



California State Teachers'  
Retirement System  
Disability Services – MS 43  
Post Office Box 15275  
Sacramento, CA 95851-0275  
916.229.3870 / Toll-Free: 1.800.228.5453 / TTY: 916.229.3541  
[www.calstrs.com](http://www.calstrs.com)

Please refer to the California State Teachers' Retirement System (CalSTRS) Disability Benefit Program Booklet for specific program requirements and eligibility criteria. If you have any questions on how to complete or request these forms, please contact our Public Service Office at the telephone number or address listed above. Follow these instructions to ensure you have submitted a complete disability application packet.

- 1) DISABILITY APPLICATION (DS0260): Complete all sections as they apply to your membership Coverage A or B. Your coverage is indicated at the top of the disability application included in this packet, on your CalSTRS Annual Statement of Account, or you can contact our Public Service Office. All signature fields must be completed or the application will be returned as incomplete, which could delay your claim and change your effective date for benefits.
- 2) DISABILITY RETIREMENT BENEFIT INFORMATION (DS1351): General information regarding the various types of benefit plan features.
- 3) DISABILITY RETIREMENT BENEFIT ELECTION (DS0569A) Coverage B applicants only: This form must be returned to CalSTRS with the disability application. Your benefit election must be indicated on this form or the form will be returned to you as incomplete, which could delay your claim and change your effective date for benefits.
- 4) DISABILITY RETIREMENT OPTION 8 INFORMATION (DS2047 and Attachments 1 through 5): This section explains the new benefit feature Option 8. Calculation forms and option factor tables are provided for you to calculate a monthly benefit that could meet your financial needs using various combinations of options and percentages for your selected beneficiaries.

Please complete and return the next three forms to help expedite the processing of your application. Your application may be mailed separately; however, the remaining forms should be submitted shortly thereafter.

- 5) MEMBER'S ATTENDING PHYSICIAN'S REPORT (DS0109): This form must be completed by your treating physician(s). If you need additional forms, photocopy the one included in this packet or call our Public Service Office. If possible, request that your doctors release copies of medical and hospital reports/diagnostic tests which pertain to your disabling condition. These documents will assist CalSTRS in evaluating your medical eligibility for benefits.
- 6) INCOME TAX WITHHOLDING PREFERENCE CERTIFICATE (AD0908): Please read the instructions at the top of the form. Indicate your choice for tax withholding or CalSTRS will default your withholding to Married with three exceptions.
- 7) EMPLOYMENT AND BENEFITS INFORMATION (DS0318): This form must be completed by all of your employing school districts. If approved for benefits, this information will assist CalSTRS in determining your benefit effective date. If you need additional forms, photocopy the one included in this packet or contact our Public Service Office.

**Our Mission:** *Securing the Financial Future and Sustaining the Trust of California's Educators*

The following forms are optional. Complete and return only those forms that apply to you.

- 8) DIRECT DEPOSIT AUTHORIZATION (MS1130): This form authorizes CalSTRS to deposit your monthly checks directly into your bank account. Remember to attach a voided check to the bottom of the form.
- 9) BENEFICIARY DESIGNATION FORM (MS0002): This form allows you to designate a beneficiary for the Lump Sum Death Benefit only.
- 10) INSURANCE PREMIUM DEDUCTION AUTHORIZATION (MS0556): Submit this form directly to your insurance carrier to have your insurance deduction(s) withheld from your monthly CalSTRS payment. DO NOT RETURN THIS FORM TO CalSTRS.