



California Public Employees' Retirement System (CalPERS)
 CalPERS Supplemental Income 457 Plan (the "Plan")
<https://calpers.inplans.com>

P.O. Box 5166
 Boston, MA 02206-5166
 1-800-260-0659

NOTIFICATION OF SEPARATION FROM EMPLOYMENT FORM (For Employer Use Only)

Use this form to notify the CalPERS Supplemental Income 457 Plan when a participant has **permanently** separated from employment at your agency, regardless of the reason. This is necessary because federal law permits distributions from a 457 plan without tax penalty upon permanent separation from the employer sponsoring the plan.

Do **not** use this form if the employee is on temporary disability leave, bereavement leave, sabbatical or any other type of leave that is not permanent.

I. PARTICIPANT INFORMATION				
Last Name	First Name	Middle Initial	Social Security Number	Birth Date
Mailing Address (number and street)		City	State	Zip Code
Telephone Number (work)		Telephone Number (home)	Email Address	
II. EMPLOYER INFORMATION				
Employer Name:		Agency Plan Number:: 450 - __ __ __		
Contact:	Email:	Telephone #:		
III. EMPLOYMENT INFORMATION				
<input type="checkbox"/> As the employer, I certify that the employee/participant named above has permanently separated from employment with this agency				
<input type="checkbox"/> Last Date of Employment:		<input type="checkbox"/> Employee Deceased*	Date of Death:	
*If the employee is deceased, attach a copy of the official death certificate bearing a raised seal or ink stamp, and a copy of their Beneficiary Designation Form, if available.				
IV. SIGNATURE REQUIRED				
Employer's Signature			Date	
Title:				