form (form FL-191)** within 10 days of the date of this judgment. The parents must notify the court of any change in the information submitted within 10 days of the change, by filing an updated form. The **Notice of Rights and Responsibilities—Health-Care Costs and Reimbursement Procedures and Information Sheet on Changing a Child Support Order (form FL-192)** is attached.

Grantland Johnson v. Bolton, UNO NO

FL-180

CASE NAME (Last name, first name of each party): Johnson, Grantland v. Bolton, Charlot	CASE NUMBER: 13FL01863
---	---------------------------

4.  The children of this marriage or domestic partnership are:
- (1)  Name Birthdate
- (2)  Parentage is established for children of this relationship born prior to the marriage or domestic partnership
- j.  Child custody and visitation (parenting time) are ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement which contains the information required by Family Code section 3048(a).
- (2)  Child Custody and Visitation Order Attachment (form FL-341).
- (3)  Stipulation and Order for Custody and/or Visitation of Children (form FL-355).
- (4)  Previously established in another case. Case number: Court:
- k.  Child support is ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement which contains the declarations required by Family Code section 4065(a).
- (2)  Child Support Information and Order Attachment (form FL-342).
- (3)  Stipulation to Establish or Modify Child Support and Order (form FL-350).
- (4)  Previously established in another case. Case number: Court:
- l.  Spousal, domestic partner, or family support is ordered:
- (1)  Reserved for future determination as relates to  petitioner  respondent
- (2)  Jurisdiction terminated to order spousal or partner support to  petitioner  respondent
- (3)  As set forth in the attached Spousal, Partner, or Family Support Order Attachment (form FL-343).
- (4)  As set forth in the attached settlement agreement, stipulation for judgment, or other written agreement.
- (5)  Other (specify):
- m.  Property division is ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement.
- (2)  Property Order Attachment to Judgment (form FL-345).
- (3)  Other (specify):
- n.  Attorney fees and costs are ordered as set forth in the attached
- (1)  Settlement agreement, stipulation for judgment, or other written agreement.
- (2)  Attorney Fees and Costs Order (form FL-346).
- (3)  Other (specify):
- o.  Other (specify):

Each attachment to this judgment is incorporated into this judgment, and the parties are ordered to comply with each attachment's provisions. Jurisdiction is reserved to make other orders necessary to carry out this judgment.

Date:

5. Number of pages attached: 11

JUDICIAL OFFICER  
 SIGNATURE FOLLOWS LAST ATTACHMENT *Page 8*

**NOTICE**

Dissolution or legal separation may automatically cancel the rights of a spouse or domestic partner under the other spouse's or domestic partner's will, trust, retirement plan, power of attorney, pay-on-death bank account, transfer-on-death vehicle registration, survivorship rights to any property owned in joint tenancy, and any other similar property interest. It does not automatically cancel the rights of a spouse or domestic partner as beneficiary of the other spouse's or domestic partner's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports, to determine whether they should be changed or whether you should take any other actions.

debt or obligation may be assigned to one party as part of the dissolution of property and debts, but if that party does not pay the debt or obligation, the creditor may be able to collect from the other party.

An earnings assignment may be issued without additional proof if child, family, partner, or spousal support is ordered.

Any party required to pay support must pay interest on overdue amounts at the "legal rate," which is currently 10 percent.

Grantland Johnson

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**MARITAL SETTLEMENT AGREEMENT**

**I. INTRODUCTORY PROVISIONS**

1.01. IDENTIFICATION OF PARTIES. This agreement is made between GRANTLAND JOHNSON, hereafter referred to as "Husband," and CHARLOT BOLTON, hereafter referred to as "Wife.", hereafter collectively referred to as the "Parties".

1.02. DATE OF MARRIAGE. The parties were married on February 5, 1975 and ever since then have been and are Husband and Wife.

1.03. DATE OF SEPARATION. The date of separation of the parties was April 1, 2002, resulting a marriage of 27 years 1 month in duration.

1.04. IRRECONCILABLE DIFFERENCES. Irreconcilable differences have led to the irremediable breakdown of the marriage, and there is no possibility of saving the marriage through counseling or other means.

1.05. MINOR CHILDREN OF THE MARRIAGE. There are no minor children of the marriage.

1.06. CIRCUMSTANCES OF THE PARTIES. Husband is 65 years of age and fully retired. Wife is 63 years old and is retired. Both parties have pre-existing health conditions that affect their ability to maintain employment.

1.07. DISSOLUTION PROCEEDINGS. Husband filed a Petition for Dissolution of Marriage on April 8, 2013 in the Superior Court of California, County of Sacramento, Case Number 13FL01863.

1.08. PURPOSE OF AGREEMENT. The purpose of this agreement is to make a final and complete settlement of all rights and obligations between the parties, including all property rights, claims for reimbursements and credits and spousal support. The Parties agree that this Agreement will be incorporated and other than those terms specifically excepted, merged into the Judgment of Dissolution Re: Reserved Issues.

1.09. DISSOLUTION – STATUS ONLY. A Judgment of Dissolution-Status Only was previously entered by the court, terminating the parties' marital status effective November 9, 2013.

**II. SPOUSAL SUPPORT**

2.01. ACKNOWLEDGMENT. The parties acknowledge and confirm the following facts.

- a. This is long term marriage subject to the provisions of Fam C § 4336.
- b. Husband is voluntarily retired and self supporting. Wife is also voluntarily retired and self-supporting.

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- c. Husband is 65 years old and in critically poor health with several pre-existing physical issues limiting his ability to work. Wife is 63 years old and in poor health with pre-existing physical issues limiting her ability to work.

2.02. WAIVER AND TERMINATION OF JURISDICTION. Based upon the facts recited in paragraph 2.01 above and the additional factors set forth in Fam C § 4320(a) – (n), each party irrevocably waives the right to receive spousal support from the other at any time. Each party further agrees to termination of the court's jurisdiction to award spousal support to either party at any time in the future. As of the effective date hereof, no court shall have jurisdiction to entertain an application for spousal support submitted by either party. The parties intend the foregoing to constitute the written agreement required by Fam C § 4336 to terminate the Court's jurisdiction over spousal support.

2.03. WAIVER OF SPOUSAL SUPPORT BY HUSBAND. Husband has been advised of his rights with regard to spousal support. Husband acknowledges and understands he is under no compulsion to irrevocably waive the right to subsequently seek spousal support from Wife or agree to terminate the court's jurisdiction to award him spousal support in the future; he does so knowingly and voluntarily. Husband further understands that upon termination of the court's jurisdiction over spousal support, no court may grant a request for spousal support regardless of circumstances or economic hardship which subsequently arise

2.04. WAIVER OF SPOUSAL SUPPORT BY WIFE: Wife has been advised of her rights with regard to spousal support. Wife acknowledges and understands she is under no compulsion to irrevocably waive the right to subsequently seek spousal support from Husband or agree to terminate the court's jurisdiction to award her spousal support in the future; she does so knowingly and voluntarily. She further understands that upon termination of jurisdiction, no court may grant a request for spousal support regardless of circumstances or economic hardship which subsequently arises.



### III. PROPERTY

3.01. CHARACTERIZATION. Husband and Wife agree that the assets and obligations of the parties are those set forth in Exhibits A and B attached hereto. Some of the assets and obligations are community property and some are separate property; no distinction is made as to their characterization because the parties have agreed on the ultimate division of property, regardless of its characterization as community or separate. However, both parties reserve their respective right to submit evidence to the court, and have the court decide, the separate or community property characterization as community or separate if this Agreement is merged into and becomes a Judgment and such Judgment is subsequently set aside, in whole or in part, as to the division of assets and/or obligation described below, or in the event that a creditor makes a claim on the property of a party because of non-payment by the other party of an obligation assigned to him/her in the division of assets and obligation.

3.02. WIFE'S PROPERTY. Wife will be awarded and assigned the assets and liabilities listed in Exhibit A attached hereto and incorporated herein as her sole and separate property. Husband hereby transfers and assigns to Wife all of his rights and interest in each asset and

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obligation. Wife will pay all obligations assigned to her pursuant to Exhibit A and indemnify and hold Husband harmless from same including all costs and attorney fees to defend any claims asserted by the creditor.

3.04. HUSBAND'S PROPERTY. Husband will be awarded and assigned the assets and liabilities listed in Exhibit B attached hereto and incorporated herein as his sole and separate property. Wife hereby transfers and assigns to Husband all of her rights and interest in each asset and obligation. Husband will pay all obligations assigned to him pursuant to Exhibit B and indemnify and hold Wife harmless from same including all costs and attorney fees to defend any claims asserted by the creditor.

3.05. ADDITIONAL CONSIDERATION. As additional consideration to Wife, Husband has paid and Respondent has received \$900 in addition to the assets otherwise assigned to Wife hereunder pursuant to Exhibit A. No further obligation is owing.

3.06. MUTUAL WAIVER OF APPRAISAL AND RIGHT TO EQUAL DIVISION. In arriving at the valuation of such assets, each party relies on his and her own opinions and judgments as to the value of said property without reliance upon appraisal and hereby waives the right to an accounting and appraisal of assets and debts. The parties further acknowledge the division of community property provided herein does not necessarily represent an equal division, but that each party has considered that fact in entering into this agreement. Accordingly, each party hereby waives the right to an equitable division of the community property. The parties intend this mutual waiver of the right to an equal division of the community property to constitute the requirement of a written agreement by the parties set forth in Fam C § 2550.

3.07. WARRANTY OF FULL DISCLOSURE OF EXISTENCE OF ASSETS. Each party warrants to the other that he or she has no knowledge of any assets other than those disclosed and listed in Exhibit A and Exhibit B attached hereto and incorporated herein.

3.07.1. REMEDY FOR BREACH. If either party has knowledge of any asset other than those disclosed and listed in this agreement, and such asset(s) is characterized as community property, that warrantor will transfer or pay to the warrantee, at the warrantee's election, one of the following:

(a) If the asset is reasonably susceptible to division, a portion of the asset equal to the warrantee's interest in it;

(b) The fair market value of the warrantee's interest in the asset on the effective date of this agreement, plus interest at the rate of 10 percent per annum from the effective date to the date of payment; or

(c) The fair market value of the warrantee's interest in the asset on the date on which the warrantee discovers the existence of the asset, plus interest at the rate of 10 percent per annum from the discovery date to the date of payment.

This provision will not be deemed to impair the availability, in a court of competent jurisdiction, of any other remedy arising from nondisclosure of community assets.



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**3.08. WARRANTY OF FULL DISCLOSURE OF EXISTENCE OF LIABILITIES.** Each party warrants to the other that he or she neither has incurred nor will incur, on or before the effective date of this agreement, any liability not disclosed and listed in this agreement on which the other is or may become personally liable or that could be enforced at any time against an asset held or to be received under this agreement by the other party.

**3.08.1. REMEDY FOR BREACH.** If either party has incurred or does incur, on or before the effective date of this agreement, any liability not disclosed and listed in this agreement on which the other is or may become personally liable or that could be enforced at any time against an asset held or to be received under this agreement by the other party, that warrantor will fully indemnify the other with respect to the obligation, including, but not limited to, any and all liability on the obligation, attorney fees, and related costs. This provision will not be deemed to impair the availability, in a court of competent jurisdiction, of any other remedy arising from nondisclosure of such liabilities.

**3.09. WARRANTY REGARDING UNDISCLOSED GIFTS OR TRANSFERS.** Each party warrants to the other that he or she has not made any undisclosed gifts or transfers of any community assets with a fair market value over \$250 for less than adequate and reasonable consideration without prior notice to the other party.

**3.09.1. REMEDY FOR BREACH.** If either party has made any undisclosed gift or transfer for less than adequate consideration of any community asset with a fair market value over \$250 without the other party's knowledge, that warrantor will pay to the warrantee a sum equal to half of the fair market value of the asset transferred, with the fair market value to be determined, at the warrantee's election, as of either (a) the effective date of this agreement or (b) the date on which the warrantee discovers the transfer, less any appreciation in the asset's value attributable solely to acts of the transferee(s) and successor(s). The warrantor will further pay to the warrantee interest at the rate of 10 percent per annum from the date elected for determination of the fair market value of the asset to the date of payment. This provision will not be deemed to impair the availability, in a court of competent jurisdiction, of any other remedy arising from undisclosed gifts or transfers for less than adequate consideration.

**3.10. WARRANTY REGARDING AFTER-ACQUIRED LIABILITIES.** Each party warrants to the other that he or she will not incur, after the effective date of this agreement, any liability or obligation for which the other will be or may become personally liable or that could be enforced against an asset held by the other party.

**3.10.1. REMEDY FOR BREACH.** If either party incurs, after the effective date of this agreement, any liability or obligation for which the other will be or may become personally liable or that could be enforced against an asset held by the other party, that warrantor will indemnify the other for any liability on the obligation, attorney fees, and related costs.

#### **IV. REAL PROEPRTY**

**4.01.** The parties acquired during the marriage community property interests in the real properties located at 228 Omstead Drive and 1773 Bannon Creek Drive, both located in Sacramento, CA. The parties previously divided those interests by agreement. Accordingly, each

Grantland Johnson

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party hereby irrevocably waives the right to assert any claim against the other with respect to the community property interest in either property, including, but not limited to those for reimbursements, credits or offsets.

4.02. Repayment or Refinance of Debts. All debts, secured and unsecured, assigned to a party by the terms of this agreement and for which the other party has ongoing liability shall either be paid in full or otherwise refinanced by the party to whom the debt is assigned.

#### V. RETIREMENT BENEFITS

5.01 IDENTIFICATION. Wife has acquired through employment an interest in the Sacramento County Employees Retirement System (SCERS) defined benefit plan, 401(k) and 457(b) defined contribution plan. Husband has acquired through his employment an interest in the California Public Employees Retirement System (CalPERS) defined plan and 401(k) defined contribution plan administered by Amerifunds.

5.02. WARRANTY. Each party warrants to the other that, to the best of his or her knowledge after checking with his or her employer, he or she is not a participant or beneficiary in or with respect to any pension or deferred compensation retirement plan other than those disclosed in section 5.01. If either party becomes aware of his or her eligibility for or participation in any benefit plan not disclosed in this agreement that is based in any degree on service during the marriage and before separation, that party will notify the other party of the existence of that eligibility or participation and authorize the plan to provide to the other party any information necessary to calculate the community interest, treating that interest as an omitted asset subject to the continuing jurisdiction of the Court.

5.03. WAIVER. Under the terms of this agreement, the entire interest of each plan specified in paragraph 5.01 above including, but not limited to, the right to future benefits and the right to name a beneficiary for any death and survivor benefits payable under the plan, is awarded to the party in whose name the interest is maintained, the "Plan Participant". Each party is informed that, independent of his or her community interest under federal law or the terms of the plan, he or she may, unless waived, have a right to survivor rights or other benefits in a plan awarded to the other party under the terms of this agreement. Each party expressly waives all such rights and interests and will timely sign those documents required by the plan administrator to implement the waiver, including written consent to designation of one or more alternate beneficiaries when applicable. This provision does not waive any right expressly provided in any trust agreement or beneficiary designation executed by one party in favor of the other after the effective date of this agreement.

5.04. QUALIFIED DOMESTIC RELATIONS ORDERS. Since by the terms of this agreement each party is assigned the entirety of the community property interest in his or her respective retirement benefits subject to ERISA provisions, no Qualified Domestic Relations Order is required. Therefore, the parties' previous agreement to engage the services of Moon Schwartz and Madden to draft the qualified orders necessary to divide the community property interests in the parties' respective retirements is hereby rescinded.

#### V. ATTORNEY FEES AND COSTS

Stanland Johnson

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5.01 NO ALLOCATION OR REIMBURSEMENT. Each party will bear all of his or her own attorney fees and costs incurred in connection with the negotiation, preparation, and execution of this agreement and the pending proceeding for dissolution of marriage.

5.02 LEGAL REPRESENTATION. This agreement has been prepared by Mark P. Grotewohl CSB#244050, attorney for Husband. Wife has not been represented in the negotiation or preparation of this agreement. Wife acknowledges that Husband's attorney has informed her that the attorney represents only Husband, that Wife has the right to obtain independent legal advice, and that Wife should do so, but that she voluntarily declined to obtain such advice. Wife further acknowledges that she has carefully read this agreement in its entirety and voluntarily chooses to execute it.

## VI. GENERAL PROVISIONS

6.01. RELEASE OF LIABILITIES AND CLAIMS. Except as otherwise provided in this agreement, each party hereby releases the other from all interspousal obligations, whether incurred before or after the effective date, and all claims to the property of the other. This release extends to all claims based on rights that have accrued before the marriage and during the marriage, including, but not limited to, property and support claims, claims for reimbursements or credits pursuant Family Code § 2640, charges for exclusive use of community property after the date of separation (*Marriage of Watts*), or payments on community obligations after the date of separation (*Marriage of Epstein*). The parties have considered and provided for such claims in this agreement.

This release extends to all claims, whether known or unknown, that either party may have against the other. By initialing below, each party expressly waives with respect to the other the benefits of Civil Code §1542, which protects against the inadvertent waiver of material claims that one does not know or suspect to exist, stated as follows: "A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor.

CWB

(Wife's initials) (Husband's initials)

6.02. INDEMNIFICATION. Each party shall indemnify and hold the other harmless from all debts assigned to the party by the terms of this agreement, including legal fees and costs in defense of an enforcement action brought by the third party creditor.

6.03. WAIVER OF RIGHTS ON DEATH OF OTHER PARTY. Except for Wife's rights under paragraph 3.02 of this agreement, each party hereby waives the right to receive any property or rights whatsoever on the death of the other, unless such right is created or affirmed by the other under a will or other written document executed after the effective date of this agreement. Each party believes that he or she has received a fair and reasonable disclosure of the property and financial obligations of the other party. Each party's waiver is intended to be an enforceable waiver of that party's rights under Probate Code §§140-147.

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The rights waived include, but are not limited to, the following:

- (a) Property that would pass from the decedent by intestate succession;
- (b) Property that would pass from the decedent by testamentary disposition;
- (c) A probate homestead;
- (d) The setting aside of exempt property;
- (e) A family allowance;
- (f) The setting aside of an estate;
- (g) An election to take community or quasi-community property against the decedent's will;
- (h) The statutory share of an omitted spouse;
- (i) An appointment as executor or administrator of the decedent's estate, except as the nominee of a third party legally entitled to make such a nomination;
- (j) Property that would pass from the decedent by nonprobate transfer, such as the survivorship interest under a joint tenancy, a Totten trust account, or a payable-on-death account; and
- (k) Proceeds as beneficiary of any type of insurance policy.

6.04. ENTIRE AGREEMENT. This agreement contains the entire agreement of the parties on these matters, superseding any previous agreement between them.

6.05. RECONCILIATION. If the parties reconcile, this agreement will nevertheless remain in full effect unless and until it is modified or revoked in a writing signed by both parties.

6.06. MODIFICATION BY SUBSEQUENT AGREEMENT. This agreement may be modified by subsequent agreement of the parties only by an instrument in writing signed by both of them, an oral agreement to the extent that the parties execute it, or an in-court oral agreement made into an order by a court of competent jurisdiction.

6.07. ATTORNEY FEES IN ACTION TO ENFORCE OR MODIFY AGREEMENT. The prevailing party in any action or proceeding to enforce or modify any provision of this agreement, or any corresponding provision of a subsequent judgment into which the provision is merged, will be awarded reasonable attorney fees and costs. For the moving party to be deemed the prevailing party for purposes of this provision, at least 10 days before the filing of any motion he or she must provide written notice to the other party specifying the alleged breach or default, if capable of being cured, or the modification requested. The other party must then be

Grantland Johnson

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allowed to avoid implementation of this provision by curing the breach or default specified or executing an agreement for the modification requested during the 10-day period.

6.08. EFFECTIVE DATE. The effective date of this agreement will be the date of its execution by the second of the parties to do so.

6.09. COURT ACTION. If a judgment of dissolution of marriage is obtained by either party, the original of this agreement will be attached to the judgment. The Court will be requested to do the following:

- (a) Approve the entire agreement as fair and equitable;
- (b) Order the parties to comply with all of its executory provisions;
- (c) Merge all provisions, except those relating to warranties and indemnifications, into the judgment; and
- (d) Incorporate the remainder of the agreement in the judgment for the sole purpose of identification.

The foregoing is agreed to by:

Date: 9/29/14

Grantland Johnson, Attorney in Fact  
GRANTLAND JOHNSON, Petitioner

Date: 9/4/14

Charlot Bolton  
CHARLOT BOLTON, Respondent  
*See attached Notary Acknowledgment*

Approved as conforming to the agreement of the parties:

Date: 10/14/14

Mark P. Grotewohl  
MARK P. GROTEWOHL, Attorney for Petitioner

IT IS SO ORDERED:

Date: DEC 31 2014

WM Neil Shepherd  
SUPERIOR COURT JUDGE

WM NEIL SHEPHERD  
COURT COMMISSIONER

Grantland Johnson (UDNO)

NOTARY ACKNOWLEDGMENT

State of California )  
County of Sacramento )

On this 4 day of Sept., 2014, before me, Leslie Robinson, Notary Public personally appeared Charlot Bolton who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.



Notary Seal Above

Leslie Robinson  
Signature of Notary Public

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EXHIBIT A

Assets and Debts Confirmed to Wife

1. All clothing, jewelry, and other personal effects in Wife's possession.
2. All furniture, appliances, artwork, tools and other personal property in Wife's possession.
3. All net proceeds from the sale of real property located at 228 Omstead Drive, Sacramento, CA.
4. All net proceeds from the sale of real property located at 1773 Bannon Creek Drive, Sacramento, CA.
5. 1989 Volvo Sedan
6. 2000 Dodge van and any and all insurance proceeds received by Respondent.
7. All bank, credit union and investment accounts in Wife's sole name and funds on deposit therein.
8. All rights and interest in the Physicians Life insurance Policy, policy number ending in xxxx-5589.
9. Any and all interest in the County of Sacramento 457(b) account held in Wife's name alone, including but not limited to all member contributions and rights to future benefits.
10. Any and all interest in the County of Sacramento 401(k) account held in Wife's name alone, including but not limited to all member contributions and rights to future benefits.
11. Any and all interest in the Sacramento County Employees Retirement System defined benefit retirement plan held for the benefit of Wife.
12. Any and all student loan debt owed to the University of the Pacific.
13. All credit card accounts in Wife's sole name and related balances including but not limited to the following:
  - a. Wells Fargo credit card in Wife's name alone.
  - b. Merric Bank credit card in Wife's name alone
  - c. HSBN Orchard Bank credit card in Wife's name alone.
  - d. Barklay credit card in Wife's name alone.
  - e. Home Shopping Network credit card in Wife's name alone.

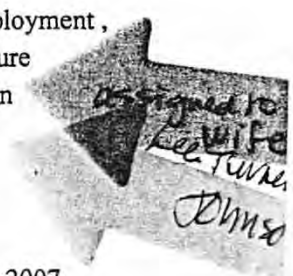
*Brittland Johnson*

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EXHIBIT B

Assets and Debts Confirmed to Husband

1. All clothing, jewelry, and other personal effects in Husband's possession.
2. All furniture, appliances, artwork, tools and other personal property in Husband's possession.
3. All savings, checking and credit union accounts held in Husband's sole name and balances therein, including but not limited to accounts at Bank of America and Golden One.
4. All rights and interest in the Amerifunds 401(k) account number ending in xxxx-1775.
5. Any and all interest in the CalPERS defined plan attributable to Husband's employment, including but ~~not limited to all member~~ contributions and rights to past and future benefits, survivor and death benefits the Petitioner is entitled to select and assign according to the terms of the plan.
6. Any and all ~~student loan debt~~ owing to CSUS.
7. Any and all Federal and California State tax obligations owing for the tax years 2007, 2008 and 2009.
8. Any and all debt owed on the Bank of America visa credit card in Petitioner's name alone.
9. Any and all debt owing to Nelson Kynaard-Ford Mortor Company.
10. Any and all debt owing on the American Express credit card in Petitioner's name alone.
11. Any and all debt owing on the Golden One Credit Union credit card account in Petitioner's name alone.







What You Need to Know About  
**Changing Your Beneficiary or  
Monthly Benefit After Retirement**

PENCAID 600-631-6969  
**STATE'S  
EXHIBIT**  
11

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## INTRODUCTION

### **Events Impacting Your Retirement and Death Benefits**

After you have retired, your life circumstance may change. You may want to change your beneficiary for lump sum death benefits, change your original retirement option election to name a new beneficiary, or request a "Pop-Up" increase. If so, this publication can help guide you through each process.

On the following pages is information to help you determine which benefits may be payable to your beneficiary and what forms you must file to change your beneficiary or modify your CalPERS retirement benefit. These forms include:

#### **Post Retirement Lump Sum Beneficiary Designation**

- You may change your lump sum beneficiary designation at any time and for any reason, see page 7.
- Please be aware that a previously filed lump sum designation is revoked if a life event (marriage, registration of domestic partnership, birth/adoption of a child, or termination of a marriage or partnership) happens after the designation is received. In this case, your lump sum benefits will be paid to your closest surviving family member unless you complete a new designation form.

#### **Application to Modify Option and/or Life Option Beneficiary**

- Death of Retirement Option Beneficiary, see page 19
- Marriage or Domestic Partnership, see page 19
- Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership – judgment or settlement agreement must award member full interest in the CalPERS retirement benefits; see page 20

#### **Request for Option 2 or 3 Pop-Up Increase Due to Removal of Your Option Beneficiary**

- Death of Retirement Option Beneficiary, see page 27
- Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership – judgment or settlement agreement must award member full interest in the CalPERS retirement benefits; see page 27
- Non-Spouse or Non-Domestic Partner Beneficiary Disclaims Lifetime Allowance, see page 27

#### **Health Benefits**

If you have CalPERS health insurance, you must immediately notify us if you divorce, terminate your domestic partnership, or suffer the death of a spouse, domestic partner or other dependent. Failure to make timely notification can result in incorrect premium deductions from your monthly benefit.

### **Determining Your Retirement Option**

If you don't remember which retirement option you chose when you retired, review your CalPERS *Retirement Application Election*, your *Notice of Benefit Approval*, or your retirement acknowledgement letter. You can also log in to myCalPERS to view your retirement account information.

## POST RETIREMENT LUMP SUM DEATH BENEFITS

### **Changing Your Beneficiary for Lump Sum Death Benefits**

The death benefits paid to your beneficiary depend on the retirement option you selected when you retired and the benefits your former employer offered under its contract with CalPERS. Before you begin, you may find it helpful to determine what benefits may be payable to your beneficiary under your current retirement plan.

### **Post Retirement Lump Sum Death Benefits**

The following is a list of all the lump sum death benefits that could be paid.

#### **Retired Death Benefits**

- \$2,000 for State, California State University, University of California, and school members (unless your school district contracted for a higher amount).
- \$500, \$600, or \$2,000 to \$5,000 for public agency members (depending on your former employer's CalPERS contract).

If you had service with more than one employer, your beneficiary will receive the highest amount available under any of the employer contracts. These amounts are subject to change by legislation or contract amendments.

If you worked under another public retirement system after leaving CalPERS-covered employment, and a similar benefit will be paid by the other retirement system, CalPERS will not pay the Retired Death Benefit.

If your former spouse or former domestic partner has a separate non-member account, they will not receive a Retired Death Benefit upon your death.

#### **Option 1 Balance**

If at retirement you elected this option, it guarantees the return of any contributions not used to pay your monthly retirement benefit. In most cases, no contributions remain after approximately 10 years of retirement, which would mean this benefit is no longer paid.

#### **Temporary Annuity Balance**

You may have elected to receive a temporary additional monthly benefit payment and specified at what age the payments would stop. If so, and you die before you reach that age, a lump sum payment for the current value of the remaining payments will be made to your designated beneficiary.

#### **Option 4: Option 2W or 3W and Option 1 Combined**

This option provides the return of any remaining member contributions not used to pay your benefits to you and your beneficiary. Typically, no amount is paid after approximately 10 years of retirement.

## Lump Sum Death Benefit Beneficiary

Any lump sum death benefits will be paid to your **designated beneficiary**. However, if no valid designation is in effect at the time of your death, your lump sum death benefits are paid to your **statutory beneficiary** (the order is determined by law).

- Spouse or domestic partner; or if none,
- Children; or if none,
- Parent(s); or if none,
- Brother(s) and sisters(s); or if none,
- Your probated estate; or if not probated,
- Your trust; or if none,
- Stepchildren; or if none,
- Grandchildren, including step-grandchildren; or if none,
- Niece(s) and/or nephews(s); or if none,
- Great-grandchildren; or if none,
- Cousins.

## Events Affecting Post Retirement Lump Sum Death Benefits

Any of the following events automatically revoke an existing beneficiary designation.

- Marriage
- Domestic partnership
- Dissolution or annulment of marriage, or termination of a domestic partnership (a designation filed after the initiation of one of these legal processes is not revoked when the legal process is finalized)
- Birth or adoption of a child

If your beneficiary designation is revoked and there is no designation in effect at the time of your death, benefits will be paid to your **statutory beneficiary**. However, you can redesignate your previous beneficiary or name a new beneficiary by completing the *Post Retirement Lump Sum Beneficiary Designation* form provided in this publication or by submitting your form online through my|CalPERS.

### Spouse's or Domestic Partner's Automatic Entitlement to Option 1

If you are legally married or in a domestic partnership, and you designate someone other than your spouse or domestic partner to receive this benefit, they could be entitled to their community property interest in this benefit. Their community property interest is 50 percent of the benefit for the period of CalPERS service during which you were married to your current spouse or in a domestic partnership. If you married or established a domestic partnership after retirement, your spouse or domestic partner does not have a community property interest in your death benefits.

**Note:** This automatic entitlement does not apply to community property non-member retirements.

### Community Property

Your designation and benefit entitlement can be affected by a domestic relations court order that awards a community property interest in your CalPERS retirement account to your current or former spouse or domestic partner.

### Non-Member

If you retired on a non-member service retirement, you may change your beneficiary for the lump sum benefits that may be payable upon your death by completing the *Post Retired Non-Member Lump Sum Beneficiary Designation* form provided in this publication or by submitting your form online through my|CalPERS.

**Submitting Forms Online**

You may log in to my|CalPERS to submit the *Post Retirement Lump Sum Beneficiary Designation* form and *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form online or you may complete the forms provided in this publication.

**Non-Member**

Non-member retirees need to complete the *Post Retired Non-Member Lump Sum Beneficiary Designation* form.

**Changing Your Beneficiary**

To change your beneficiary for the lump sum death benefits, complete the *Post Retirement Lump Sum Beneficiary Designation* form and, if needed, a *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form.

Remember to clearly print the personal information requested at the top of the form. To protect you and your beneficiary from a possible legal challenge of your designation, we cannot accept a form with any corrections or erasure marks.

**Check Box 1** - if your designation applies to all applicable lump sum death benefits.

..... O R .....

**Check Box 2** - if you want to designate a different beneficiary for each lump sum death benefit payable. Make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies on each designation form.

Your primary beneficiaries will receive an equal percent of the benefit, unless you indicate otherwise. You can also designate secondary beneficiaries who would be entitled to benefits if you survive all the primary beneficiaries.

**Naming Multiple Beneficiaries**

If you want to name more than three primary beneficiaries or more than two secondary beneficiaries for one or all of the lump sum death benefits, make photocopies of the blank *Post Retirement Lump Sum Beneficiary Designation* form. Check which benefit applies to each designation form and note under the title of the form the number and total pages included (i.e., 1 of 2, 2 of 2, etc.).

## CHANGING YOUR BENEFICIARY FOR LUMP SUM BENEFITS

### Naming Your Beneficiary

You can change your beneficiary for the lump sum death benefits at any time. Your beneficiary can be:

- Any person regardless of their relationship to you. You cannot designate a guardian to receive benefits for another person.
- A class of next-of-kin as a group, such as your children or grandchildren.
- A corporation that is registered with the Secretary of State.
- Your estate; however, CalPERS can only pay to your estate if it is probated.
- Your trust. Provide the title and date of your trust, and the name and address of the person who has a copy of the document. Do not name the trustee since that can be subject to change.

**Note:** If you designate a minor child as your beneficiary and the child is still a minor when the benefit becomes payable, the surviving parent can claim the child's death benefit without a court order if the child is in their care. Or, if the child is not in the parent's custody, we will request a court order that either appoints someone as guardian of the child's estate or directs us to pay the child's benefit to a blocked bank account. As an alternative to these methods, you may download a *California Uniform Transfers to Minors Act* form to nominate a custodian to claim any benefits that may become payable to your minor child.

Use do not name the guardian or custodian of a minor child as your beneficiary; just name the child if that is your desire. You can find this form in the Forms & Publications Center at CalPERS On-Line at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### Completing a Post Retirement Lump Sum Beneficiary Designation

Typically a *Post Retirement Lump Sum Beneficiary Designation* form is completed by you; however, there are circumstances when your attorney-in-fact, or court-appointed conservator, can name a new beneficiary on your behalf.

An attorney-in-fact can designate a new beneficiary on your behalf under limited circumstances based on the language in the Power of Attorney document, and what relationship you share with the attorney-in-fact. A court-appointed conservator of your estate can designate a new beneficiary for you only if the court order grants them the specific authority to name a new beneficiary. Please contact CalPERS for more specific information.

If you are completing a *Post Retirement Lump Sum Beneficiary Designation* form or a *Post Retired Non-Member Lump Sum Beneficiary Designation* form, attach a copy of the document that grants you the authority to act on the member's or non-member's behalf.

**Non-Member**

Only your signature is required on the ***Post Retired Non-Member Lump Sum Beneficiary Designation*** form.

Your current spouse's or registered domestic partner's signature is **not** required.

**Required Signatures**

You must sign the *Post Retirement Lump Sum Beneficiary Designation* form. Your current spouse or domestic partner must also sign it to acknowledge the action you are taking. If you are not legally married or in a registered domestic partnership, you should check the box in the Member's Acknowledgment section stating that you are not married or in a domestic partnership.

If you are married or in a domestic partnership and your spouse or domestic partner **does not** sign this form, you must complete and submit the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form with your designation form.





# Post Retirement Lump Sum Beneficiary Designation

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

### Member Information

When completing this form, be sure to clearly print with a ballpoint pen or type your information. To make a correction, line through the error and initial the change. Designation forms with erasures or correction fluid will not be accepted.

Name of Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy)	( ) ( )	Daytime Phone

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

- I hereby designate the following person(s) who survive me, **share and share alike** if no percentage (%) is given, as **beneficiaries** for any lump sum death benefits payable under the Public Employees' Retirement Law in the event of my death.

..... OR .....

- I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:
 

<input type="checkbox"/> Retired Death Benefit	<input type="checkbox"/> Option 1 Balance
<input type="checkbox"/> Temporary Annuity Balance	<input type="checkbox"/> Option 4 - Option 1 Balance

## Section 2

### Beneficiary Designation

If you're naming more than three primary beneficiaries to share benefits, see page 6 before completing.

If a percentage (%) is entered, make sure the total equals 100%.

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or registered domestic partner as beneficiary, they may be entitled to a community property share of the balance of contributions (Option 1) or Temporary Annuity balance. The community property share will be based on one-half of the contributions or one-half of the service credit earned during the marriage/registered domestic partnership. If the marriage or partnership occurred after my retirement date, then my spouse or registered domestic partner is not entitled to a community property interest. If a community property interest applies, my designated beneficiary(ies) will receive the portion of my lump sum Option 1 or Temporary Annuity balance that is not payable to my spouse or registered domestic partner as their community property share.

### Primary Beneficiaries

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Section 2 continues on page 2.

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Member	Social Security Number or CalPERS ID
----------------	--------------------------------------

**Section 2, continued**

**Primary Beneficiaries, continued**

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

**Secondary Beneficiaries**

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing.

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me, share and share alike if no percentage (%) is given, as beneficiaries.

If a percentage (%) is entered, make sure the total equals 100%.

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

This form continues on page 3.

Put your name and Social Security number or CalPERS ID at the top of every page

\_\_\_\_\_  
Name of Member

\_\_\_\_\_  
Social Security Number or CalPERS ID

**Section 3**

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

**Required Signatures**

**Member's Acknowledgement**

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation.

I understand that a designation filed **after** the initiation of dissolution or annulment of marriage or domestic partnership or legal termination of domestic partnership will **not** be revoked when the legal process is finalized.

Are you legally married or in a registered domestic partnership?  Yes  No

If yes, your spouse or registered domestic partner must sign this form. If no, please indicate:

Never Married/Never in Registered Domestic Partnership  Divorced/Annulled  Widowed

**Important:** You must complete the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form if you are married or in a registered domestic partnership but your spouse or registered domestic partner is unable to sign below.

Provide the date you signed the form.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date (mm/dd/yyyy)

**Spouse's or Registered Domestic Partner's Acknowledgement**

If no spouse's or registered domestic partner's signature is included, the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form must be completed.

By signing this beneficiary designation form, I acknowledge that I am aware of the designation made by my spouse or registered domestic partner. I also hereby state that I am the current spouse or registered domestic partner. **If no spouse's or domestic partner's signature or certification is included, the *Justification for Absence of Spouse's or Registered Domestic Partner's Signature* form must be completed.**

\_\_\_\_\_  
Signature of Spouse or Registered Domestic Partner

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Date of Marriage or Registered Partnership (mm/dd/yyyy)

**Mail to:** CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711



# Post Retired Non-Member Lump Sum Beneficiary Designation

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

### Non-Member Information

When completing this form, be sure to clearly print with a ballpoint pen or type your information. To make a correction, line through the error and initial the change. Designation forms with erasures or correction fluid will not be accepted.

Name of Non-Member (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID
Birth Date (mm/dd/yyyy)	( )	Daytime Phone

Check either Box 1 or Box 2. If you check Box 2, also indicate benefit type.

- I hereby designate the following person(s) who survive me, share and share alike if no percentage (%) is given, as beneficiaries for any lump sum death benefits payable under the Public Employees' Retirement Law in the event of my death.  
 ..... or .....
- I hereby designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:  
 Prorated Allowance       Option 1 Balance       Option 4 - Option 1 Balance

## Section 2

### Beneficiary Designation

If you're naming more than three primary beneficiaries to share benefits, see page 6 before completing.

If a percentage (%) is entered, make sure the total equals 100%.

#### Primary Beneficiaries

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
Relationship to Non-Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
Relationship to Non-Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Name of Primary Beneficiary (First Name, Middle Initial, Last Name)		Birth Date (mm/dd/yyyy)
Relationship to Member	Percentage of Benefit	Social Security Number or CalPERS ID
Address		
City	State	ZIP

Put your name and Social Security number or CalPERS ID at the top of every page

_____	_____
Name of Non-Member	Social Security Number or CalPERS ID

**Section 2, continued**

**Secondary Beneficiaries**

If you're naming more than two secondary beneficiaries to share benefits, see page 6 before completing.

In the event I survive the person(s) named as primary beneficiary, I hereby designate the following person(s) who survive me, share and share alike if no percentage (%) is given, as beneficiaries.

If a percentage (%) is entered, make sure the total equals 100%.

_____	_____	_____
Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	
_____	_____	_____
Relationship to Non-Member	Percentage of Benefit	Social Security Number or CalPERS ID
_____		
Address		
_____		
_____	_____	_____
City	State	ZIP

_____	_____	_____
Name of Secondary Beneficiary (First Name, Middle Initial, Last Name)	Birth Date (mm/dd/yyyy)	
_____	_____	_____
Relationship to Non-Member	Percentage of Benefit	Social Security Number or CalPERS ID
_____		
Address		
_____		
_____	_____	_____
City	State	ZIP

**Section 3**

**Required Signature**

Before submitting your completed form, be sure to make a copy to keep with your important retirement information.

**Non-Member's Acknowledgement**

Should I survive all of the persons named, I understand that the benefits payable upon my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to CalPERS, all in accordance with applicable provisions of law.

By this beneficiary designation, I hereby revoke any previous designation I have filed. I understand that my marriage or domestic partnership, final dissolution or annulment of my marriage or the termination of my domestic partnership, or the birth or adoption of a child subsequent to the date this form is filed with CalPERS will automatically void this designation.

Provide the date you signed the form.

_____	_____
Signature of Non-Member	Date (mm/dd/yyyy)

**Mail to:**

**CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711**



# Justification for Absence of Spouse's or Registered Domestic Partner's Signature

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

Please include the month, day and year for all dates as follows: mm/dd/yyyy.

## Member Information

Name of Member (First Name, Middle Initial, Last Name)

Social Security Number or CalPERS ID

Pursuant to Government Code Section 21261, a member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by the member. The spouse or domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions, election of retirement optional settlement, and designation of beneficiary for retirement death benefits.

**If a spouse or registered domestic partner's signature does not appear on one of the above-named documents, the following information must be completed by the member.**

Select either 1 or 2 and indicate specifics:

1.  By checking this box, I indicate that I am not legally married or in a registered domestic partnership because:
  - Never married or never in registered domestic partnership.
  - Divorced/marriage annulled or registered domestic partnership terminated. \_\_\_\_\_  
Date (mm/dd/yyyy)
  - Widowed. \_\_\_\_\_  
Date (mm/dd/yyyy)
  
2.  By checking this box, I indicate that I am married or have a registered domestic partner, but my spouse or registered domestic partner did not sign this form because:
  - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**
  - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgment; **or**
  - My spouse or registered domestic partner is incapable of executing the acknowledgment because of an incapacitating mental or physical condition; **or**
  - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**
  - My spouse or registered domestic partner and I have executed a marriage settlement or partnership agreement that makes the community property law inapplicable to the marriage or partnership.

## Section 2

## Information Certification

I certify under penalty of perjury that the foregoing information is true and correct.

Signature of Member

Date (mm/dd/yyyy)

Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

## POST RETIREMENT MONTHLY BENEFITS

### Monthly Benefit Options

In addition to lump sum death benefits, the following benefits are available from CalPERS under **Options 2, 2W, 3, 3W, or 4**, which upon your death will provide your beneficiary or beneficiaries with a monthly benefit.

#### Option 2 or 3

If you elected one of these options on or after January 1, 1990, and your designated beneficiary dies, you obtain a dissolution, legally separate, terminate your domestic partnership, or obtain an annulment from your spouse or domestic partner beneficiary who has no community property interest, or if your non-spouse or non-domestic partner beneficiary disclaims entitlement to the monthly allowance, you can receive an increase to your allowance, and your beneficiary would no longer be entitled to a monthly benefit. This is known as a "Pop-Up" increase.

#### Option 2W or 3W

The "W" indicates "without Pop-Up increase." That means if your beneficiary dies or your non-spouse beneficiary disclaims the benefit, your benefit will not increase. If your beneficiary was your spouse or registered domestic partner and you get a dissolution, legally separate, terminate your domestic partnership, or obtain an annulment, your benefit will not increase and your former spouse or partner would still be entitled to a monthly death benefit.

However, if the court awards you 100 percent interest in your CalPERS account, you can remove your former spouse or partner so they will not receive a monthly benefit upon your death. To do so, you need to send us a letter asking that your former spouse or partner be removed as your option beneficiary. You must include with your letter, a copy of the court order showing that you have full interest in your retirement account and mail both to: CalPERS Benefit Services Division, P.O. Box 942711, Sacramento, CA 94229-2711.

#### Option 4

Option 4 allows you to customize your retirement benefit or to name more than one beneficiary for a monthly benefit. **There is no provision under any Option 4 for your allowance to Pop-Up to the Unmodified Allowance.** If you are interested in an Option 4, you must first review the CalPERS publication *Retirement Option 4* for information on the Option 4 types available. Then indicate the Option 4 choice on your application. If you choose to provide a specific percentage to your beneficiary, the percentage must be less than 100 percent.

#### Election Prior to January 1, 1990

If you elected Option 2 or 3 prior to January 1, 1990, your election is now referred to as Option 2W or 3W.

### **Survivor Continuance for Domestic Partners**

If you're in a registered domestic partnership now, but were living in an "unofficial" domestic partnership more than one year before you retired and before it was possible to register as domestic partners, your partner may qualify for Survivor Continuance. To find out more, contact us for an ***Affidavit of Domestic Partnership for Survivor Continuance*** form.

### **Option 4: Court-Ordered Community Property**

This option only applies to specific cases in which a member is required by court order, under Family Code Section 2610, to provide a community property interest to a former spouse or legally recognized domestic partner equal to their community property interest as a lifetime death benefit. CalPERS will determine the community property interest at the time of your retirement using the method described in your court order.

This option allows you to select one of several different options and gives you the opportunity to name another beneficiary for your share of the benefit. There is no qualifying event that allows a Pop-Up increase to this particular benefit.

- If you elect Option 4/1, you are providing for the Option 4 court-ordered beneficiary and naming a beneficiary for the Option 1 balance of contributions.
- If you elect Option 4/2W or Option 4/3W, you are providing the Option 4 court-ordered beneficiary and naming a lifetime beneficiary for your share of your monthly benefit.

### **Survivor Continuance**

In addition to Option 2, 2W, 3, 3W, or 4, this benefit may be payable if your former employer contracted to provide it. Survivor Continuance is an employer-paid monthly benefit payable to an eligible survivor.

#### **Eligible Survivors**

- A spouse you were married to one year prior to your retirement, and continuously until your death.
- If you retired as a result of a disability, a spouse you were married to at retirement, and continuously until your death.
- A domestic partner, if the partnership was established one year prior to your retirement, and continuously until your death.
- If you retired as a result of a disability, a domestic partnership that was established at retirement, and continued until your death.
- Unmarried children under age 18, or an unmarried disabled child who became disabled prior to age 18 and whose continuing disability renders them incapable of gainful employment.
- An economically dependent parent.

The Survivor Continuance benefit is provided by law and you cannot designate a new beneficiary to receive this benefit, nor can you disinherit an eligible survivor.

**Note:** The Survivor Continuance benefit does not apply to community property non-member retirements.



## CHANGING YOUR RETIREMENT OPTION OR LIFE OPTION BENEFICIARY

### Qualifying Events

You can modify your current retirement option and name a new beneficiary for a lifetime option benefit only after a qualifying event, and provided your current lifetime option beneficiary is not a former or legally separated spouse or domestic partner with a community property interest in your CalPERS retirement.

**Note:** You cannot name a corporation, your estate, or your trust as a lifetime option beneficiary. The following events let you modify your benefit or retirement option.

#### Death of Retirement Option Beneficiary

*Elected Unmodified Allowance or Option 1* – The death of your beneficiary is not a qualifying event.

*Elected Option 2, 2W, 3, 3W, or 4* – You can change your election of the Option 2, 2W, 3, 3W, or 4 to another option other than the Unmodified Allowance and name a new beneficiary.

#### Marriage or Domestic Partnership

*Elected Unmodified Allowance* – You can change your election of the Unmodified Allowance to an Option 1, 2, 2W, 3, 3W, or 4, and name your current spouse or domestic partner as beneficiary.\*

*Elected Option 1* – You can modify your Option 1 to an Option 2, 2W, 3, 3W, or 4 and name your current spouse or domestic partner as beneficiary.\*

*Elected Option 2, 2W, 3, 3W, or 4* – If you have a former spouse or domestic partner and they are not the Option 2, 2W, 3, 3W, or 4 beneficiary, you can modify your election to an Option 1, 2, 2W, 3, 3W, or 4 and name your current spouse or domestic partner as beneficiary.

If you named someone as your beneficiary for a lifetime option benefit and then later marry or enter into a domestic partnership with that same person, this is not a qualifying event since that person is already your lifetime option beneficiary.

If your former spouse or domestic partner is your beneficiary, see the Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership section for information on modifying your allowance, or retirement option.

\* You can change from the Unmodified Allowance or Option 1 even if your marriage or domestic partnership registration happened before you retired.

**It's Important to Note**  
Changing your option after retirement reduces your current benefit. The amount of your reduction depends on your age and the age of your new beneficiary at the time of your election. Modifying your option is also referred to as a "recalculation of option."

**Non-Member**

You do not need to be awarded total interest in your CalPERS benefit to request a change to your option or beneficiary.

**California Domestic Partner Rights & Responsibilities Act**

This law extends the rights and duties of marriage to persons registered as domestic partners on and after January 1, 2005. The effective date of this State law will be used as the qualifying event date for domestic partnerships entered into prior to January 1, 2005.

**Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership**

*Elected Unmodified Allowance or Option 1* – This is not a qualifying event.

*Elected Option 2, 2W, 3, 3W, or 4* – If your former or legally separated spouse or domestic partner is your Option 2, 2W, 3, 3W, or 4 beneficiary and your dissolution, legal separation judgment, or termination of domestic partnership judgment dividing your community property awards you the entire interest in your CalPERS retirement benefit, your beneficiary can be changed and you can modify your election to an Option 1, 2, 2W, 3, 3W, or 4, and name a new beneficiary.

The option selected for your new beneficiary will only affect your share. The community property interest will not be affected.

If your former or legally separated spouse or domestic partner is your Option 2, 2W, 3, 3W, or 4 beneficiary and your dissolution, legal separation judgment or termination of domestic partnership judgment dividing your community property does not award you the entire interest in your CalPERS retirement benefit, they cannot be removed as the beneficiary.

**Non-Spouse or Non-Domestic Partner Beneficiary Disclaims**

**Lifetime Allowance**

*Elected Unmodified Allowance or Option 1, 2, 2W, 3, 3W, or 4* – Regardless of what option you chose, a disclaimer signed by your non-spouse or non-domestic partner beneficiary is not a qualifying event to change your option. This disclaimer allows them to give up their entitlement to your CalPERS benefits. Please contact CalPERS if you would like a *Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits* form mailed to you.

## How to Change Your Option or Life Option Beneficiary

To change your option or to name a new beneficiary for a lifetime option benefit, you must complete and submit the *Application to Modify Option and/or Life Option Beneficiary* form.

You'll also need to provide documents that prove the qualifying event took place and to confirm your new beneficiary's age. Be sure to write your Social Security number or CalPERS ID on each document submitted.

- For a beneficiary's death, a copy of the certified death certificate is required.
- For a marriage, a copy of your certified marriage certificate is required. (If your new beneficiary's name on the marriage certificate is different from the name on their birth certificate, documents establishing name continuity may be required.)
- For a domestic partnership, a copy of the Declaration of Domestic Partnership issued by the California Secretary of State, or other document confirming the legal registration or establishment of a domestic partnership, is required.
- For a termination of domestic partnership, a copy of the Legal Termination of Domestic Partnership or a copy of the "endorsed-filed" judgment of dissolution or legal separation, and the entire text of any settlement agreement or other court order that divides the community property, are required.
- For a divorce or legal separation of marriage, a copy of the "endorsed-filed" judgment and the entire text of any marital settlement agreement or other court order that divides the community property are required.
- For an annulment of marriage or dissolution of domestic partnership, a copy of the "endorsed-filed" judgment is required.
- If you name a new beneficiary to receive a monthly benefit, a copy of the new beneficiary's birth certificate is required. If it is not available, contact CalPERS for a list of other documents that are acceptable for verification of your new beneficiary's birth date.

Within 60 days after CalPERS has received your application and the necessary documentation, we will mail you the *Modification of Original Election at Retirement* document with your recalculated retirement allowance choices. The election document must be returned to us by the date indicated. If not, CalPERS will cancel your request to change your option.

### Your Important Documents

You should never send the original of your personal documents, such as a marriage or death certificate. Only send copies and keep the originals for your records.

### **Your Health Coverage**

If you have CalPERS health insurance, you must immediately notify us if you divorce, terminate your domestic partnership, or suffer the death of a spouse, domestic partner or other dependent.

Failure to make timely notification can result in incorrect premium deductions from your monthly benefit.

### **Effective Date for Your Retirement Option Change**

If you make an election to change your option **within** 12 months of the qualifying event, the effective date is the first day of the month following our receipt of your completed election document. You and your new beneficiary must be alive on the effective date.

If you make an election to change your option **more than** 12 months after the qualifying event, the change will not be effective until 12 months after the election is made. You and your beneficiary must be alive on the **deferred** election effective date.

### **Insurance Coverage for Your New Spouse or Domestic Partner**

When considering a change to your retirement option, remember that continuation of health or dental insurance coverage for a new spouse or domestic partner depends on your election of an option that provides them with a monthly benefit, and their enrollment as a dependent in your plan at the time of your death.

To add new family members to your health plan, use the CalPERS *Health Benefits Plan Enrollment for Retirees* which you can find on our website or you can contact us for a copy.



# Application to Modify Option and/or Life Option Beneficiary

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

Name of Participant (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
---	--------------------------------------

## Section 1

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or the endorsed-filed court order with this application.

### Qualifying Events for Modification

You can change your benefit option or life option beneficiary only if one of the following events occurs. Indicate the event that applies.

- Death of current life option beneficiary (submit a copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name)	Date of Death (mm/dd/yyyy)
---	----------------------------

- Marriage (submit a copy of marriage certificate)

Name of Spouse (First Name, Middle Initial, Last Name)	Date of Marriage (mm/dd/yyyy)
--	-------------------------------

- Establishment of domestic partnership (submit a copy of certificate of domestic partnership)

Name of Domestic Partner (First Name, Middle Initial, Last Name)	Date Registered (mm/dd/yyyy)
--	------------------------------

- Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (submit a copy of the endorsed-filed court order)

<input type="checkbox"/> divorce	<input type="checkbox"/> annulment	<input type="checkbox"/> legal separation	Date Effective (mm/dd/yyyy)
----------------------------------	------------------------------------	---	-----------------------------

- Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order)

Date Effective (mm/dd/yyyy)

## Section 2

Complete new beneficiary information and submit a copy of their birth certificate.

### New Beneficiary Information

If you were required by court order at the time of retirement to designate your former spouse or former legally recognized domestic partner as a Community Property Option 4 beneficiary, complete Section 4 only. Do not complete Sections 2 and 3.

Name of New Beneficiary (First Name, Middle Initial, Last Name)	Social Security Number or CalPERS ID
---	--------------------------------------

Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female Gender	Relationship to You
-------------------------	---	---------------------

Address

City	State	ZIP	Country
------	-------	-----	---------

This form continues on page 2.

Put your name and Social Security number or CalPERS ID at the top of every page

Name of Participant	Social Security Number or CalPERS ID
---------------------	--------------------------------------

**Section 3**

We will provide Options 1, 2, 2W, 3, and 3W. If these do not meet your needs, you can request one of the approved Option 4 types shown.

If you want your beneficiaries to receive an equal share of your benefits, do not specify a dollar or percentage of the benefit.

**Option 4 Types**

You must first review CalPERS publication *Retirement Option 4*.

- Option 2W & Option 1 Combined  Option 3W & Option 1 Combined
- Specific Percentage to Beneficiary \_\_\_\_\_ %  Specific Dollar Amount to Beneficiary \$ \_\_\_\_\_  
Percentage Amount
- Reduced Allowance for Fixed Period of Time:  
 Reduce my Allowance by \$ \_\_\_\_\_ or \_\_\_\_\_ % through the end of \_\_\_\_\_  
Dollar Amount Percentage Date (mm/yyyy)

Multiple Lifetime Beneficiaries

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Gender</small>	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Gender</small>	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

Name (First Name, Middle Initial, Last Name)		Social Security Number or CalPERS ID	
Birth Date (mm/dd/yyyy)	<input type="checkbox"/> Male <input type="checkbox"/> Female <small>Gender</small>	Relationship to You	Dollar/Percent of Benefit
Address			
City	State	ZIP	Country

- Reduced Allowance Upon Death of Retiree or Beneficiary \$ \_\_\_\_\_  
Reduction Amount

Put your name and Social Security number or CalPERS ID at the top of every page

\_\_\_\_\_  
Name of Participant Social Security Number or CalPERS ID

**Section 4**

**Option 4: Court-Ordered Community Property**

These options apply to Option 4, Court-Ordered Community Property only.

- Option 4/1 – To complete this option choice, you must also fill out the new beneficiary information below.
- Option 4/2W – To complete this option choice, you must also fill out the new beneficiary information below.
- Option 4/3W – To complete this option choice, you must also fill out the new beneficiary information below.

Complete new beneficiary information and submit a copy of their birth certificate.

\_\_\_\_\_  
Name (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

\_\_\_\_\_  
Birth Date (mm/dd/yyyy)  Male  Female Relationship to You

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP Country

**Section 5**

**Survivor Continuance**

If your spouse or domestic partner is your eligible survivor, you must submit a copy of your marriage certificate or certificate of domestic partnership.

I currently have an eligible survivor who may be entitled to the Survivor Continuance benefit.

\_\_\_\_\_  
Name of Survivor (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

\_\_\_\_\_  
Birth Date (mm/dd/yyyy) Relationship to You Date of Marriage or Domestic Partnership (mm/dd/yyyy)

**Section 6**

**Certification of Participant**

I understand that this form is a request for an election form to modify my option and name a new beneficiary(ies). I further understand that my new option/beneficiary change will not be processed until the properly completed election form is submitted to CalPERS. I hereby certify under penalty of perjury that the foregoing information is true and correct.

\_\_\_\_\_  
Signature of Participant Date (mm/dd/yyyy)

( ) ( )  
Home Phone Number Business Phone Number

**Mail to:** CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

## REQUESTING AN OPTION 2 OR 3 POP-UP INCREASE

### Eligibility

If you elected the Option 2 or 3 benefit on or after January 1, 1990, your benefit can increase to a higher benefit if one of the following events occurs.

- Your beneficiary dies.
- Your Option 2 or Option 3 beneficiary is your spouse or domestic partner and you obtain a dissolution of marriage or domestic partnership, annulment, legally separate, or terminate your domestic partnership, and you provide CalPERS with a copy of the judgment that awards you the entire community property interest in your benefits.
- Your non-spouse or non-domestic partner beneficiary waives entitlement to the Option 2 or Option 3 benefit by completing a *Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits* form. You must check the box in Section 3 on the *Request for Option 2 or 3 Pop-Up Increase* form to have the disclaimer form mailed for you.

Generally, the Option 2 and 3 elected prior to January 1, 1990, provided for a lifetime reduction. However, if one of the three events listed above occurred less than 10 years after your retirement date, your benefit can be increased to an actuarial equivalent of the Unmodified Allowance. If one of the events occurred more than 10 years after your retirement date, you are not entitled to an increase.

To request an increase, complete and submit the *Request for Option 2 or 3 Pop-Up Increase* form.

### Pop-Up Effective Date

#### Beneficiary Death

Your benefit will increase effective the first of the month following your beneficiary's month of death.

#### Dissolution, Annulment, Legal Separation, or Termination of Marriage or Domestic Partnership

Your benefit will be increased effective the first day of the month following our receipt of the legal documentation awarding you total interest in your CalPERS benefit regardless of the effective date of the event.

#### Non-Spouse or Non-Domestic Partner Beneficiary Disclaimer

Your beneficiary must sign a *Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits* form that you can request from CalPERS. The signature must be notarized and returned to us for approval.

Within 60 days after CalPERS has received your application and the necessary documentation, your retirement allowance will be adjusted to reflect the increase in benefit.

#### Non-Member

You do not need to be awarded total interest in your CalPERS benefit to request a Pop-Up increase.

#### Need More Help?

If you have questions or need further information about changing your beneficiary or monthly benefit, please contact us at 888 CalPERS (or 888-225-7377).





# Request for Option 2 or 3 Pop-Up Increase

888 CalPERS (or 888-225-7377) • TTY: (877) 249-7442

## Section 1

Provide your full name and address and your current beneficiary information.

### Participant & Beneficiary Information

Name of Participant (First Name, Middle Initial, Last Name) Social Security Number or CalPERS ID

Address

City State ZIP

### Current Option 2 or 3 Beneficiary

Name of Beneficiary (First Name, Middle Initial, Last Name)

Relationship to You Date of Retirement (mm/dd/yyyy)

## Section 2

Please submit a copy of appropriate legal document, such as certified death certificate, marriage certificate, certificate of domestic partnership, or endorsed-filed court order with this application.

### Qualifying Events

Eligibility for Option 2 or 3 "Pop-Up" increase is based on one of the following events.

Indicate the event that applies.

Death of current life option beneficiary (provide copy of the certified death certificate)

Name of Beneficiary (First Name, Middle Initial, Last Name) Date of Death (mm/dd/yyyy)

Divorce, annulment, or legal separation from spouse or ex-spouse who is your life option beneficiary (provide copy of the endorsed-filed court order).

divorce  annulment  legal separation

Dissolution or termination of domestic partnership from domestic partner or ex-domestic partner who is your life option beneficiary (submit a copy of the endorsed-filed court order).

Date Effective (mm/dd/yyyy)

## Section 3

### Disclaimer of Benefit Request

Check here to have CalPERS send you a **Non-Spouse or Non-Domestic Partner Disclaimer of CalPERS Benefits** form. Your non-spouse or non-domestic partner beneficiary can voluntarily disclaim entitlement to your option benefit. The form must be returned to CalPERS with your beneficiary's notarized signature and be approved by CalPERS before your monthly benefit amount is increased.

## Section 4

### Certification of Participant

I hereby certify under penalty of perjury that the foregoing information is true and correct.

Signature of Participant Date (mm/dd/yyyy)

Daytime Phone Evening Phone

## Mail to:

CalPERS Benefit Services Division • P.O. Box 942711, Sacramento, California 94229-2711

## BECOME A MORE INFORMED MEMBER

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for information on all our benefits and services.

### my|CalPERS

Log in at [my.calpers.ca.gov](http://my.calpers.ca.gov) to access real-time details and balances of your CalPERS accounts. With my|CalPERS you can:

- View, print, and save current and past statements.
- View and update your contact information.
- Select mailing preferences for your statements and newsletters.
- Confirm which dependents are covered on your health plan and what health plans are available in your area.
- Estimate your future retirement benefit and save the estimates to view later.
- Send and receive secure messages.
- Order and download free publications.
- Send account information to third parties, such as banks.
- Search for medical premium rates.
- Apply for service retirement.
- Change your beneficiary designation.

### CalPERS Education Center

Whether you're in the early stages of your career or getting ready to retire, visit the CalPERS Education Center in my|CalPERS to:

- Take online classes that help you make important decisions about your CalPERS benefits and your future.
- Register for instructor-led classes at a location near you.
- Download class materials and access information about your current and past classes.
- Schedule a one-on-one appointment with a representative at your nearest CalPERS Regional Office.

### Connect With Us Through Social Media

Follow us on Twitter: [www.twitter.com/CalPERS](http://www.twitter.com/CalPERS)

Like us on Facebook: [www.facebook.com/myCalPERS](http://www.facebook.com/myCalPERS)

Follow us on Google+: [www.calpers.ca.gov/googleplus](http://www.calpers.ca.gov/googleplus)

View videos on YouTube: [www.youtube.com/CalPERSNetwork](http://www.youtube.com/CalPERSNetwork)

### Reach Us by Phone

Call us toll free at 888 CalPERS (or 888-225-7377).

Monday through Friday, 8:00 a.m. to 5:00 p.m.

TTY: (877) 249-7442

## **Visit Your Nearest CalPERS Regional Office**

**Fresno Regional Office**  
10 River Park Place East, Suite 230  
Fresno, CA 93720

**Glendale Regional Office**  
Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

**Orange Regional Office**  
500 North State College Boulevard, Suite 750  
Orange, CA 92868

**Sacramento Regional Office**  
Lincoln Plaza East  
400 Q Street, Room E1820  
Sacramento, CA 95811

**San Bernardino Regional Office**  
650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

**San Diego Regional Office**  
7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

**San Jose Regional Office**  
181 Metro Drive, Suite 520  
San Jose, CA 95110

**Walnut Creek Regional Office**  
Pacific Plaza  
1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597

**Visit the CalPERS website for directions to your local office.**  
Regional Office hours are Monday through Friday, 8:00 a.m. to 5:00 p.m.

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act of 1974 require the California Public Employees' Retirement System (CalPERS) to provide the following information to individuals who are asked to supply information to CalPERS. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to entities including, but not limited to, State and public agency employers, State Attorney General, Office of the State Controller, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, county district attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who perform services on behalf of CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning CalPERS information practices, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.*

NOTES

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NOTES

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**California Public Employees' Retirement System**


400 Q Street  
P.O. Box 942701  
Sacramento, CA 94229-2701

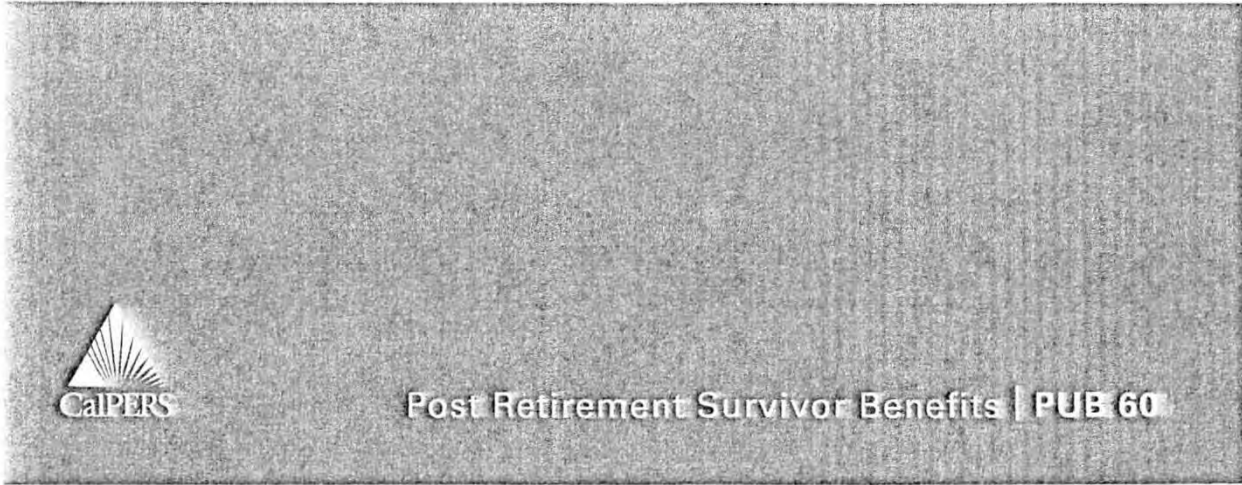
**888 CalPERS (or 888-225-7377)**

**[www.calpers.ca.gov](http://www.calpers.ca.gov)**

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## INTRODUCTION

It is a sad and difficult time whenever a family member passes away. While there is no way to replace or adequately compensate for the loss of a loved one, you will be comforted in knowing that relatives and beneficiaries of deceased CalPERS members may be entitled to survivor benefits.

This booklet contains information about the types of CalPERS survivor benefits that may be payable and who is entitled to receive the benefits after the death of a CalPERS member.

Please take a few moments to review the information in this booklet and the accompanying cover letter to determine what type of CalPERS survivor benefits to which you or a family member may be entitled.

In order to receive survivor benefits, you must apply. Once CalPERS receives a completed application along with all the required supporting documents, such as a death certificate and tax forms, we will process the application.

If your application is approved, payment of eligible benefits usually begins within 45 days after we receive your application and all the supporting documents.

### Questions/Help?

If you have additional questions about CalPERS survivor benefits or need assistance with filling out the application forms, please visit the CalPERS website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or call CalPERS at 888 CalPERS (or 888-225-7377).

### Domestic Partner

A legally recognized domestic partner has the same legal rights and duties as a spouse under California law. That means a domestic partner of a CalPERS member has the same right to a CalPERS benefit as a spouse of a member.

## BENEFIT OPTIONS

The benefits payable to a retired CalPERS member's beneficiary depend on the retirement benefit option the member elected at retirement, the member's marital status or legal domestic partnership status, and the benefits provided by the member's former employers. Because several factors affect the benefits, it is not possible to determine specifically what benefits are payable in your case until the retiree's file and the information submitted on the *Application for Retired-Member/Payee Survivor Benefits* form are reviewed.

### Prorated Allowance

A retiree's monthly benefit payment stops on the date of the member's death. A final payment will be made, which is prorated for the number of days the member lived during the month of death.

Retirement benefits are paid on the first of each month and can include two types of payments. First is the regular monthly benefit allowance, which is payment for the preceding month. Second, the monthly payment may also include a Purchasing Power Protection Allowance (PPPA), which is paid in advance for the coming month. **The PPPA amount is not included in the amount used to calculate the prorated monthly retirement allowance.**

For example, if the date of death is May 25, the prorated allowance will be  $\frac{25}{31}$  of the regular monthly retirement benefit payable on June 1.

You can refer to the retiree's last benefit warrant to determine the amount of their regular monthly retirement benefit.

### One-Time Payments

#### Retired Death Benefit

The State retiree death benefit is \$2,000. The school retiree benefit is a *minimum* of \$2,000. For other employers, the benefit is a minimum of \$500. Schools and public agencies may contract with CalPERS for higher amounts. All Retired Death Benefit amounts are subject to change with legislation.

If the retiree had service with more than one employer, the highest amount contracted for by any of the member's employers will be paid.

If the retiree worked under another California public retirement system after leaving CalPERS-covered employment, a similar benefit will be paid by the other retirement system, and CalPERS will not pay the Retired Death Benefit.

#### **Option 1 Balance**

If the retiree elected Option 1 at retirement, upon death, any unused member contributions in the member's account will be paid to the member's beneficiary in a lump sum. Option 1 does not provide a continuing allowance to a beneficiary. In most cases, member contributions are depleted in 10 to 12 years after retirement.

#### **Temporary Annuity**

If the retiree elected to receive a Temporary Annuity until a specific age and died before receiving all those monthly payments, the balance will be paid to the beneficiary in a lump sum.

#### **Monthly Benefits**

##### **Option 2 or 2W**

If the retiree chose either of these options, the member took a reduction to name a specific person to receive a lifetime benefit equal to the retiree's benefit. However, if the Survivor Continuation benefit is payable to another person, the combined total of the two benefits will equal the monthly amount received by the retiree. For example, a child may be named as the Option 2 beneficiary, while the spouse qualifies for Survivor Continuation.

##### **Option 3 or 3W**

If the retiree chose one of these options, the member took a lesser reduction to name a specific person to receive a lifetime benefit equal to ½ the retiree's benefit. If the Survivor Continuation benefit is payable, the total amount paid may be somewhat higher than ½ the retiree's benefit. If someone other than the designated beneficiary is the eligible survivor, the beneficiary's payment will not include the Survivor Continuation. For example, a child may be named as the Option 3W beneficiary, while the spouse qualifies for Survivor Continuation.

##### **Option 4**

This retirement option is customized for each retiree. You must contact CalPERS for more information if the retiree chose this option.

#### **Beneficiary**

A person designated to receive a benefit after the death of a member or other benefit recipient. (Also, see survivor, which has a different definition, although a beneficiary and survivor may be the same person.)

#### **Survivor**

A family member defined in the law as eligible to receive the Survivor Continuation benefit upon a member's death.

## COBRA

The Consolidated Omnibus Budget Reconciliation Act is federal legislation that allows you or a family member to continue your health plan enrollment when coverage is lost. A loss of coverage could result from the marriage of a dependent, a dependent reaching age 23, divorce, legal separation, or when the dependent covered on the health plan will not be receiving an ongoing monthly benefit.

### Survivor Continuance

This benefit may be payable if the retiree's former employer contracted to provide it. Survivor Continuance is an employer-paid monthly benefit that is either  $\frac{1}{2}$  or  $\frac{1}{4}$  of the unmodified benefit the retiree could have received. If the retiree was not covered by Social Security while working, the Survivor Continuance is  $\frac{1}{2}$ . If the retiree was covered by Social Security, the benefit is  $\frac{1}{4}$ . If the retiree was covered by Social Security during part of the time the person worked as a CalPERS member, the Survivor Continuance benefit will be between  $\frac{1}{4}$  and  $\frac{1}{2}$  of the retiree's unmodified benefit.

### Purchasing Power Protection Allowance (PPPA)

The PPPA is a supplementary cost-of-living benefit provided to retirees when the purchasing power of their benefits falls below minimum levels established by law. If the retiree was receiving a monthly PPPA payment as a result of service with their former employer, and the beneficiary is entitled to a monthly benefit, the beneficiary will typically receive a PPPA payment. In most cases, the beneficiary's PPPA amount will be proportionate to the percentage of the monthly benefit being paid.

### Health and Dental Insurance Benefits

If a beneficiary is a surviving spouse, registered domestic partner or child, is eligible for a monthly death benefit, and was a covered dependent in the retiree's health plan, the beneficiary's health coverage will automatically continue.

If a beneficiary was covered in the retiree's health plan but is not entitled to a monthly death benefit, CalPERS will send the beneficiary information on how to enroll in COBRA for insurance continuation. COBRA (Consolidated Omnibus Budget Reconciliation Act) allows a beneficiary to directly pay premiums for specified periods to temporarily maintain lost health coverage.

Surviving family members not enrolled in the retiree's health plan may be eligible to enroll within 60 days of the retiree's death, or during any Open Enrollment period if they are receiving a monthly benefit. Contact CalPERS for more information.

## DETERMINING BENEFICIARY STATUS

### Beneficiary for One-Time Payments

The beneficiary designation for one-time (lump-sum) benefits is made at retirement; however, it can be changed at any time by filing a new beneficiary designation.

If any of the following events occur after the deceased member filed a beneficiary designation, the designation is automatically revoked:

- marriage or registration of domestic partnership;
- dissolution or annulment of marriage or dissolution of domestic partnership (however, a designation filed after the initiation of a dissolution of marriage/partnership or annulment is **not** revoked when the dissolution or annulment is finalized);
- birth or adoption of a child.

If there is no valid beneficiary designation in effect at the time of death, the lump-sum death benefits are payable to the beneficiary designated by law, in this order:

- spouse or domestic partner legally recognized in California, or if none;
- children (including adopted children), or if none;
- parents, or if none;
- brothers and sisters, or if none;
- the probated estate, or if not probated;
- the trust, or if none;
- stepchildren, or if none;
- grandchildren (including step-grandchildren), or if none;
- nieces and nephews, or if none;
- great-grandchildren, or if none;
- cousins.

If no beneficiary can be located, the benefit may be claimed by the person who paid the funeral expenses.

### Beneficiary for Monthly Allowances

If the member's retirement election form (or a subsequent election form) indicates an election of Option 2, 2W, 3, 3W, or 4, the beneficiary may be entitled to a monthly allowance.

### Recipient of Survivor Continuance

This benefit is generally payable to a surviving spouse who was married to the member at least one year prior to the retirement date and continuously to the date of death or a domestic partner in a partnership legally recognized in California at least one year prior to the retirement date and continuously to the date of death. However, this requirement may be waived for some members with a CalPERS disability retirement effective January 1, 1989, or later. In this case, the marriage or establishment of domestic partnership can be anytime before retirement and be continuous to the date of death.

If there is no surviving eligible spouse or domestic partner, the allowance may be payable to unmarried children under age 18. Their Survivor Continuance is payable until they reach age 18, marry, or enter into a registered domestic partnership. The allowance may also be payable to an unmarried disabled child if the disability occurred prior to age 18 and continued without interruption to the retiree's death. The disability must make the unmarried child incapable of self-support and unable to be gainfully employed. If more than one child is entitled, the benefit will be divided equally.

If no spouse, domestic partner, or children are eligible for this benefit, it may be paid to a surviving parent who was dependent on the retiree for at least ½ of their support. If you believe a parent may be entitled to this benefit, contact CalPERS for additional information.

## APPLYING FOR BENEFITS

The person entitled to the benefits should complete the *Application for Retired-Member/Payee Survivor Benefits* form. If there is a group of beneficiaries and the benefits will be more than \$100, CalPERS will send claim forms to the other group members.

### Spouse or Domestic Partner Entitlement to a Monthly Benefit

It may be possible for CalPERS to begin payments to an eligible spouse or domestic partner before the completed application and death certificate are received. If adequate information about the spouse or domestic partner was obtained when the death was reported, CalPERS will review our records as quickly as possible and determine if the spouse or domestic partner qualifies for automatic continuation of the benefit. However, if the application and death certificate are not received within 30 days, the monthly benefit will be suspended.

If CalPERS tells you not to return benefit warrants issued after the retiree's date of death, any overpaid amount will be deducted from future benefits. Otherwise, you must return or reimburse us for any warrants issued after the date of death. Do not return warrants to the State Controller's Office. The warrants must be returned to CalPERS. If the warrants were cashed, submit a personal check or money order made payable to CalPERS.

If the benefit warrants were deposited directly into a bank account, you should contact the bank first to ensure that they have not already returned the payments to CalPERS at our request. (You will receive a copy of this request letter if we requested return of funds from the bank.) The reimbursement payment should be identified as "Death-Overpayment" and include the member's name and Social Security number or CalPERS ID. Payment should be returned with the completed application and other applicable forms described in this publication.

### Label All Forms

Be sure to include the deceased's Social Security number or CalPERS ID on all forms, documents and checks submitted to CalPERS.

### CalPERS ID

If you do not know the CalPERS ID (a 10-digit identification number) of the deceased, please use their Social Security number. You do not need to contact CalPERS.



### Label All Documents

Please clearly write the decedent's name and Social Security number or CalPERS ID (a 10-digit identification number) on the top right-hand corner of each photocopied document.

### Important!

Be sure to include a photocopy of the death certificate with your application.

### Send Photocopies, ~~Not~~ Original Documents

CalPERS cannot return original documents. If you send originals, they will be destroyed. Please send photocopies of documents only.

## Submitting an Application

To submit an application for survivor benefits, you must complete these forms:

- *Application for Retired-Member/Payee Survivor Benefits* (required)
- *Tax Withholding Election for Survivor Benefits Including Benefits Eligible for Rollover* (required)
- *Statement of Citizenship/Federal Tax Withholding Election* (required)

Step-by-step instructions for each form are included in this publication.

The forms are enclosed.

## Additional Documents Required

The following photocopied documents should be submitted with your claim:

- a photocopy of the death certificate (required)
- court order (if the estate requires probate) or
- a copy of the retiree's Last Will and Testament (only if the estate is a designated beneficiary but is not subject to probate).

Please send photocopies of documents only. Do not send originals as they will be destroyed.

## FILLING OUT THE APPLICATION

### Application for Retired-Member/Survivor Benefits

Read the instructions and questions carefully before completing the application. Any information you provide should be based on personal knowledge.

- Complete the Signature section at the top certifying that the information you are providing is correct. Payment cannot be processed without this certification. Enter your full name as it appears on your Social Security card. **Your signature on this document is made under penalty of perjury under the laws of the State of California.**
- Complete Section 1 to the best of your ability. If the deceased payee's estate requires probate, if the payee had a trust, or there is a surviving spouse, legal domestic partner, or children, you do not need to complete the rest of the form.
- Section 2 asks about surviving parents if there is no spouse, legal domestic partner, or children. If there is a surviving parent(s), you do not need to complete the rest of the form.
- Section 3 asks about surviving next of kin if there is no spouse, legal domestic partner, children, or parents. The questions should be answered in order. Once you have answered "yes" to any of these questions and provided the name, address, and any other requested information in Section 4, "Other Next of Kin," you do not need to complete the rest of the form.
- Provide as much information as possible about the next of kin. This information will help us determine who is entitled to the benefits. If there is not enough space to enter all the names and addresses, attach a separate sheet of paper or use Section 4. Be sure to clearly write the payee's Social Security number or CalPERS ID and name on any attachments.
- If you answered "No" to all next-of-kin questions, you must indicate who paid the funeral expenses.

### Retiree's Spouse or Children

Be sure to provide as much information as possible about the retiree's spouse or children. Indicate "don't know" if you cannot answer a question.

### Questions?

If you have questions or need assistance with filling out your application, please call CalPERS toll-free at **888 CalPERS (or 888-225-7377)** Monday through Friday, 8 a.m. to 5 p.m. Or, you can call during non-business hours and leave a message.

### EIN Number required for Estates and Trusts

If the Probated Estate or Trust does not have an EIN number, you can obtain one instantly (and free) at [www.irs.gov](http://www.irs.gov). Complete Form SS-4 on line and the number will be provided instantly. Or call the IRS at 1-800-829-4933.

### Obtaining an Individual Taxpayer Identification Number

You can obtain Form W-7 at the United States Internal Revenue Service (IRS) website, [www.irs.gov](http://www.irs.gov). Complete the form and submit it to the IRS.

## TAX FORM INFORMATION

*Please read the following information carefully before completing the form.*

### Statement of Benefits Paid and Withholding

Every January, CalPERS sends each beneficiary a statement showing the gross amount of benefits paid during the previous calendar year and the amount of income tax withheld, if any. Most payments are reported to the Internal Revenue Service (IRS) and the California Franchise Tax Board. Questions about the taxability of benefits should be directed to these agencies or your tax advisor.

### Taxpayer Identification Number

The IRS requires recipients of reportable payments to furnish Taxpayer Identification Numbers (TINS). You must provide your Social Security number (or Employer ID number, if a trust or organization), even if you are not required to file a tax return. We will not be able to make payment to a Trust or probated estate without a Trust or Estate Tax ID number.

### Notice of Possible Penalties

If you do not have federal tax and/or California State tax withheld, or if you do not have enough withheld, you may have to pay estimated tax. You may also incur penalties. See IRS publication 505, *Tax Withholding and Estimated Tax*, for additional information.

### Changing a Tax Withholding Election

Once you file a tax withholding election for a monthly benefit, it will remain in effect until you revoke it. To change your tax withholding election, send a completed *Federal/State Withholding Election* form to CalPERS. To obtain a copy of this form, call CalPERS at 888 CalPERS (or 888-225-7377). The form is also available on the Internet at [www.calpers.ca.gov](http://www.calpers.ca.gov).

### Foreign Residency

If you are a resident or citizen of a country other than the United States, disregard the tax form and complete the *Statement of Citizenship/Federal Tax Withholding Election* form instead. You must complete this form before CalPERS can pay benefits. You must have a U.S. Social Security Number (SSN) or IRS-assigned Individual Taxpayer Identification Number (ITIN) before we can make payment to you. If you are a United States citizen living in another country, you must complete both the tax election form and the *Statement of Citizenship/Federal Tax Withholding Election* form.

## FILLING OUT TAX FORMS

### Monthly and/or Prorated Payments (Section 1)

Complete Section 1 to indicate your federal and California State tax withholding elections for both monthly and prorated benefit payments.

Federal tax will be withheld based on the tax rate of a married person claiming three exemptions unless you elect no withholding or select a different marital status or number of exemptions. If no election is submitted and the rate of married with three exemptions is used, no federal tax will be withheld if the gross monthly payment is less than the IRS minimum level.

If you are a California resident, CalPERS will automatically withhold State tax based on the tax rate of a married person claiming three exemptions, unless you elect no withholding, have a flat amount withheld, or select a different marital status or number of exemptions. If no election for State withholding is submitted and the rate of married with three exemptions is used, no State tax will be withheld if the gross monthly payment is less than the Franchise Tax Board minimum level.

If you do not live in California, State tax will not be withheld unless you make an election for State withholding. If you are unsure whether you will be subject to California State taxes, contact the California Franchise Tax Board or seek the advice of a qualified tax consultant.

### One-Time Payments (Sections 2 and 3)

#### Option 1, Temporary Annuity, and/or Retired Death Benefit

Indicate your federal and California State tax withholding elections for these payments in Section 2 and Section 3. You may elect different withholding or rollover options for the Retired Death Benefit payment than for the Option 1 and Temporary Annuity payments.

Death benefits may be non-taxable, partially taxable, or fully taxable. Any taxable portion of the benefit will be subject to 20 percent federal withholding unless rolled over into an IRA. The non-taxable portion of the distribution is not eligible for rollover. That portion will be paid with no taxes deducted and will be reported to the tax authorities as a non-taxable benefit.

Special tax rules apply to eligible rollover distributions. Consult a tax advisor before making your tax election for these benefits.

#### Spouse or Ex-spouse Awarded a Community Property Interest

Complete the enclosed tax election form. Federal law allows a spouse or ex-spouse awarded the Community Property Interest of a benefit, the right to roll the taxable portion of any lump-sum benefit into a "qualified IRA" or an "Inherited IRA" account.

### Important

Please consider your election carefully. Once payment has been issued, you cannot make a change. Your decision is final once payment has been made.

Federal law provides that non-spouse beneficiaries are also subject to mandatory 20 percent withholding on the taxable portion of the benefit unless rolled into an IRA established on your behalf that will be treated as an "Inherited IRA" pursuant to the provision of IRC §402(c)(11).

"Non-spouse beneficiaries" are non-spouse beneficiaries designated by the member or designated by the plan under the Government Code. Generally, this includes all non-spouse beneficiaries except the decedent's estate, a designated corporation or non-profit organization or entitlement established under Probate Code section 13100.

If CalPERS determines that you do not have the right to roll the taxable portion into an IRA, we will send a special tax form at that time.

### Working with a Form

Be sure to read the instructions and questions carefully before completing any of the forms.

#### Domestic Partner Non-spouse Beneficiaries

Complete the enclosed tax election form. At this time Federal law does not recognize a domestic partner as a spouse for Federal tax purposes.

If you are a California resident, CalPERS will automatically withhold 3 percent from the taxable portion of any one-time benefit payments for State taxes unless you elect not to have tax withheld.

If you do not live in California, State tax will not be withheld unless you make an election for State withholding. If you are unsure whether you will be subject to California State taxes, contact the California Franchise Tax Board or seek the advice of a qualified tax consultant.

#### Tax Election Declaration (Section 4)

Be sure to sign and date the form and provide your Social Security number or taxpayer identification number in Section 4.

#### Statement of Citizenship/Federal Tax Withholding Election

All beneficiaries must complete this form before payment can be made.

For tax purposes, an alien is a person who is not a United States citizen and either lives outside the United States (nonresident alien) or lives in the United States and meets either the "green card" test or the "substantial presence" test (resident alien). For tax withholding purposes, resident aliens are generally treated the same as United States citizens. For detailed information, contact the IRS.

Generally, a foreign payee has to pay federal tax on their U.S. source income at the rate of 30 percent. A reduced rate, including an exemption, may apply if there is a tax treaty between the foreign payee's country of residence and the United States. CalPERS can make payment to you only if you provide a U.S. Taxpayer Identification Number.

- In Section 1, provide your name and your U.S. Taxpayer Identification Number, which can be either a Social Security number (SSN) or a Foreign Taxpayer Identifying Number (ITIN). To apply for an ITIN, file form W-7 with the IRS. Please do not return the tax form until your number has been issued and entered on the form.
- If you marked the box stating you are a citizen and resident of the U.S., you may skip Sections 2 and 3.
- Complete Section 2 if you are a resident alien.
- Complete Section 3 if you are a nonresident alien.
- It is mandatory that you sign and date the form in Section 4.

## HOW TO GET MORE INFORMATION

### CalPERS On-Line

Visit our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) for more information on all our benefits and services.

### Reach Us by Phone

Call us toll free at 888 CalPERS (or 888-225-7377).  
Monday through Friday, 8:00 a.m. to 5:00 p.m.  
TTY: (877) 249-7442

### Visit Your Nearest CalPERS Regional Office

**Fresno Regional Office**  
10 River Park Place East, Suite 230  
Fresno, CA 93720

**Glendale Regional Office**  
Glendale Plaza  
655 North Central Avenue, Suite 1400  
Glendale, CA 91203

**Orange Regional Office**  
500 North State College Boulevard, Suite 750  
Orange, CA 92868

**Sacramento Regional Office**  
Lincoln Plaza East  
400 Q Street, Room 1820  
Sacramento, CA 95811

**San Bernardino Regional Office**  
650 East Hospitality Lane, Suite 330  
San Bernardino, CA 92408

**San Diego Regional Office**  
7676 Hazard Center Drive, Suite 350  
San Diego, CA 92108

**San Jose Regional Office**  
181 Metro Drive, Suite 520  
San Jose, CA 95110

**Walnut Creek Regional Office**  
Pacific Plaza  
1340 Treat Boulevard, Suite 200  
Walnut Creek, CA 94597

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act of 1974 require the California Public Employees' Retirement System (CalPERS) to provide the following information to individuals who are asked to supply information to CalPERS. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the CalPERS Board's duties under the California Public Employees' Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its function regarding your status and eligibility for benefits. Portions of this information may be transferred to entities including, but not limited to, State and public agency employers, State Attorney General, Office of the State Controller, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, county district attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who perform services on behalf of CalPERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership file maintained by the System. For questions concerning CalPERS information practices, please contact the Information Practices Act Coordinator, CalPERS, 400 Q Street, P.O. Box 942702, Sacramento, CA 94229-2702.

*While reading this material, remember that we are governed by the Public Employees' Retirement Law and the Alternate Retirement Program provisions in the Government Code, together referred to as the Retirement Law. The statements in this publication are general. The Retirement Law is complex and subject to change. If there is a conflict between the law and this publication, any decisions will be based on the law and not this publication. If you have a question that is not answered by this general description, you may make a written request for advice regarding your specific situation directly to CalPERS.*

California Public Employees' Retirement System  
400 O Street  
Sacramento, California 95811

888 CalPERS (or 888-225-7377)  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

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ID	last 2	Name	Date Rece	Date Assigned	Staff Assigned	Date sent for Checking	Date letter	MOLOB effective date
	88	Grantland	8/7/2014	9/11/2014		9/12/2014		

PENBAD 800-631-6969  
STATE'S EXHIBIT  
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Member elected (Y/N)	Staff Assigned	Date Assigned	Date sent for Checking	Date Processed	Misc Notes
				9/15/2014	member deceased

<b>RECALC OF Options</b>				
<b>Month and Year</b>	<b>Total Recalc of Options Applications Received</b>	<b>Total Members Elected</b>	<b>Total Not Elected</b>	<b>Percentage Elected</b>
8/1/2012	23	13	10	56.52%
9/1/2012	60	25	35	41.67%
11/1/2012	39	21	18	53.85%
12/1/2012	97	48	49	49.48%
2/1/2013	78	40	38	51.28%
3/1/2013	62	27	35	43.55%
5/1/2013	49	21	28	42.86%
6/1/2013	62	37	25	59.68%
7/1/2013	47	23	24	48.94%
9/1/2013	73	41	32	56.16%
10/1/2013	87	21	66	24.14%
1/1/2014	46	20	26	43.48%
<b>Total</b>	<b><u>723</u></b>	<b><u>337</u></b>	<b><u>386</u></b>	<b><u>47.63%</u></b>
				Average Recalc of Options where Members elect

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