

APPLICATION FOR DISABILITY INCOME INSTRUCTIONS

UNIVERSITY OF CALIFORNIA RETIREMENT PLAN (UCRP)

UCRS 156 (R1/24) University of California Human Resources

To apply for UCRP disability income, complete this form and submit it to the address shown on the form. **You are responsible for paying any costs for providing medical information.**

An effective date for disability benefits cannot be established until this form is received by Retirement Administration Service Center in Oakland. To ensure protection of privacy, please send this form directly to the UCRP Disability Unit.

You may be able to continue your medical, dental, and other insurance benefits while this application is pending. See your Benefits Representative for information and forms.

If approved for disability income, you may establish direct deposit by completing the *Direct Deposit for Monthly Benefit* form (UCRS 160), available on the UCnet website (ucnet.universityofcalifornia.edu).

SECTION 1 — PERSONAL INFORMATION

Please provide all the information requested on the form. Be sure to inform UC Retirement Administration Service Center of future address changes.

Normal Application Percentage: Include the percent time you are appointed for your regular and normal UC employment. This will be verified by the Retirement Administration Service Center from your local payroll office.

SECTION 2 — TAX WITHHOLDING ELECTION

If you are approved for disability income indicate the federal and state income tax you would like withheld from your monthly UCRP disability income payment.

Federal Income Tax: If you make no federal tax withholding election, UC automatically withholds federal income tax from your monthly payments based on the tax table for a **married individual claiming three allowances**.

Note: If your payment is to be delivered to a foreign address that is not a U.S. possession, tax will automatically be withheld based on the tax treaty between the U.S. and that country; you may not elect no withholding.

There are penalties for not paying enough tax during the year, either through monthly withholding or estimated federal tax payments. *IRS Publication 505* explains the estimated tax requirements and penalties in detail. *IRS Publication 575* provides general information on the taxability of annuities. These publications are available from the Internal Revenue Service. Please note that the University cannot provide tax advice.

California State Income Tax

California Residents: If you make no state tax withholding election, UC automatically withholds California tax from your monthly payments based on the tax table for a **married individual claiming three allowances**.

Non-California Residents: Effective January 1996, states are prohibited from taxing non-resident pensions. If you previously elected to have California state income tax withheld, your election remains in effect until you change it. You may want to consult a tax advisor regarding your individual situation. UC does not withhold income tax for states other than California.

Changes to Your Election: Your withholding election will remain in effect until you change it by submitting a new *Tax Withholding Election for UCRP Income* form (UBEN 106), available on the UCnet website (ucnet.universityofcalifornia.edu).

SECTION 3 — REQUIRED SIGNATURES

Member: Your signature on this form acknowledges that you have read and understand the Notice on the page following the form. Also, it acknowledges that all of the information you provided is true to the best of your knowledge and that you authorize all of the actions indicated.

SECTION 4 — DISABILITY INFORMATION

Briefly describe your disability on the sheet provided. If you need more space, attach a separate sheet to this form.

Provide the names, addresses and telephone numbers of your physicians and health care providers. Also briefly indicate the disability or disabilities for which each is treating you. If you need more space, attach a separate sheet to this form.

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Send to:
Retirement Administration Service Center
UCRP Disability Unit
P.O. Box 24570
Oakland, CA 94623-1570

1. PERSONAL INFORMATION

NAME (Last, First, Middle Initial)		SOCIAL SECURITY NUMBER	BIRTHDATE	HIRE DATE
MAILING ADDRESS (Number, Street)		HOME TELEPHONE NUMBER ()	CAMPUS / MED CTR / LAB	
(CITY, STATE, ZIP)		CELL/ALTERNATE TELEPHONE # ()	EMAIL ADDRESS	
JOB TITLE		LAST DAY ON PAY STATUS	NORMAL APPOINTMENT PERCENTAGE	
DEPARTMENT		BENEFITS REPRESENTATIVE		
NAME OF SPOUSE/DOMESTIC PARTNER (DP)	SSN OF SPOUSE/DP	BIRTHDATE OF SPOUSE/DP	MARRIAGE/DOMESTIC PARTNERSHIP DATE	
EMPLOYMENT STATUS AS OF DATE OF THIS APPLICATION (PLEASE CHECK) <input type="checkbox"/> AT WORK/LEAVE WITH PAY <input type="checkbox"/> APPROVED LEAVE WITHOUT PAY <input type="checkbox"/> SEPARATED <input type="checkbox"/> OTHER (EXPLAIN ON A SEPARATE SHEET)				SEPARATION DATE
INDICATE IF YOU HAVE APPLIED FOR ANY OTHER DISABILITY BENEFITS (CHECK ALL THAT APPLY). THIS ENABLES UC TO PROCESS THIS FORM.				
<input type="checkbox"/> LIBERTY MUTUAL DISABILITY: CLAIM NUMBER AND/OR CLAIM ADJUSTER'S NAME _____				
<input type="checkbox"/> WORKERS' COMPENSATION: CLAIM NUMBER AND/OR CLAIM ADJUSTER'S NAME _____				
<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> OTHER _____				

2. TAX WITHHOLDING ELECTION

A. FEDERAL INCOME TAX

Refer to instructions and worksheets on IRS Form W-4P (<https://www.irs.gov/pub/irs-pdf/fw4p.pdf>) to determine the below tax withholding information. Complete Steps 2-4 ONLY if they apply to you.

Step 1: Filing Status: Select your filing status.

- ☐ Single or Married filing separately
☐ Married filing jointly or Qualifying widow(er)
☐ Head of household

Step 2: Income from a Job and/or Multiple Pensions/Annuities (You and/or Spouse): 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. If (a) below is blank and this pension/annuity pays the most annually, complete Steps 3-4b. Otherwise, skip Steps 3-4.

- (a) **If you/your spouse have one or more jobs:** Total taxable annual pay from all jobs, plus any income from IRS Employee Form W-4, Step 4a for the jobs, minus any deductions from IRS Employee Form W-4, Step 4b for the jobs: \$
- (b) **If you/your spouse have other pensions/annuities that pay less than this one:** Total annual taxable payments from all of your (and your spouse's) lower-paying pensions/annuities: \$
- (c) **Total of (a) and (b) above:** \$

Step 3: Claim Dependent and/or Other Credits: Complete the following if your total income will be \$200,000 or less (or \$400,000 or less if married filing jointly).

- (a) Multiply the number of qualifying children under age 17 by \$2,000: \$
- (b) Multiply the number of other dependents by \$500: \$
- (c) Other credits: \$
- (d) Total of (a)-(c) above: \$

Step 4: Other:

- (a) Other income (not from jobs or pension/annuity payments) for which you want tax withheld (may include interest, taxable social security, and dividends): \$
- (b) Deductions: \$
- (c) Extra flat dollar withholding from each monthly payment: \$
- ☐ Do not withhold Federal income tax. *Checking this box is the equivalent of entering "No Withholding" on IRS Form W-4P. You will have no federal tax withheld from your monthly payment and may owe taxes and penalties when filing your tax return.*

SEE LAST PAGE FOR PRIVACY NOTIFICATIONS

B. CALIFORNIA STATE INCOME TAX

Please withhold California state income tax as shown (if you do not make an election, your previous election will remain in place):

- ☐ Married, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- ☐ Single, _____ allowances based on the tax table. (Enter number of allowances, or if zero, enter 0).
- ☐ In addition to the tax table amount, withhold \$_____ monthly. (You must also check and complete the "Married" or "Single" line above.)
- ☐ Withhold a flat monthly dollar amount **only**: \$_____. Do not withhold based on the tax table.
- ☐ Withhold _____% **only** (whole % only). Do not withhold based on the tax table.
- ☐ Do not withhold California state income tax.

3. REQUIRED SIGNATURES

All of the information is true to the best of my knowledge.

MEMBER'S SIGNATURE

DATE

SEE ADDITIONAL PAGE BELOW

NAME (LAST, FIRST, MIDDLE INITIAL)	SOCIAL SECURITY NUMBER
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

NAME OF YOUR PHYSICIAN(S)/TREATMENT PROVIDER	SPECIALTY	TELEPHONE NUMBER
PHYSICIAN'S ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		FAX NUMBER

SUMMARY OF TREATMENT	TREATMENT DATES
	START: END:

NAME OF YOUR PHYSICIAN(S)/TREATMENT PROVIDER	SPECIALTY	TELEPHONE NUMBER
PHYSICIAN'S ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		FAX NUMBER

SUMMARY OF TREATMENT	TREATMENT DATES
	START: END:

NAME OF YOUR PHYSICIAN(S)/TREATMENT PROVIDER	SPECIALTY	TELEPHONE NUMBER
PHYSICIAN'S ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)		FAX NUMBER

SUMMARY OF TREATMENT	TREATMENT DATES
	START: END:

PRIVACY NOTIFICATIONS

STATE

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information about themselves.

The principal purpose for requesting information on this form, including your Social Security number, is to verify your identity, and/or for benefits administration, and/or for federal and state income tax reporting. University policy and state and federal statutes authorize the maintenance of this information.

Furnishing all information requested on this form is mandatory. Failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be transmitted to the federal and state governments when required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Personnel Offices.

The official responsible for maintaining the information contained on this form is the Vice President—University of California Human Resources, 1111 Franklin Street, Oakland, CA 94607-5200.

FEDERAL

Pursuant to the Federal Privacy Act of 1974, you are hereby notified that disclosure of your Social Security number is mandatory. The University's record keeping system was established prior to January 1, 1975 under the authority of The Regents of the University of California under Article IX, Section 9 of the California Constitution. The principal uses of your Social Security number shall be for state tax and federal income tax (under Internal Revenue Code sections 6011, 6051 and 6059) reporting, and/or for benefits administration, and/or to verify your identity.

NOTICE

The University of California Retirement Plan (UCRP) Document and the UCRP Regulations require full cooperation of the applicant/recipient in providing documentation to assist in the determination of eligibility for disability income under UCRP. The required information may include but is not limited to such documentation as medical/psychiatric (if applicable) records and financial records (IRS, FTB, EDD, Social Security, etc.) Failure to provide this information or failure to provide access to this information by not signing releases to authorize UCRP access will result in the termination of processing of your application or the termination of your benefit status.

By applying for disability benefits under this Plan, the Member agrees to abide by the rules and regulations governing UCRP which remain in effect as long as the Member is in disability benefit status.

The University of California adheres to and upholds, federal and state privacy standards (HIPAA, etc.) for maintenance and use of private health information.