CCCERA RETIREMENT CHECKLIST

EMP #: _____

NAME: _____

This checklist contains items for consideration and documentation that you need to provide before you retire. **Please check each item and sign the acknowledgment on page 3.**

Congratulations on this new phase of your life! Please stay in touch by signing up for email updates at *cccera.org/emailupdates*.

		Submitted for: ✓ You	Submitted for: ✓ Beneficiary
PROVIDE COPIES OF DOCUMENTS	**Social Security Card (or IRS Tax Form 1040)**		
	Birth Certificate (or Passport)		
	Marriage Certificate		
	Court Orders for Previous Marriages If you were married and divorced during your CCCERA membership please provide a copy of the court order and any attachments.		
TIER II ONLY	**Social Security Estimate** If your total retirement income is calculated using Tier II only – or – multiple tiers and one of the tiers is Tier II, you must provide CCCERA with an estimate from the Social Security Administration *before* your final benefit calculation can be completed. The estimate must include your full name and/or tax ID number and not be more than 1 year old.		
	Social Security Benefit If you have Tier II and are retiring older than the age of 65, please provide us with a copy of what your Social Security benefit was when you first started receiving it.		

		✓ You
FORMS	**Application to Retire (Form 201)** Applications cannot be accepted any earlier than 60 days prior to your date of retirement and are irrevocable after retirement date.	
	Retirement Option Election (Form 217) The Retirement Option Election must be signed and witnessed. There are five benefit amount options you could be eligible for: • **Unmodified** – No reduction to member and 60% continue to qualified surviving beneficiary. • **Option 1** – Reduced benefit for member with lump sum amount (not monthly) to surviving beneficiary. • **Option 2** – Reduced benefit for member with surviving beneficiary receiving same reduced amount. • **Option 3** – Reduced benefit for member and 50% continuance to surviving beneficiary. • **Option 4** – Reduced benefit for member with multiple surviving beneficiaries and continuance allocation determined by member. Reductions are determined by actuarial assumptions.	

EMP #: _____

FORMS

	✓ You
Tax Withholding Forms Submit your IRS Form W-4P, Withholding Certificate for Periodic Pension or Annuity Payments, and California State Form DE-4P, Withholding Certificate for Pension or Annuity Payments.	
Electronic Fund Transfer (Form 209) Submit Form 209 to have your retirement benefit directly deposited to your bank account each month.	

ACKNOWLEDGMENTS

	✓ You
Reciprocity If you have reciprocity with another retirement system(s), you will need to file an application with each individual retirement system. You must retire concurrently from each system reflecting the same retirement date.	
Additional Service Credit Purchases For information on service purchases (i.e. Leave of Absence, Time Prior to Membership (Pickup), Redeposit, Public Service), contact your retirement counselor *prior* to your date of retirement.	
Retirement Date Choosing your retirement date is a personal decision.	
Notification to Your Employer Upon Receipt of Your Retirement Application CCCERA will notify your employer of your upcoming retirement upon receipt of your application therefore do not submit your application until you are prepared for your employer to be notified. CCCERA will verify your termination date and sick leave accruals, if any, with your employer.	
Final Adjusted Calculation The final retirement benefit calculations are processed after your employer has issued your final check. Frequently, your payroll department makes lump sum payments at termination in a separate check after the last regular paycheck has been issued. If a final calculation is processed, retroactive adjustments to your monthly pension, if any, will be made.	
Notice Regarding Compensation Enhancements Causing excess compensation at the end of your career may be deemed an “enhancement” and may be excluded from your pension calculations.	
Monthly Benefit Amount Your monthly retirement allowance is based on age, final average salary, and years of retirement service (for each tier, if applicable at retirement).	
2026 Monthly Retiree Payroll Dates	

Month	Pay Date	Month	Pay Date	Month	Pay Date
January	February 2	May	June 1	September	October 1
February	March 2	June	July 1	October	November 2
March	April 1	July	August 3	November	December 1
April	May 1	August	September 1	December	January 4

EMP #: _____

		✓ You
OPTIONAL DEDUCTIONS	**Health Insurance Deductions (Optional)** Health insurance deductions will not be taken from your first check. All questions concerning eligibility, plan coverage and rates should be directed to the Contra Costa County Benefits Office at (925) 655-2100, or your employer's human resources department.	
	1st Nor Cal Credit Union Deductions (Optional) If you currently have 1st Nor Cal Credit Union deductions withheld from your check, deductions do not automatically transfer and will stop unless you sign a new authorization card.	
	AFSCME (Optional) Retiree Chapter 57; Dues are $2.00 per month and subject to change	
	CCCREA (Optional) Contra Costa County Retired Employees' Association; Dues are $3.00 per month and subject to change.	
	RSG (Optional) Retiree Support Group; Dues are $2.00 per month and subject to change.	
	DSA and Firefighter Health/Welfare Dues (Optional) DSA Dues and Firefighter Health/Welfare Dues (these can be deducted from your retirement check).	

		✓ You
SIGNATURE	**Accessibility of Records Policy** I have received a copy of CCCERA's Accessibility of Records Policy. I understand under the Public Records Act certain individual records can be disclosed to agencies or persons requesting this information.	
	Acknowledgment I understand the items addressed on this checklist. _____ _____ Signature of Member/Print Name Date	
	Return this checklist with your retirement application package.	

CCCERA USE ONLY

_____ _____
Signature of Retirement Counselor/Print Name Date

APPLICATION FOR SERVICE RETIREMENT

FORM 201
(Rev. 2026)

Purpose of the Form: Use this form to apply for service retirement.

Instructions: Complete form in blue/black ink and submit it back to CCCERA. Electronic signatures will NOT be accepted. Attach additional copies if more space is needed for additional beneficiaries. If you are designating secondary beneficiaries, attach Retiree Change of Beneficiary Designation (Form 206).

Member Information

Full Name			**Last 4 of Social Security Number**
Street or P.O. Box			**Apartment #**
City	**State**	**Zip Code**	**Date of Birth – mm/dd/yyyy**
Daytime Phone Number (with area code)	**Email Address**		**Marital Status** ☐Single ☐Married ☐Divorced ☐Widowed

Employment Information

Name of Employer	
Title of Position	**Employee #**

Bona Fide Separation Acknowledgment

The Internal Revenue Service (IRS) considers your retirement allowance an "in service" distribution if you begin collecting your retirement allowance prior to having a bona fide separation of service from your employer. The IRS and CCCERA allow "in service" distributions if you retire after attaining CCCERA Normal Retirement Age (age 50 for Legacy Safety and age 55 for Legacy General; age 57 for PEPRA Safety and age 67 for PEPRA General). However, if you are receiving an "in service" distribution and are under age **59 ½**, the IRS assesses a 10% additional tax on your retirement benefit payments under Internal Revenue Code Section 72(t).

Yes ☐ No ☐ I will have a bona fide separation from service, which means that I will separate from employment prior to retirement and,

1. I do not plan to return to work with my current employer, and
2. I have no prearrangement with my employer to return to work after retirement.

☐ I understand that if I am under CCCERA Normal Retirement Age I am not eligible to collect a retirement allowance from CCCERA unless I separate from service. If I retire and return to work within 90 days, my retirement allowance will be suspended until I have a bona fide separation from service.

☐ I understand that if I am over CCCERA Normal Retirement Age but under age **59 ½**, my retirement allowance will be subject to a 10% additional tax under Internal Revenue Code Section 72(t) until I have a bona fide separation from service or attain age **59 ½**.

Member Signature	**Date – mm/dd/yyyy**

Acknowledgments

The effective date of my retirement will be (must be after your last day in paid status):	**Date – mm/dd/yyyy**
Member Signature (required)	**Date – mm/dd/yyyy**
Adult Witness Signature (required)	**Date – mm/dd/yyyy**
Adult Witness Name (Please Print)	

Contra Costa County Employees' Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov

APPLICATION FOR SERVICE RETIREMENT

FORM 201
(Rev. 2026)

Member Information	
Full Name	**Last 4 of Social Security Number**

Beneficiary(ies) for Continuance or Return of Unused Contributions if any*

Full Name	Social Security Number or Tax ID #	Relationship to You	Benefit %
			.0%
Street or P.O. Box		**Apt. #**	**Date of Birth – mm/dd/yyyy**
City		**State**	**Zip Code**

Full Name (Multiple Beneficiaries for Option 4 Only)	Social Security Number or Tax ID #	Relationship to You	Benefit %
			.0%
Street or P.O. Box		**Apt. #**	**Date of Birth – mm/dd/yyyy**
City		**State**	**Zip Code**

Beneficiary or Beneficiaries for Lump Sum Death Benefit (if different from above) *

Full Name	Social Security Number or Tax ID #	Relationship to You	Benefit %
			.0%
Street or P.O. Box		**Apt. #**	**Date of Birth – mm/dd/yyyy**
City		**State**	**Zip Code**

Full Name	Social Security Number or Tax ID #	Relationship to You	Benefit %
			.0%
Street or P.O. Box		**Apt. #**	**Date of Birth – mm/dd/yyyy**
City		**State**	**Zip Code**

* If a beneficiary is deceased at the time of the member's passing, and no update to the beneficiary split has been provided to CCCERA, the deceased beneficiary portion will be split equally among the remaining beneficiaries or estate.

☐ I am designating secondary beneficiaries on Form 206, which is attached.

Spouse's Consent**	
Consenting Spouse Signature**	**Date – mm/dd/yyyy**

If you are not naming your spouse/registered domestic partner as 100% assigned primary beneficiary, your spouse/partner's signature is required. In addition, **your spouse must also complete a spousal waiver, which CCCERA will mail to you if necessary. If you are married or a State of California registered domestic partner, by law, your beneficiary is your spouse/domestic partner, unless you have a signed, **notarized**, spousal/domestic partner waiver on file with CCCERA.

APPLICATION FOR SERVICE RETIREMENT

FORM 201
(Rev. 2026)

Authorization for Pension Deductions	
I certify under penalty of perjury that I both agree and authorize the following: • I authorize the Contra Costa County Employees' Retirement Association to deduct from my monthly retirement allowance payment the monthly tax withholding, medical and/or dental premium costs, and membership dues as indicated by corresponding forms I submit. • I agree to inform the Contra Costa County Employees' Retirement Association of any mailing address changes for the purpose of providing me with current information regarding my pension benefits. • I also agree and understand that if I do not have enough funds in my retiree/survivor monthly retirement allowance payment to pay for medical and/or dental premiums, I will be responsible for making payments directly to ***my former employer*** to maintain program eligibility. • I understand that receiving my first pension/survivor retirement allowance payment may take several months and that I will be responsible for paying my medical and/or dental premiums incurred during that time.	
Member Signature (required)	**Date – mm/dd/yyyy**

Contra Costa County Employees' Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov

RETIREMENT OPTION ELECTION

FORM 217
(Rev. 2026)

Purpose of the form: To notify CCCERA of your retirement option election. This form is an optional form that you may complete at the time of application. If you would prefer to wait until the final calculations are completed, please so indicate on the second page.
Instructions: Choose one of the following retirement payment options; sign and date on page 2 and submit it back to CCCERA in person, via mail, fax or email. Electronic signatures are NOT accepted.

Member Information			
Full Name			**Last 4 of Social Security Number**
Street or P.O. Box		**Apartment #**	**Daytime Phone Number**
City	**State**		**Zip Code**

UNMODIFIED OPTION (Government Code Section 31760.1 and 31760.2)	
☐	*I choose the unmodified benefit. Upon my death, 60%* of my basic retirement allowance shall be continued for the life of my surviving spouse if she/he is an eligible spouse. I understand that to be considered an eligible spouse, either: (1) I must have been married to her/him at least one year before my retirement, or (2) at the time of my death, she/he is at least 55 years old and has been married to me for at least 2 years.* *I further understand that if there is no eligible spouse upon my death or if my eligible spouse dies before every unmarried child of mine becomes age 18 (22 if in school), then 60%* of my allowance shall be paid to such unmarried child or children collectively, to continue until every child either marries, dies, or reaches age 18 (22 if in school).* *I further understand that, if no one is eligible for a monthly allowance after my death, my contributions (minus the total of monthly payment received by me) will be paid upon my death to my designated beneficiary (if any) or to my estate.* **100% for Service-Connected disabilities*

OPTION 1 (Government Code Section 31761)	
☐	*I choose Optional Settlement #1, by which I receive a monthly retirement allowance during my life; and when I die, my beneficiary receives the amount (if any) of my contributions minus the total of the monthly annuity payments I received.*

OPTION 2 (Government Code Section 31762)	
☐	*I choose Optional Settlement #2, by which I receive a monthly retirement allowance during my life; and when I die, my beneficiary receives the same monthly allowance during her/his life.*

OPTION 3 (Government Code Section 31763)	
☐	*I choose Optional Settlement #3, by which I receive a monthly retirement allowance during my life; and when I die, my beneficiary receives a monthly allowance of one-half that amount during her/his life.*

OPTION 4 (Government Code Section 31764)	
☐	*I have **multiple beneficiaries** therefore I choose Optional Settlement #4, by which I receive a monthly retirement allowance during my life; and when I die, my beneficiaries each receive a monthly allowance during her/his life.* *I understand that this election will require verification of the retirement allowance by CCCERA's actuary. I have been advised that any additional requests for verification may be at my expense.*

CCCERA

RETIREMENT OPTION ELECTION

FORM 217
(Rev. 2026)

RECEIVE FINAL CALCULATIONS PRIOR TO ELECTING A PAYMENT OPTION	
☐	*I elect to select my retirement option once the final calculations are completed. I understand that this may delay my first pension payment.*

ACKNOWLEDGEMENT	
I understand that this choice is final and that if I choose option 2, 3, or 4 and my beneficiary dies before I do, I cannot designate a new beneficiary, and the reduced allowance will be continued during my life only.	
Signature (Handwritten only)	**Date – mm/dd/yyyy**
Witness Signature/Spouse Signature (if married)	**Date – mm/dd/yyyy**

BENEFICIARIES AND INSURABLE INTEREST

Options 1, 2, 3, or 4 require that the person(s) you designate as your beneficiary(ies) in the event of your death must have an insurable interest in your life. The legal definition of insurable interest is "... an interest based upon a reasonable expectation of pecuniary advantage through the continued life, health, or bodily safety of another person, and consequent loss by reason of that person's death or disability or a substantial interest engendered by love and affection in the case of individuals closely related by blood or law." Simply, insurable interest generally means someone closely related to you by blood or law, and financially dependent on you during your life.

THE UNMODIFIED OPTION

The unmodified option pays the highest monthly benefit to you.

Upon the death of the retiree, an eligible surviving spouse/registered domestic partner of a member who is receiving a service retirement, will receive 60 percent of the member's allowance for life, if:

- You have been married/registered with the California Secretary of State for at least one year prior to the member's retirement, or
- At the time of the member's death, the spouse/domestic partner is at least 55 years old and has been married/registered for at least two years prior to date of death.

If there is no surviving spouse, the 60 percent continuance is paid to unmarried children until they attain age 18, or age 22 if enrolled full time in an accredited school.

OPTION 1

Option 1 reduces your monthly benefit, but potentially leaves a lump sum for your survivor. This option reduces your monthly retirement benefit, in comparison to the Unmodified Option, in order to save some funds in your account for your surviving beneficiary.

Option 1 pays a reduced monthly benefit until death of the member, and then pays any remaining accumulated contributions to the member's estate or survivor in a lump sum. Your retirement plan is a defined benefit plan, meaning your benefit is not based on your account balance. Your monthly benefit continues regardless of the balance in your account. However, benefit funds are partially drawn against your accrued contributions. Depending on the member's lifespan, there may not be any contributions left at the time of death for a survivor to collect.

The amount your monthly benefit is reduced depends on your age and life expectancy at retirement, and your accumulated contribution balance at retirement.

OPTION 2
Option 2 reduces your monthly benefit, but provides the same* monthly benefit for the lifetime of your survivor. Option 2 reduces your monthly retirement benefit, but after your death, pays the same reduced benefit to your named beneficiary for the rest of their lifetime. Trusts cannot be named as beneficiaries of this option; by CERL statute, trusts may be named as beneficiaries to lump sum payments only. The amount your monthly benefit is reduced depends on your age at retirement, the age of your beneficiary at your retirement date, and the life expectancy of both parties.

*In cases where the beneficiary is someone significantly younger than the member, the continuance may be less than the member's benefit.

OPTION 3
Option 3 allows you to provide a monthly benefit to your beneficiary that is equal to 50 percent of the benefit you received during retirement. Your benefit reduction is based on the life expectancies of you and your beneficiary.

Option 3 reduces your monthly benefit, but after your death, pays one half of the reduced monthly retirement benefit to your beneficiary for the rest of their lifetime. Trusts cannot be named as beneficiaries of this option; by CERL statute, trusts may be named as beneficiaries to lump sum payments only.

The amount your monthly benefit is reduced depends on your age at retirement, the age of your beneficiary at your retirement date, and the life expectancies of both parties.

OPTION 4
Option 4 allows you to make an election to receive a reduced retirement allowance during your lifetime, and to name more than one beneficiary who would receive an allowance for their lifetime(s) upon your death. Your reduced allowance is calculated using your age at retirement and the age(s) of your beneficiary(ies).

If one of your beneficiaries dies before you, the reduction to your retirement allowance remains in effect. You cannot name another beneficiary to receive the previous beneficiary's portion of your monthly allowance. Several conditions must be met to qualify for this option:

- The designation of more than one beneficiary must not put any additional financial burden on the system.
- CCCERA must consult with our actuaries, to determine the benefit amounts and qualifications for each designated survivor
- The processing and approving of the first request to estimate benefit allowances under Option 4 shall be processed free of charge to the member. Additional estimate requests requiring actuarial services to determine the benefit amount(s) and qualifications will be charged at $500.00 per verification. (This fee provision, including the fee amount, is subject to change based on the CCCERA Board's determination of the financial and administrative burden to the system.)

As required by law, retirement benefit reduction factors are calculated using life expectancy estimates developed by licensed, professional actuaries employed by CCCERA, who specialize in retirement and benefit issues. At retirement, each member and chosen beneficiary(ies) have specific, individual demographic information used to actuarially calculate the prospective reduced monthly benefits and potential survivor benefits associated with Options 1, 2, 3, or 4. Therefore, without actual data, it is impossible to estimate what a given benefit may be for any option. In addition, combined total benefits payable to multiple beneficiaries may not exceed 100 percent of the member's basic retirement allowance.

*In cases where the beneficiary is someone significantly younger than the member, the continuance may be less than the member's benefit.

For more detailed help planning your retirement, please call CCCERA and speak with a retirement counselor or visit cccera.gov.

Form **W-4P**

Department of the Treasury
Internal Revenue Service

Withholding Certificate for Periodic Pension or Annuity Payments

Give Form W-4P to the payer of your pension or annuity payments.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number

Address

City or town, state, and ZIP code

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **Head of household** (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

TIP: Consider using the estimator at *www.irs.gov/W4App* to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to receive your payments only part of the year; or have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs or pension/annuity payments), deductions, or credits. Have your most recent payment statements/pay stubs from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See pages 2 and 3 for more information on each step, when to use the estimator at *www.irs.gov/W4App*, and how to elect to have no federal income tax withheld (if permitted).

Step 2: Income From a Job and/or Multiple Pensions/ Annuities (Including a Spouse's Job/Pension/ Annuity)

Complete this step if you (1) have income from a job or more than one pension/annuity, or (2) are married filing jointly and your spouse receives income from a job or a pension/annuity. **See page 2 for examples on how to complete Step 2.**

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Complete the items below.

(i) If you (and/or your spouse) have one or more jobs, then enter the total taxable annual pay from all jobs, plus any income entered on Form W-4, Step 4(a), for the jobs, minus the deductions entered on Form W-4, Step 4(b), for the jobs. Otherwise, enter "-0-" . . $

(ii) If you (and/or your spouse) have any other pensions/annuities that pay less annually than this pension/annuity, then enter the total annual taxable payments from all lower-paying pensions/annuities. Otherwise, enter "-0-" . . . . . $

(iii) Add the amounts from items (i) and (ii) and enter the **total** here . . . . . $

TIP: To be accurate, submit a new Form W-4P for all other pensions/annuities if you haven't updated your withholding since 2021 or this is a new pension/annuity that pays less than the other(s). Submit a new Form W-4 for your job(s) if you have not updated your withholding since 2019.

Complete Steps 3–4(b) on this form only if (b)(i) is blank **and** this pension/annuity pays the most annually. Otherwise, do not complete Steps 3–4(b) on this form.

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . . **3(b)** $

(c) Add other credits, such as foreign tax credit and education tax credits. Enter the total here . . . . . **3(c)** $

Add the amounts from Steps 3(a), 3(b), and 3(c). Enter the total here . . . . . **3** $

Step 4: Other Adjustments

(a) Other income (not from jobs or pension/annuity payments). If you want tax withheld on other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, taxable social security, and dividends . **4(a)** $

(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld from **each payment** . **4(c)** $

No withholding — I request that no withholding be withheld from my payments. See *Choosing not to have income tax withheld* on page 2 . . . . . ☐

Step 5: Sign Here

Your signature (This form is not valid unless you sign it.) **Date**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about any future developments related to Form W-4P, such as legislation enacted after it was published, go to *www.irs.gov/FormW4P*.

Purpose of form. Complete Form W-4P to have payers withhold the correct amount of federal income tax from your periodic pension, annuity (including commercial annuities), profit-sharing and stock bonus plan, or IRA payments. Federal income tax withholding applies to the taxable part of these payments. Periodic payments are made in installments at regular intervals (for example, annually, quarterly, or monthly) over a period of more than 1 year. Don't use Form W-4P for a nonperiodic payment (note that distributions from an IRA that are payable on demand are treated as nonperiodic payments) or an eligible rollover distribution (including a lump-sum pension payment). Instead, use Form W-4R, Withholding Certificate for Nonperiodic Payments and Eligible Rollover Distributions, for these payments/distributions. For more information on withholding, see Pub. 505, Tax Withholding and Estimated Tax.

Choosing not to have income tax withheld. You can choose not to have federal income tax withheld from your payments by checking the box in the *No withholding* section. Then, complete Steps 1(a), 1(b), and 5. Generally, if you are a U.S. citizen or a resident alien, you are not permitted to elect not to have federal income tax withheld on payments to be delivered outside the United States and its territories.

Caution: If you have too little tax withheld, you will generally owe tax when you file your tax return and may owe a penalty unless you make timely payments of estimated tax. If too much tax is withheld, you will generally be due a refund when you file your tax return. If your tax situation changes, or you chose not to have federal income tax withheld and you now want withholding, you should submit a new Form W-4P.

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

1. Are submitting this form after the beginning of the year;

2. Have social security, dividend, capital gain, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax;

3. Receive these payments or pension and annuity payments for only part of the year; or

4. Have changes during the year in your marital status, number of pensions/jobs for you (and/or your spouse if married filing jointly), number of dependents, or changes in your deductions or credits.

TIP: Have your most recent payment statements/pay stubs from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you (or you and your spouse) receive. If you do not have a job and want to pay these taxes through withholding from your payments, use the estimator at *www.irs.gov/W4App* to figure the amount to have withheld.

Payments to nonresident aliens and foreign estates. Do not use Form W-4P. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities, and Pub. 519, U.S. Tax Guide for Aliens, for more information.

Tax relief for victims of terrorist attacks. If your disability payments for injuries incurred as a direct result of a terrorist attack are not taxable, check the box in the *No withholding* section. See Pub. 3920, Tax Relief for Victims of Terrorist Attacks, for more details.

Specific Instructions

Submit a **separate Form W-4P** for each pension, annuity, or other periodic payments you receive.

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you have at least one of the following: income from a job, income from more than one pension/annuity, and/or a spouse (if married filing jointly) that receives income from a job/pension/annuity. The following examples will assist you in completing Step 2(b).

Example 1. Taylor, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Taylor also has a job that pays $25,000 a year. Taylor has no other pensions or annuities. Taylor will enter $25,000 in Step 2(b)(i) and in Step 2(b)(iii).

If Taylor also has $1,000 of interest income, which she entered on Form W-4, Step 4(a), then she will instead enter $26,000 in Step 2(b)(i) and in Step 2(b)(iii). She will make no entries in Step 4(a) on this Form W-4P.

Example 2. Casey, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Casey does not have a job, but receives another pension for $25,000 a year (which pays less annually than the $50,000 pension). Casey will enter $25,000 in Step 2(b)(ii) and in Step 2(b)(iii).

If Casey also has $1,000 of interest income, then he will enter $1,000 in Step 4(a) of this Form W-4P.

Example 3. Sam, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Sam does not have a job, but receives another pension for $75,000 a year (which pays more annually than the $50,000 pension). Sam will not enter any amounts in Step 2.

If Sam also has $1,000 of interest income, she won't enter that amount on this Form W-4P because she entered the $1,000 on the Form W-4P for the higher paying $75,000 pension.

Example 4. Alex, a single filer, is completing Form W-4P for a pension that pays $50,000 a year. Alex also has a job that pays $25,000 a year and another pension that pays $20,000 a year. Alex will enter $25,000 in Step 2(b)(i), $20,000 in Step 2(b)(ii), and $45,000 in Step 2(b)(iii).

If Alex also has $1,000 of interest income, which he entered on Form W-4, Step 4(a), he will instead enter $26,000 in Step 2(b)(i), leave Step 2(b)(ii) unchanged, and enter $46,000 in Step 2(b)(iii). He will make no entries in Step 4(a) of this Form W-4P.

If you are married filing jointly, the entries described above do not change if your spouse is the one who has the job or the other pension/annuity instead of you.

CAUTION ***Multiple sources of pensions/annuities or jobs.*** *If you (or if married filing jointly, you and/or your spouse) have a job(s), do NOT complete Steps 3 through 4(b) on Form W-4P. Instead, complete Steps 3 through 4(b) on the Form W-4 for the job. If you (or if married filing jointly, you and your spouse) do not have a job, complete Steps 3 through 4(b) on Form W-4P for* ***only*** *the pension/annuity that pays the most annually. Leave those steps blank for the other pensions/annuities.*

CAUTION ***Social security number and other requirements for credits and deductions.*** *You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits and deductions. For additional eligibility requirements for these credits and deductions, see Pub. 501, Dependents, Standard Deduction, and Filing Information.*

Specific Instructions *(continued)*

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative.

For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. Including these credits will increase your payments and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include amounts from any job(s) or pension/annuity payments. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your pension, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 17, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes itemized deductions, the additional standard deduction for those 65 and over, and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors.

Step 4(c). Enter in this step any additional tax you want withheld from **each payment**. Entering an amount here will reduce your payments and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Note: If you don't give Form W-4P to your payer, you don't provide an SSN, or the IRS notifies the payer that you gave an incorrect SSN, then the payer will withhold tax from your payments as if your filing status is single with no adjustments in Steps 2 through 4. For payments that began before 2026, your current withholding election (or your default rate) remains in effect unless you submit a new Form W-4P.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to provide this information only if you want to (a) request federal income tax withholding from pension or annuity payments based on your filing status and adjustments; (b) request additional federal income tax withholding from your pension or annuity payments; (c) choose not to have federal income tax withheld, when permitted; or (d) change a previous Form W-4P. To do any of the aforementioned, you are required by sections 3405(e) and 6109 and their regulations to provide the information requested on this form. Failure to provide this information may result in inaccurate withholding on your payment(s). Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.		
	a **Qualified tips.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified tips up to $25,000	**1a**	$
	b **Qualified overtime compensation.** If your total income is less than $150,000 ($300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to $12,500 ($25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	**1b**	$
	c **Qualified passenger vehicle loan interest.** If your total income is less than $100,000 ($200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to $10,000	**1c**	$
2	Add lines 1a, 1b, and 1c. Enter the result here	**2**	$
3	**Seniors age 65 or older.** If your total income is less than $75,000 ($150,000 if married filing jointly):		
	a Enter $6,000 if you are age 65 or older before the end of the year	**3a**	$
	b Enter $6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	**3b**	$
4	Add lines 3a and 3b. Enter the result here	**4**	$
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	**5**	$
6	**Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:		
	a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income	**6a**	$
	b **State and local taxes.** If your total income is less than $505,000 ($252,500 if married filing separately), enter state and local taxes paid up to $40,400 ($20,200 if married filing separately)	**6b**	$
	c **Home mortgage interest.** If your mortgage indebtedness is less than $750,000 ($375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	**6c**	$
	d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income	**6d**	$
	e **Other itemized deductions.** Enter the amount for other itemized deductions	**6e**	$
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	**7**	$
8	**Limitation on itemized deductions.**		
	a Enter your total income	**8a**	$
	b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	**8b**	$
9	Enter: • $768,700 if you're married filing jointly or a qualifying surviving spouse • $640,600 if you're single or head of household • $384,350 if you're married filing separately	**9**	$
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	**10**	$
11	**Standard deduction.** Enter: • $32,200 if you're married filing jointly or a qualifying surviving spouse • $24,150 if you're head of household • $16,100 if you're single or married filing separately	**11**	$
12	**Additional standard deduction.** If you (or your spouse) are 65 or older. Enter: • $2,050 if you're single or head of household • $1,650 if you're married filing separately • $1,650 if you're a qualifying surviving spouse or you're married filing jointly and one of you is under age 65 • $3,300 if you're married filing jointly and both of you are age 65 or older	**12**	$
13	**Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to $1,000 ($2,000 if married filing jointly)	**13**	$
14	Add lines 12 and 13. Enter the result here	**14**	$
15	Add lines 11 and 14. Enter the result here	**15**	$
16	If line 10 is greater than line 15, subtract line 11 from line 10 and enter the result here. If line 15 is greater than line 10, enter the amount from line 14	**16**	$
17	Add lines 2, 4, 5, and 16. Enter the result here and in Step 4(b) of Form W-4P	**17**	$

Withholding Certificate for Pension or Annuity Payments

First, Middle, Last Name	Social Security Number
Home Address (Number and Street or Rural Route)	Claim or Identification Number (if any) of Your Pension or Annuity Contract
City State ZIP Code	

Complete the applicable lines:

1. I elect not to have income tax withheld from my pension or annuity. (Do not complete lines 2, 3, or 4.) ▶ ☐
2. I want my withholding from each pension or annuity payment to be calculated using the filing status and number of allowances shown below:
   a. Filing Status: ☐ Single or Married (with two or more incomes) ☐ Married (one income) ☐ Head of Household
   b. Number of allowances you are claiming from the Regular Withholding Allowances (Worksheet A). ▶ 2b _____
   c. Number of allowances from the Estimated Deductions (Worksheet B). ▶ 2c _____
   d. Total Number of Allowances you are claiming. ▶ 2d _____
3. I want the following additional amount withheld from each pension or annuity payment (Worksheet C).
   Note: You cannot enter an amount here without entering the number (including zero) of allowances on line 2d above. ▶ $ _____
4. I want this amount withheld from each pension or annuity payment. (Do not complete lines 1, 2, or 3.) ▶ $ _____

Your Signature ▶ Date ▶

Cut Here

Give the top part of this form to your pension payer or annuity. Keep the lower part for your records.

Note: Unless you elect otherwise, state law requires that California Personal Income Tax (PIT) be withheld from payments of pensions and annuities.

This form DE 4P allows you to:

(1) Claim a different number of allowances for California PIT withholding than for federal income tax withholding.

(2) Elect not to have California PIT withheld from your periodic, or nonperiodic, pension or annuity payments.

(3) Elect to have California PIT withheld on periodic or nonperiodic payments based on:
   (a) The filing status and number of allowances specified.
   (b) A designated dollar amount.

(4) Update the DE 4P previously filed.

Withholding from Pensions and Annuities: Generally, withholding applies to payments made from pension, profit-sharing, stock bonus, annuity, and certain deferred compensation plans, from Individual Retirement Arrangements (IRA), and from commercial annuities. Withholding also applies to property other than cash distributed.

In compliance with federal law, California PIT is not to be withheld from pension recipients who reside outside of California.

Periodic and nonperiodic payments from all the items above are treated as wages for the purpose of withholding.

A periodic payment is both:

- Included in your income for tax purposes.
- Received in installments at regular intervals over a period of more than one full year from the pension or annuity's starting date. The intervals can be annual, quarterly, monthly, etc.

For example, if you receive a monthly pension or annuity payment and will continue to receive payments for more than a year, the payments are periodic. However, distributions from an IRA that are payable upon demand are treated as nonperiodic payments.

There are some kinds of periodic and nonperiodic payments that do not require a DE 4P since they are already defined as wages subject to PIT withholding. Your payer should be able to tell you whether a DE 4P is required.

Your certificate is usually effective 30 days after you file the form. The certificate stays in effect until you change or revoke it.

Methods of Withholding: The payer can use one of the following three methods:

(1) An amount determined by using the California withholding schedules. Payee completes line 2 and if applicable line 3 above.

(2) A dollar amount that you designate. Payee completes line 4 above.

(3) Ten percent of the federal withholding amount computed pursuant to section 3405 of the Internal Revenue Code (law.cornell.edu/uscode/text/26/3405). Payee completes line 4 above.

Completing the Form: Fill in your full name, home address, Social Security number, and the identification number (if any) of the pension or annuity.

Line 1, Exemption from Withholding: Check this box if you do not want any PIT withheld from your payment. You do not need a reason for claiming the exemption from withholding.

Caution: Remember that there are penalties for not paying enough tax during the year, either through withholding or estimated tax payments. You may be able to avoid paying quarterly estimated tax to the Franchise Tax Board (FTB) by having enough tax withheld from your pension or annuity using the DE 4P.

Revoking the Exemption from Withholding: If you want to revoke your previously filed exemption from withholding for periodic and nonperiodic payments, file another DE 4P completing lines 2, 3, or 4.

Line 2, Withholding Based on Specified Withholding Allowances: If you want withholding to be calculated based on a specified filing status and number of allowances, check the filing status box you want and write the number of allowances on line 2. The worksheets accompanying this form may be used to figure out your withholding allowance.

Line 3, Multiple Pensions or More than One Income: Indicate additional amount to be withheld from each payment. You may use Worksheet C, accompanying this form, to determine the additional amount.

Line 4, Withholding a Designated Dollar Amount: Indicate dollar amount you want withheld on this line instead of claiming withholding allowances.

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:
- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

If you have a working spouse, more than one job or income, it is best to figure the total number of allowances you are entitled to claim on all jobs using the worksheets from only one DE 4P. Allowances can then be claimed with one payer only or split among payers.

Worksheet A — Regular Withholding Allowances

A)	Allowance for yourself — enter 1.	(A) _____
B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1.	(B) _____
C)	Allowance for blindness — yourself — enter 1.	(C) _____
D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1.	(D) _____
E)	Allowances for dependents — do not include yourself or your spouse.	(E) _____
F)	Total — add lines (A) through (E) above and enter on line 2b of the DE 4P.	(F) _____

Instructions — 2 — Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim one or more additional withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each $1,000, or fraction of $1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B — Estimated Deductions

1.	Enter an estimate of your itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540.	1. $_____
2.	Enter $11,412 if unmarried head of household or qualifying widow(er) with dependents. $11,412 if married filing jointly with two or more allowances. $5,706 if single, dual income, married, or married with multiple employers. $5,706 if married filing separately or married with "0" or "1" allowance.	2. $_____
3.	Subtract line 2 from line 1, enter difference.	3. $_____
4.	Enter an estimate of your adjustments to income (alimony payments, IRA deposits).	4. $_____
5.	Add line 4 to line 3 and enter the sum.	5. $_____
6.	Enter an estimate of your nonwage income (dividends, interest income, alimony receipts).	6. $_____
7.	If line 5 is greater than line 6 (if less, skip to line 9), subtract line 6 from line 5 and, enter the difference.	7. $_____
8.	Divide the amount on line 7 by $1,000, round any fraction to the nearest whole number. Enter this number on line 2c of the DE 4P. Complete Worksheet C, if needed.	8. $_____
9.	If line 6 is greater than line 5, enter amount from line 6 (nonwage income).	9. $_____
10.	Enter amount from line 5 (deductions).	10. $_____
11.	Subtract line 10 from line 9, enter difference.	11. $_____

Complete Worksheet C

*Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code (leginfo.legislature.ca.gov/faces/codes.xhtml). For more information, call our Taxpayer Assistance Center at 1-888-745-3886.

Worksheet C Tax Withholding and Estimated Tax

1.	Enter estimate of total wages for tax year 2026.	1. $_____
2.	Enter estimate of nonwage income from line 6 of Worksheet B.	2. $_____
3.	Add line 1 and line 2 and enter the sum.	3. $_____
4.	Enter itemized deductions or standard deduction from line 1 or 2 of Worksheet B, whichever is largest.	4. $_____
5.	Enter adjustments to income from line 4 of Worksheet B.	5. $_____
6.	Add line 4 and line 5 and enter the sum.	6. $_____
7.	Subtract line 6 from line 3 and enter the difference.	7. $_____
8.	Figure your tax liability for the amount on line 7 by using the 2026 tax rate schedules below.	8. $_____
9.	Enter personal exemptions from line F of Worksheet A x $168.30.	9. $_____
10.	Subtract line 9 from line 8 and enter the difference.	10. $_____
11.	Enter any tax credits. (See FTB Form 540)	11. $_____
12.	Subtract line 11 from line 10 and enter the difference. This is your total estimated tax liability.	12. $_____
13.	Calculate the tax withheld and estimated to be withheld during 2026. Contact the payer to request the amount that will be withheld on your wages based on the tax filing status and number of withholding allowances you will claim for 2026. Multiply the estimated amount to be withheld by the number of pay periods left in the year. Add the total to the amount already withheld for 2026.	13. $_____
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need additional taxes withheld.	14. $_____
15.	Divide line 14 by the number of pay periods remaining in the year and enter the figure on line 3 of the DE 4P.	15. $_____

Note: Your payer is not required to withhold the additional amount requested on line 3 of your DE 4P. If your payer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables are for Calculating Worksheet C and for 2026 Only

Single Persons, Dual Income Married or Married with Multiple Employers

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
$0	$11,079	1.100%	$0	$0.00
$11,079	$26,264	2.200%	$11,079	$121.87
$26,264	$41,452	4.400%	$26,264	$455.94
$41,452	$57,542	6.600%	$41,452	$1,124.21
$57,542	$72,724	8.800%	$57,542	$2,186.15
$72,724	$371,479	10.230%	$72,724	$3,522.17
$371,479	$445,771	11.330%	$371,479	$34,084.81
$445,771	$742,953	12.430%	$445,771	$42,502.09
$742,953	$1,000,000	13.530%	$742,953	$79,441.81
$1,000,000	and over	14.630%	$1,000,000	$114,220.27

Married Persons

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
$0	$22,158	1.100%	$0	$0.00
$22,158	$52,528	2.200%	$22,158	$243.74
$52,528	$82,904	4.400%	$52,528	$911.88
$82,904	$115,084	6.600%	$82,904	$2,248.42
$115,084	$145,448	8.800%	$115,084	$4,372.30
$145,448	$742,958	10.230%	$145,448	$7,044.33
$742,958	$891,542	11.330%	$742,958	$68,169.60
$891,542	$1,000,000	12.430%	$891,542	$85,004.17
$1,000,000	$1,485,906	13.530%	$1,000,000	$98,485.50
$1,485,906	and over	14.630%	$1,485,906	$164,228.58

Unmarried Head of Household

If The Taxable Income Is		Computed Tax Is		
Over	But Not Over	Of Amount Over...		Plus
$0	$22,173	1.100%	$0	$0.00
$22,173	$52,530	2.200%	$22,173	$243.90
$52,530	$67,716	4.400%	$52,530	$911.75
$67,716	$83,805	6.600%	$67,716	$1,579.93
$83,805	$98,990	8.800%	$83,805	$2,641.80
$98,990	$505,208	10.230%	$98,990	$3,978.08
$505,208	$606,251	11.330%	$505,208	$45,534.18
$606,251	$1,000,000	12.430%	$606,251	$56,982.35
$1,000,000	$1,010,417	13.530%	$1,010,417	$105,925.35
$1,010,417	and over	14.630%	$1,010,417	$107,334.77

If you need more detailed information, see the instructions that came with your last California resident income tax return or call the FTB:

If you are calling from within the United States
1-800-852-5711 (Voice)
1-800-822-6268 (TTY)

If you are calling from outside the United States
1-916-845-6500 (Not Toll Free)

The DE 4P information is collected for purposes of administering the PIT law, and under the authority of Title 22, California Code of Regulations (govt.westlaw.com/calregs/Search/Index), section 4340-1, and the California Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes.xhtml), including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.

Example for Worksheet C for the Year 2026

Payee estimates pension income to be $1,500 a month and is claiming the standard deduction, and single, with one withholding allowance.

1.	Estimate annualized income ($1,500 a month x 12 months). Enter on line 1.		1.	$ 18,000.00
2.	Estimated nonwage income.		2.	$ 8,000.00
3.	Add lines 1 and 2 and enter total on line 3.		3.	$ 26,000.00
4.	Enter amount for single from line 2 of Worksheet B.		4.	$ 5,706.00
5.	Enter adjustments to income shown on line 4 of Worksheet B.		5.	$ 0.00
6.	Enter sum of lines 4 and 5.		6.	$ 5,706.00
7.	Subtract line 6 from line 3 and enter difference on line 7.		7.	$ 20,294.00
8.	Compute the tax liability for the amount on line 7.			
	Use the 2026 tables for single from Worksheet C under the entry covering $20,294 (over $11,079 but not over $26,264).			
	Compute 2.200% of the amount over $11,079			
	([$20,294 – $11,079] x 0.022 = $202.73).	$ 202.73		
	Additional + tax amount.	$ 121.87		
	Enter the total on line 13. Total	$ 324.60	8.	$ 324.60
9.	Enter the amount for one personal exemption on line 9 (1 x $168.30).		9.	$ 168.30
10.	Subtract line 9 from line 8 and enter the difference on line 10.		10.	$ 156.30
11.	Enter any tax credits that will be allowed for 2026 (see FTB Form 540).		11.	$ 0.00
12.	Subtract line 11 from line 10 and enter the difference on line 12. This is your total estimated tax liability.		12.	$ 156.30
13.	Calculate the tax withheld and estimated to be withheld during 2026.			
14.	Withholding on the pension of $1,500 a month claiming single with one withholding allowance based on the California withholding schedule for 2026 is $0.00 x 12 = $0.00. Enter that amount on line 13.		13.	$ 0.00
15.	Subtract line 13 from line 12. Enter difference on line 14.		14.	$ 156.30
16.	Divide line 14 by the number of pay periods remaining in the year.			
	($156.30 ÷ 12 = $13.02)		15.	$ 13.02

Enter $13.02 on line 3 of the DE 4P.

ELECTRONIC FUNDS TRANSFER

FORM 209
(Rev. 2026)

Purpose of the form: Use this form to authorize or cancel the direct deposit of your CCCERA benefit payments to a financial institution or trust account.
Instructions:

- Complete form in blue/black ink and submit it back to CCCERA. Electronic signatures will NOT be accepted.
- A designated representative may sign if CCCERA has a valid *Power of Attorney* on file.
- **For a checking account:** Attach a voided check (not a deposit slip) or a bank specification form that includes a valid American Banking Association routing number and checking account number.
- **For a savings account:** Attach a document that shows:
  (1) a valid Transit and American Banking Association number of the financial institution, and
  (2) the number of the savings account that you want to use for the direct deposit.
- **Indicate the percentage** of your net distribution or net pay to deposit in each account you list (must total 100%).
- **For a trust account:** Attach the Certification of Trust

Member Information

Full Name		Last 4 of Social Security Number
Street or P.O. Box		Apartment #
City	State	Zip Code
Phone (with area code)	Email:	Check One ☐ New/Update Direct Deposit ☐ Cancel Direct Deposit

If you have multiple payment accounts (for example, if you are a beneficiary or alternate payee), please indicate which account to apply changes to. (See notes on page 4)

☐ Apply to all ☐ Specific: _____

Financial Institution Information

Name of Financial Institution		% of Net Pay _____ %
Account Type ☐ Checking ☐ Savings ☐ Individual ☐ Joint	Routing Number	Account Number

Joint Account Holder Information (if applicable)

Full Name		Last 4 of Social Security Number
Street or P.O. Box	Apartment #	Phone (with area code)
City	State	Zip Code

Financial Institution Information (Optional)

Name of Financial Institution		% of Net Pay _____ %
Account Type ☐ Checking ☐ Savings ☐ Individual ☐ Joint	Routing Number	Account Number

Joint Account Holder Information (if applicable)

Full Name		Last 4 of Social Security Number
Street or P.O. Box	Apartment #	Phone (with area code)
City	State	Zip Code

Contra Costa County Employees' Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov

ELECTRONIC FUNDS TRANSFER

FORM 209
(Rev. 2026)

Financial Institution Information (Optional)		
Name of Financial Institution		**% of Net Pay** _____ %
Account Type ☐ Checking ☐ Savings ☐ Individual ☐ Joint	**Routing Number**	**Account Number**

Joint Account Holder Information (if applicable)		
Full Name		**Last 4 of Social Security Number**
Street or P.O. Box	**Apartment #**	**Phone (with area code)**
City	**State**	**Zip Code**

Authorization Agreement

I hereby authorize:

- Contra Costa County Employees' Retirement Association to initiate electronic funds transfer entries to my account(s) at the financial institution named above.
- Contra Costa County Employees' Retirement Association, if necessary, to debit my account with amounts transferred after my date of death or transmitted in error.
- The Bank to credit and/or debit entries into my account.

Member Signature	**Date – mm/dd/yyyy**
Joint Account Holder Signature (if any) (See special notice to joint account holders on page 4)	**Date – mm/dd/yyyy**

CCCERA

ELECTRONIC FUNDS TRANSFER

FORM 209
(Rev. 2026)

Trust Information (for depositing to a trust)	
Name of Trust	**Date of Trust**
Name of Trustee	**Trust's Taxpayer Identification Number**

I have attached the following required document:

☐ Certification of Trust for my trust agreement

I hereby authorize Contra Costa County Employees' Retirement Association to pay my monthly allowance by electronic funds transfer (direct deposit) to my *inter vivos* revocable trust as indicated above.

I affirm under penalty of perjury under the laws of California that the above-named trust is one of the following:

- ☐ A living trust controlled by me during my lifetime.
- ☐ An income-only trust, also known as a Miller trust, that is controlled by me during my lifetime.
- ☐ A trust established for me to qualify for Medi-Cal, as established pursuant to Chapter 14 (commencing with Section 14000) of Part 3 of Division 9 of the Welfare and Institutions Code, or comparable assistance.

Should the trustee of my trust change, I or my successor trustee (in the event that I am deceased or incapacitated) must notify CCCERA of such fact by written notice immediately and no later than 30 days from that event.

I agree to advise CCCERA in writing of any changes to the information provided herein within 30 days of such change, after which CCCERA may elect to continue to pay allowances into the trust account or may require me to designate a non-trust account in which to receive future payments or else elect to receive paper checks.

I agree not to hold CCCERA liable for any payments into the trust account or for any withheld payments if CCCERA determines payment into the account is no longer appropriate.

I understand that the retired member's retirement allowance shall only be paid to the trust during the member's lifetime.

I agree that any overpayments of the member's retirement allowance, made after the retired member's date of death, shall be recouped by CCCERA.

I affirm that monies paid by CCCERA to this trust after my date of death must be returned to CCCERA. My trustee and successor trustee(s) have been notified of their responsibility to notify CCCERA immediately upon my death and of their obligation to repay any monies to which CCCERA is entitled.

I certify under penalty of perjury of the laws of the State of California that all the information on this form is true and correct.

Member Signature	**Date – mm/dd/yyyy**
Member's Spouse/Co-Trustee Signature	**Date – mm/dd/yyyy**

Authorization Agreement

I hereby authorize:

- Contra Costa County Employees' Retirement Association to initiate electronic funds transfer entries to my account at the financial institution named above.
- Contra Costa County Employees' Retirement Association, if necessary, to debit my account with amounts transferred after my date of death or transmitted in error.
- The Bank to credit and/or debit entries into my account.

Member Signature	**Date – mm/dd/yyyy**
Joint Account Holder Signature (if any) (See special notice to joint account holders on page 4)	**Date – mm/dd/yyyy**

ELECTRONIC FUNDS TRANSFER

FORM 209
(Rev. 2026)

Why should I sign up for Electronic Funds Transfer (EFT)?

- Eliminates the risk of loss, theft, forgery, or mail delays of your retirement check
- Automatically deposit retirement checks while away from home
- Eliminate trips to the bank to deposit your pension funds

EFT automatically electronically deposits your monthly retirement benefit into your bank, savings, loan, or credit union account. No paper check is printed, so there are no postal service delays. Plus, you receive a Deposit Advice Form (check stub) showing you the amount of your deposit, any deductions, or other important information regarding your transfer.

How does this work?

Fill out and return the Electronic Funds Transfer Form to the Retirement Office **by the 15th of the month**. If you choose to have your pension deposited to a checking account, **be sure to include a VOIDED check**. If you choose to have your pension deposited to a Trust, **you must also include the Certification of Trust for trust agreement**.

Once we have received your completed EFT form and the necessary documents we will submit a pre-notification to your bank. This ensures all information on the EFT form is accurate before actual funds are transferred.

If there are no problems with the pre-notification, your monthly retirement benefit will be deposited electronically each month thereafter. In addition, a Deposit Advice Form will always be mailed to you notifying you of the deposit.

If the pre-notification fails, then your monthly retirement benefits will be mailed to you by check until your account information can be confirmed correctly.

What if I have changes to the bank or account number?

If you have any changes to your EFT authorization, call our office and request another EFT form. Your check will undergo the same process as listed above.

What if I no longer want EFT?

If you want to stop EFT, fill out another Electronic Funds Transfer Form, check “Cancel Direct Deposit” and return the form to the Retirement Office at the address below.

Special Notice to Joint Account Holders

If your account is a joint account and receives direct deposit benefit payments for a CCCERA retiree, you must inform CCCERA and the financial institution of the death of the CCCERA retiree. Payments sent by direct deposit after the date of death must be returned to CCCERA. CCCERA will then determine what survivor benefits, if any, are payable.

Contra Costa County Employees’ Retirement Association
1200 Concord Avenue, Suite 300, Concord, CA 94520
Phone 925-521-3960 • Fax 925-521-3969 • cccera.gov

CCCERA
Contra Costa County Employees' Retirement Association

Important Information About Working After Retirement

There are several restrictions, both Federal and State that apply to retirees who work for a CCCERA employer while receiving a retirement allowance from CCCERA. The purpose of this document is to summarize these restrictions and allow members to make an informed decision if they choose to continue receiving a retirement allowance after returning to work.

As a reminder, members who wish to return to work after retirement may also "reinstate" their CCCERA membership, meaning that their retirement allowance will be suspended and will resume only upon their subsequent termination from employment. Reinstatement is described below under Note 2.

The summary below assumes that the member does not wish to "reinstate," but instead, continue to receive the retirement allowance while returning to work.

Federal Restrictions on Receiving a Retirement Allowance While Working Before NRA

Under IRS rules a member who has not attained Normal Retirement Age (NRA) under the Plan may not collect a retirement allowance unless the member had a "bona fide separation" from service. (NRA is defined as age 50 for Legacy Safety and age 55 for Legacy General; age 57 for PEPRA Safety and age 67 for PEPRA General.)

Bona fide separation from service is a term the IRS uses, which means that the employee/employer relationship has been completely severed. The employee has "retired", and there is no expectation by the employer or the employee that the employee ever resumes working for the employer. CCCERA uses the following rule to determine whether a bona fide separation from service has occurred:

A. There is no agreement, either oral or written, prior to the date the member's retirement commences, to be reemployed while retired by the same employer, regardless of the length of the member's break in service after retirement, and

B. There is at least a continuous 90-day break in service, from the date of the member's last day of employment before being reemployed while retired by the member's prior CCCERA employer

If a member is reemployed without compliance with (A) and (B) above, the retired member's retirement allowance from CCCERA must be suspended and will not resume until the member has a bona fide separation from service or reaches NRA.

State of California Restrictions on Receiving a Retirement Allowance While Working

A CCCERA retiree may not serve, be employed by, or be employed through a contract directly by any CCCERA employer without reinstatement from retirement, except under certain conditions.

First, reemployment without reinstatement must be either during an emergency to prevent the stoppage of public business or because the retired person has the skills needed to perform work of limited duration.

Second, the reemployment cannot exceed 960 hours in a fiscal year, and the rate of pay cannot be less than the minimum, nor exceed the maximum, paid by the employer to other employees performing comparable duties.

Third, any retired person is not eligible for reemployment if, during the 12 months before reemployment the retiree received any unemployment insurance compensation arising out of prior employment as a working retiree.

Fourth, a CCCERA retiree is not eligible to be employed without reinstatement for 180 days following the date of retirement unless he or she meets one of the following exceptions (see Note below):

- The employer certifies the nature of the employment, and that the appointment is necessary to fill a critically needed position before 180 days have passed and the appointment has been approved by the governing body of the employer in a public meeting.

- The retiree is a public safety officer or firefighter hired to perform a function or functions regularly performed by a public safety officer or firefighter.

Monetary fines related to the violation of rules for post-retirement employment: Violations of the rules related to post-retirement employment (including but not limited to the items listed above) can have serious financial consequences for CCCERA retirees. As of January 1, 2025, retirees found to be in violation of applicable law must reimburse CCCERA for any retirement allowance received during the period of violation, plus interest. Additionally, CCCERA retirees in

violation of applicable law must pay the retirement system an amount of money equal to the employee contributions that would otherwise have been paid, plus interest, for the period the retiree was employed in violation of these provisions, and (if applicable) must pay reimbursement for reasonable administrative expenses incurred by CCCERA. (California Gov. Code Sec. 7522.56.)

Note: The exceptions to the 180-day waiting period are not available if the retiree accepts a retirement incentive upon retirement. Such a retiree must wait 180 days before reemployment.

Additional Taxes on Retirement Allowances when Retirees Return to Work under CCCERA

Even in cases where the retiree is eligible to work for a CCCERA employer while receiving a retirement allowance from CCCERA without violating Federal or State law, that retirement allowance could be subject to a 10% additional Federal tax under Internal Revenue Code §72(t) and a 2.5% additional California state tax under California Tax Code §17085(c)(1).

These additional taxes apply to retirees under the age of 59 ½ if they did not have a bona fide separation of service. When CCCERA issues a 1099-R for the retirement allowance, CCCERA must indicate a distribution code. If it is not a disability retirement and the payments were made before the retiree was 59 ½, CCCERA indicates that it is an "early distribution". For early distributions, CCCERA must indicate whether an exception to the additional tax applies or whether CCCERA does not know whether an exception applies. If the retiree is working for the same employer from which he or she earned the retirement allowance, and he or she did not have a continuous 90-day break in service or had an agreement with the employer to return to work after retirement, CCCERA will indicate that the additional tax applies.

Remember, CCCERA follows regulations for what constitutes a bona fide separation from service. If you believe you had a bona fide separation from service, but did not meet CCCERA's regulations (i.e., no prearrangement to be reemployed AND at least a continuous 90-day break in service), you may be entitled to claim an exception from the additional tax using IRS Form 5329. It is up to the IRS whether you owe the additional tax, not CCCERA. Please note that we are not tax professionals and we do not give tax advice. We advise you to consult with a tax professional regarding tax matters. If you owe the 10% Federal tax, you may also owe the 2.5% California state tax.

Important Notes About Working After Retirement

Note 1: It is important to remember that all the Federal and State restrictions and all the Federal and State tax penalties related to working after retirement only apply if you choose to

return to work with a CCCERA employer while you continue receiving your CCCERA retirement allowance. There are no restrictions or penalties if you enter the workforce in general and do not serve any CCCERA employer, nor are there restrictions or penalties if you voluntarily suspend your retirement allowance and return to work within CCCERA.

Note 2: CCCERA members may retire and reinstate their CCCERA membership. Retirees could be rehired as full-time employees by the same employer with no waiting period if they file for reinstatement as an active member with CCCERA. The retirement allowance would be suspended, and the member would earn service towards retirement under a new membership. There would be no additional penalty taxes since CCCERA would not be making any payments during re-employment. Upon re-retirement, the member would receive two retirement allowances from CCCERA, one based on the first retirement allowance (including any COLAs that were granted during reemployment) and one based on the second membership.

Note 3: If a member chooses to collect a CCCERA retirement allowance while receiving compensation from a CCCERA employer, he or she is subject to restrictions and is putting himself or herself at risk of the additional tax described above.

CONTRA COSTA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

ACCESSIBILITY OF RECORDS POLICY

I. PURPOSE

The Board of Retirement ("Board") of the Contra Costa County Employees' Retirement Association ("CCCERA") adopts this policy to establish guidelines and procedures for making determinations concerning the disclosure of information in CCCERA's files, records or other information when responding to requests made under the Public Records Act ("PRA").

The Board recognizes that it has an obligation to balance its members' right to privacy with the public's right to information regarding public business. There are no "bright line" standards available to the Board for knowing how that balance should tip in each instance. Nevertheless, the Board has determined that it would be useful to establish guidelines for CCCERA to follow when a request is made under the PRA, and to publish those guidelines for the benefit of its members and their beneficiaries, and the public at large.

All staff should be familiar with these guidelines so that the process of responding to requests is efficient, consistent and compliant with the applicable laws. In many circumstances, these guidelines will enable staff to respond to requests without the need for substantial analysis or the assistance of legal counsel. However, given the complexities of the law, situations will likely arise where a simple application of the general guidelines will not provide a definitive answer. When such a situation arises, the Administrator should refer any questions to legal counsel.

In addition, to the extent that any requests made to CCCERA under the PRA pertain to CCCERA's investment records, responses to such requests should follow the additional guidelines set forth in CCCERA's Policy and Guidelines for Accessibility of Investment Records.

II. GENERAL PRINCIPLES

A request to inspect CCCERA records may be made by a telephone call, an in- person oral request, a written request, a subpoena or a court order. The person making a request for records may be a member, a beneficiary, an employee organization, a government agency or member of the press or general public. Staff should always be aware that a request, no matter how informal it may appear, must be analyzed under the principles outlined in this Policy (or analyzed by legal counsel in more complicated situations). The general principles of the policy may be summarized as follows:

1. Confidentiality of an individual member's records must be protected unless those records relate to the conduct of the public's business, or unless the member has authorized the disclosure in writing.

2. An individual (member or beneficiary) generally must be permitted access to his or her <u>own</u> records.

3. The public – i.e., any person, for any reason - has a right to inspect records that relate to CCCERA's operation and that are neither confidential nor protected from disclosure by the applicable laws.

4. Generally, CCCERA must respond to any request for information within 10 calendar days of receipt of the request. The response need not contain the actual requested information or production of the sought records, but must (at a minimum) provide a response as to whether CCCERA will produce the requested records or provide a basis for rejecting the request. If CCCERA is unable to formulate a response within 10 calendar days, it may extend the time for a response by as much as 14 calendar days, but may only do so with good cause.

5. Subpoenas or court orders requiring the production of records and/or information should be referred to legal counsel immediately upon receipt.

6. Even if a request seeks disclosable records, under California case law, a request may be objectionable if it is unreasonably burdensome. Additionally, the PRA only requires CCCERA to disclose its existing records; it does not require CCCERA to conduct studies, reorganize information or summarize data for the requesting party. Thus, when confronted with a request that will substantially disrupt CCCERA's operations, the Administrator should consult legal counsel.[1]

7. When a request is made for information regarding an individual member that appears to be of a personal or private nature, CCCERA should seek the advice of legal counsel.

[1] Although CCCERA does not have to conduct studies, reorganize information or summarize data, it may have to invest substantial energy sifting through existing data. The amount of time or energy spent sifting through CCCERA's existing data is not, alone, a valid ground for withholding records or information.

III. APPLICABLE LAW

A. Public Records Act (PRA)

The PRA generally requires CCCERA to disclose "public records" unless the particular information is exempt from disclosure. Under the PRA and interpreting case law, "public records" include information in virtually any format "relating to the conduct of the public's business prepared, owned, used or retained by any state or local agency." Although certain exemptions allow CCCERA to withhold some records, case law is clear that the policy in California generally favors disclosure.

The PRA sets forth an extensive list of records that are exempt from required disclosure.[2] Many of the statutory exemptions are inapplicable to CCCERA and others may be applicable only in rare instances. The following exemptions are the most important exemptions for CCCERA:

1. Preliminary drafts, notes, or interagency or intra-agency memoranda that are not retained by the public agency in the ordinary course of business, provided that the public interest in withholding those records clearly outweighs the public interest in disclosure.

2. Records pertaining to pending litigation to which the public agency is a party until the pending litigation or claim has been finally adjudicated or otherwise settled.

3. Personnel, medical, or similar files, the disclosure of which would constitute an unwarranted invasion of personal privacy.

4. Records, the disclosure of which is exempted or prohibited pursuant to federal or state law, including, but not limited to, provisions of the Evidence Code relating to privilege.

5. Additionally, Government Code Section 7922.000 provides a "catch all" provision whereby CCCERA can justify withholding any record by demonstrating that "on the facts of the particular case the public interest served by not disclosing the record clearly outweighs the public interest served by disclosure of the record."[3]

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[2] According to California case law, the listed exemptions permit CCCERA to withhold records; they do not prohibit disclosure. In other words, these exemptions provide CCCERA with discretion to disclose certain records and information. However, due to (a) the possibly sensitive nature of the records covered by the exemptions and (b) the fact that disclosure may constitute a waiver of future rights to withhold information, CCCERA is encouraged to consult legal counsel before disclosing any records that fall under an exemption.

[3] Generally, California law favors disclosure, and if a court disagrees with CCCERA's determination, CCCERA may be liable for the requesting parties' attorney fees and costs associated with obtaining disclosure. Thus, the "catch all" provision should be used sparingly, and only with the benefit of legal counsel.

B. Member Records

Government Code section 31532 provides as follows: "Sworn statements and individual records of members shall be confidential and shall not be disclosed to anyone except insofar as may be necessary for the administration of this chapter [the '37 Act] or upon order of a court of competent jurisdiction, or upon written authorization by the member."

Based upon section 31532 and applicable court rulings, the CCCERA Board hereby adopts the following interpretation of Government Code section 31532 as it pertains to the confidentiality of member records:

Subject to the provisions of this section, data filed by any member or beneficiary with CCCERA is confidential, and no individual record shall be divulged by any official or employee having access to it to any person other than the member to whom the information relates or his or her authorized representative or the county or participating agency by which he or she is employed. The information shall be used by CCCERA for the sole purpose of carrying into effect the provisions of this part. Any information that is requested for retirement purposes by any such public agency shall be treated as confidential by the agency.

Except as provided by this section, the following information is not public information and shall not be disclosed: a member's, beneficiary's or annuitant's social security number, date of birth, address, telephone and facsimile numbers, email addresses, age at entry into service, spouse's and/or beneficiary's names, disability application, medical records, or other personal information provided by the member or beneficiary (excluding the public information listed below).

The following information is public information and shall be released in response to a valid request: member's and benefit recipient's names, member's date of hire, category of service (e.g., general or safety), employment tier, date of hire, applicable benefit formula, date of retirement, election of retirement options, type of retirement allowance (e.g., service, service connected disability, non-service connected disability), years of credited service, age factor for calculation of benefit, final average compensation (including the elements of compensation earnable) and total retirement allowance.

IV. PROCEDURE FOR RESPONDING TO PUBLIC RECORDS REQUESTS

A. Initial Review

Upon receiving a request for records, CCCERA must first determine whether the request seeks disclosable "public records."[4] To make this determination, CCCERA should proceed as follows:

1. Determine if the records are prepared, owned, used, or retained by CCCERA.

2. If the records are prepared, owned, used, or retained by CCCERA, then determine if the requested records relate to the conduct of the public's business.

3. Determine if the requested records fit under one of the exemptions discussed above (e.g., preliminary drafts, records related to litigation or personnel files).

4. Always consider whether there is a good public policy reason to withhold the records. If so, the request should be referred to legal counsel for a case-by- case determination.

5. Determine whether the requested records will reveal information regarding a member that is of a personal or private nature. Generally, records or information that relate to a member's official responsibilities, his or her actions as a public employee, information that is within the public domain (e.g. formula used to calculate pension allowances) or information that is provided to the county auditor/controller (e.g., the member's salary, bonuses) or information provided by other similarly situated retirement systems (e.g., the gross amount of any benefit or any refund of a member contribution) is non-confidential, public information and should be disclosed. However, requests for more personal information (e.g., addresses, telephone numbers, social security numbers, disability and medical records and investigations, marital status, designated beneficiary, etc.) ordinarily should not be disclosed, unless the member has consented to disclosure, and the request should be referred to legal counsel for further handling.

6. Determine whether otherwise disclosable records need to be reorganized or redacted such that confidential information is not included in the disclosed material.

7. If, for any reason, CCCERA believes that certain records should not be disclosed, or questions whether certain records should be disclosed, legal counsel should be consulted.

[4] It is important to remember that a request may be partially acceptable and partially objectionable. CCCERA should disclose all records that are properly sought, even if the person making the request has sought other records that need not be disclosed.

B. Preparing the Response Letter

Under normal circumstances, within 10 calendar days[5] after receipt of the request, CCCERA must notify - in writing -- the person making the request whether some or all of the records will be disclosed. The response letter should also contain the following:

1. If any records will not be disclosed, CCCERA must explain why those records are being withheld. If some of the requested records will be disclosed while others will not, it is important that CCCERA clearly delineate which records will be disclosed (and which will not) and explain the reasons for the distinctions.

2. If some or all of the requested records will be disclosed, CCCERA must state the estimated date and time when the records will be made available. In general, CCCERA should provide the relevant information or make the records available at the earliest practicable date. Unless special circumstances exist, CCCERA should endeavor to produce the information or records within 10 days after the response letter is sent (i.e., within 20 days after the original request).

3. If some or all of the requested records will not be disclosed, because "the public interest served by not disclosing the record clearly outweighs the public interest served by disclosure of the record," (pursuant to Govt. Code Section 7922.000) CCCERA must set forth the names and titles or positions of each person responsible for the denial.

C. Producing the Records

The logistics of providing the requested records should be worked out on a case- by-case basis in cooperation with the person making the request. If practicable, the information should be communicated by letter. If, however, the request seeks review of specific records, or if the requested information is too voluminous for inclusion in a letter, CCCERA should send copies of the relevant records to the person making the request. If the production requires substantial copying, CCCERA should not release the copies until the requesting party pays CCCERA for copying at the rate of $.10 per page. If the requested information is particularly voluminous (or

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[5] Under “unusual circumstances,” if CCCERA cannot reasonably make a determination within 10 days, the Administrator “or his or her designee” should, within the 10 days, send a letter to the person making the request explaining when a response is expected (but in no case more than 24 days after the initial request) and setting forth the reason(s) for the extension. Extensions should not be used simply to postpone the response, but rather should only be used when “unusual circumstances” exist. “Unusual circumstances” includes: (1) the need to search for and collect the requested records from other locations; (2) the need to search for, “sift through” and examine voluminous records; (3) the need for consultation with another agency or department; or (4) the need to compile data, to write programming language or a computer program, or to construct a computer report to extract more limited data that CCCERA seeks to provide in response to a PRA request.

the person requesting the information does not want to pay for copy charges) arrangements should be made so that he or she can view the records at CCCERA's offices.

V. MISCELLANEOUS

A. Availability Of This Policy

A copy of this policy statement shall be posted in a visible location of the CCCERA office, shall be made available to any member of the public upon request, and shall be made available on CCCERA's website.

B. Responsible Individual

For consistency and efficiency, the Administrator shall be the responsible individual for requests under the PRA. Staff shall promptly refer all requests to the Administrator, or his or her designee(s).

C. Record Keeping

A separate file shall be maintained for all documents relating to requests for records under the PRA. All communications relating to requests for records under the PRA shall either be in writing or memorialized by a writing that is appropriately filed.

VI. REVIEW

This policy shall be reviewed by the Board at least every three (3) years and may be amended at any time.

VII. HISTORY

Adopted: May 19, 2004
Amended: December 12, 2007; November 24, 2009; February 22, 2023

ATTENTION NEW CONTRA COSTA COUNTY RETIREES WHO ARE CALPERS LONG-TERM CARE PROGRAM PARTICIPANTS

If you are currently enrolled in the CalPERS Long-Term Care Program and have your monthly premium payment deducted from your *active* employee paycheck, you have the following payment options available to you:

- Direct pay to the CalPERS Long-Term Care Program;
- Establish a monthly deduction from your savings or checking account;
- Establish a monthly deduction from your retiree pension check (see below).

To ensure continuation of your benefits, please contact the CalPERS Long-Term Care Program Customer Service Line at 1- (800) 982-1775 to discuss your payment options.

* * * Retiree Pension Check Deduction * * *

If you wish to have your monthly premium payment deducted from your retiree pension check, please be aware that there will be a lapse in time before you receive your first automated retiree pension check. As this lapse may be longer than one month, you will be responsible for coordinating with the CalPERS Long-Term Care Program and to pay *directly* for any premium payments not paid through your last active payroll check deduction or your first retiree automated pension check deduction.

Contra Costa County

Human Resources Department
Employee Benefits Service Unit
1025 Escobar Street, 2nd Floor
Martinez, CA 94553

(925) 655-2100

AUTHORIZATION FOR RETIREE AND SURVIVOR MEDICAL AND DENTAL PREMIUM DEDUCTION

If eligible:

Do you plan to continue County Medical Coverage in retirement? ☐ Yes ☐ No

Do you plan to continue County Dental Coverage in retirement? ☐ Yes ☐ No

Do you plan to elect the health benefit deferral (up to 24 months)? ☐ Yes ☐ No

In order to assure continuation in your medical and/or dental benefits as a Contra Costa County Retiree, please complete this form and submit to the Contra Costa County Employees' Retirement Association (CCCERA).

Print Name _____ Employee No. _____

Address(Home) _____ SSN# _____

City _____ State _____ Zip Code _____ Telephone _____

Address(Mailing, if different) _____ Email Address _____

City _____ State _____ Zip Code _____

I certify under penalty of perjury that I both agree and I authorize the following:

- I authorize the Contra Costa County Employees' Retirement Association to deduct from my pension check the monthly payments due for medical and/or dental premium costs.
- I agree to inform the Contra Costa County Employee Benefits Service Unit of any mailing address changes for the purpose of providing me with current information regarding my medical and/or dental plan benefits.
- I also agree and understand that if I do not have enough funds in my retiree/survivor pension check to pay for medical and/or dental premiums, I will be responsible for making payments directly to ***Contra Costa County*** in order to maintain program eligibility.
- I understand that it may take several months to receive my first pension/survivor check and that I will be responsible for paying my medical and/or dental premiums incurred during that time.

Retiree/Survivor Signature _____ Date _____

Original: CCCERA 9/17/18 **Copy: Employee Benefits Service Unit**

C. C. C. R. E. A.
P.O. BOX 2973
MARTINEZ, CA. 94553-8868

CCCREA EXECUTIVE BOARD

President, Petrenya Boykins

Vice President, Jan Aaronian
Recording Secretary, Pam Collinshill
Treasurer, Marcia Coudyser

Board Members
Maria Catanese
Carl Doolittle
Vicki Doolittle
Jim Hattum
Sandy Hawkins
Milt O'Neill
Mike Sloan
(Past President)

Staying In Touch

P.O. Box 2973
Martinez, CA 94553-8868
Toll Free: 1-855-522-3732
Email: info@cccrea.info
Website: www.cccrea.info

Our Mission Statement

CCCREA exists to preserve retirees' pensions and safeguard benefits through legislative initiatives, social engagement and community support

Contra Costa County Retired Employees Association, Inc.

Linking the Past, Present & Future of Contra Costa County Retirees for more than 30 years

Membership Card

Each current member receives a membership card which entitles the bearer to a multitude of discounts and benefits. Inside are just some the perks that you will enjoy!

2019 Christmas Luncheon

Quarterly Luncheons

Our luncheons are held in Spring (March), Summer (June), Fall (September), and Winter (December) at Zio Freado's Pleasant Hill.

Members pay half of the cost, while guests are welcome to attend at the regular price. As a token of our appreciation, a member's first luncheon is free of charge!

Affiliations with Other Retiree Organizations:

The Contra Costa County Retired Employees Association is an active member of the California Retired County Employees Association. Through a paid lobbyist, CRCEA monitors and sponsors legislation pertaining to retirees' rights and benefits. CRCEA has actively supported several bills which have enhanced your benefits. For more information about CRCEA, visit www.crcea.org

Monthly Business Meetings

The Contra Costa County Retired Employees Association Board meets regularly at 10 AM on the 2nd Tuesday of the month (excluding August and quarterly luncheon dates).

All members are invited to attend. Please call to inquire for meeting location or check www.CCCREA.info

***C**ommitment: safeguard and enhance members' benefits*

***C**ause: to initiate, support and sponsor legislation*

***C**ultivate: support community activities and projects*

***R**epresent: members interest before CA Legislature*

***E**ngage: members, beneficiaries and families*

***A**dvance: projects concerned with general well being*

Family Scholarship Program

CCCREA invites members to sponsor aspiring students to apply for our scholarships. Our applications filing period begins each year on January 1st and ends March 31st each year. Early submission is not penalized.

Since the inception, CCCREA has provided over $25K in scholarships to aspiring students pursuing college degrees & vocational training

Associate Membership (Only $1 per month, payable annually in January)

In 2018, the Board of Directors voted to include a new category for Association membership. This category is available to current employees of Contra Costa County, or the special districts under CCCERA's jurisdiction, who are one or more years from full retirement.

This membership will include all the rights and benefits of regular members, except voting, holding office, participating in the scholarship program, or the supplement benefits program.

I hereby authorize and request CCCERA to deduct from my retirement allowance the below listed amount every month, beginning the first such month after your receipt hereof, such sum as is designated to you in writing by the President and Secretary of said Association, and to pay such sum to said Association as my dues; this authorization to be effective on by me in writing.The fee is **$3.00 Per Month.**

Name (printed)

Address

No. of years employed

Retirement date

Department

Telephone ( ) E-Mail

FILL OUT THIS CARD AND MAIL IT IN TODAY!

Membership and Authorization for Dues Deduction

☐ **I will help protect my pension by joining California AFSCME Retiree Chapter 57 Today!***

Signature: _____

Date: _____ Employee #: _____

SS#: _____ - _____ - _____ Birthday: _____
(Required for CCCERA; will not be used for any other purpose)

Name: _____

Address: _____

City: _____ State:_____ Zip_____

Agency retired from: _____

Mail to: AFSCME Retirees, PO Box 1994, Martinez CA 94553-0994

*I hereby join California AFSCME Chapter 57 and designate this chapter as my duly chosen and authorized representative to promote and protect my economic welfare to the extent authorized by law. I hereby request and authorize the deduction from my monthly CCCERA retirement allowance the amount certified by the Retiree Chapter as the current rate of dues. Current dues are $3.00 per month.

E-Mail Address: _____

Home Phone: _____

Cell Phone*: _____

*By providing your cell phone number you consent to receive calls (including recorded or autodialed calls, or texts) at that number from AFSCME and its affiliated labor, political and charitable organizations on any subject matter. Your carrier's rates may apply. You may modify your preferences at: https://www.afscme.org/tcpa.

JOIN CALIFORNIA RETIREE CHAPTER 57

And Take Advantage of the Benefits!

- Representatives before the State Legislature, local governments and retired system boards.
- The extra clout of AFSCME *Council 57* and its thousands of working members; the Council gives us office space and staff assistance and lends its expertise on public-sector issues.
- Informative monthly chapter meetings. See friends and former co-workers and get the latest news affecting retirees.
- A discount legal service plan.*
- Low-cost life insurance.*
- Eligibility for the AFSCME Advantage MasterCard (NO ANNUAL FEE and the lowest in interest rates in the nation).*
- A discount vision care plan.*
- Affiliation with the American Federation of State, County and Municipal Employees (AFSCME)—the nation's leading public-sector union with 1.3 million members. AFSCME's Retiree Program looks out for our interests in Washington, D.C., where decisions are made on Social Security, Medicare, and other Federal programs for senior citizens.
- Subscriptions to AFSCME's informative publications: the *Retiree Rights* newsletter and the *Public Employee* magazine.

Membership in Chapter 57 is the Best Retiree Bargain Around. Get the Benefits By Joining Today.

**AFSCME and Chapter 57 derive no profit from any of our membership benefits; all savings are passed along directly to you.*

Retiree Support Group of Contra Costa County

P.O. Box 3165
Martinez, CA 94553
www.rsgofccc.com

MEMBERSHIP APPLICATION & PAYROLL DEDUCTION AUTHORIZATION

I hereby authorize and request that you make a monthly deduction from my retirement pension or from my survivor's pension of the dues designated by The Retiree Support Group of Contra Costa County (RSG). The monthly deduction shall be paid to RSG as my membership dues. The dues amount will be set by RSG and designated in writing by the RSG Chair. The deduction will begin the first month after receipt of this authorization and will remain in effect until I terminate it in writing.

FILL OUT ALL PARTS OF THIS FORM. PLEASE PRINT USING INK.

Your Name (Please Print)_____

Retiree's Employee No._____

Address_____

City_____ **State**_____ **Zip**_____

Telephone ( ) _____ **Cell Phone ( )** _____

Your Signature_____**Date**_____

CONSENT TO RECEIVE ELECTRONIC COMMUNICATIONS FROM RSG AND VERIFICATION OF E-MAIL ADDRESS

CONSENT: In addition to all other means authorized by the California Nonprofit Corporation Law for communicating with members, I consent to receive communications from the RETIREE SUPPORT GROUP addressed or directed to me at **MY E-MAIL ADDRESS** I have printed below. My consent shall be valid until I revoke it in a signed letter delivered to RSG.

VERIFICATION: I verify that electronic mail communications which I send to RSG regarding actions that members of RSG may take, or when delivered from **RSGCCC@gmail.com**, are communications that are sent to or by me, or at my direction.

EXPLANATION OF THIS FORM (SEE REVERSE SIDE): I consent to receive all communications with RSG via electronic mail. By signing below, I acknowledge that I have received and read the explanation on the reverse side of this form entitled "Explanation of the Form Consenting to Receive Electronic Mail Transmissions."

Your E-Mail Address _____

Your Signature_____**Date**_____

WHERE TO MAIL YOUR MEMBERSHIP APPLICATION

Retiree Support Group of Contra Costa County (RSG)
P.O. Box 3165
Martinez, CA 94553

THE IMPORTANCE OF E-MAIL COMMUNICATIONS

We ask you to give us written consent to communicate with you by e-mail for four reasons:

First, the law requires your consent. We must get your consent to send you notices of RSG business by e-mail.

Second, e-mail saves your dues money. Empowering RSG to use e-mail to communicate with you helps minimize RSG administrative costs (postage and other mailing charges) paid by your dues money.

Third, e-mails get you important information quickly. We sometimes need to notify you of important events and information that is time sensitive. Our e-mails will reach you instantly, instead of taking days to reach you through the U.S. Postal Service.

Fourth, e-mails conserve RSG leadership resources. E-mails can be sent to our entire membership with a minimum of work by our RSG volunteer leaders. Our volunteer officers and directors are freed to spend time working for your retirement benefits, instead of addressing and stuffing envelopes and preparing them for mailing or paying a third party to do that.

EXPLANATION OF THE E-MAIL CONSENT FORM

As required by Section 20 of the California Corporations Code, this Explanation gives you information about the use of electronic mail ("e-mail") for communications to you from the Retiree Support Group (RSG) regarding member meetings, written ballots, and any other matters related to the business of RSG provided in the Bylaws of the Retiree Support Group.

By completing and submitting to RSG the Member Consent and Verification Form, you will give your permission to receive all communications regarding RSG's business via electronic means such as e-mail. You will be able at any time to write RSG at our business address to update RSG about your e-mail address.

You have the right at any time to withdraw your consent to receiving electronic communications from RSG. To withdraw your consent, you must write a letter to RSG in which you withdraw your consent. Your letter should be mailed to RSG at our business address: P.O. Box 3165, Martinez, CA 94553. If you choose to withdraw your consent, you will receive from RSG hard-copy paper communications.

You have the right to request RSG to send you a paper copy of any electronic transmission sent to RSG members, by sending a hard copy paper letter to RSG at our business address in which you identify the electronic transmission you would like to obtain.

If you are unable or do not wish to receive e-mail communications from RSG, you may request RSG to send communications to you by hard-copy paper, and you may send communications to RSG by hard-copy paper.

Rev. 04-19-21