

Layoff Information
For City of Oakland Employees

Department of Human Resources Management
Revised May 2016



Table of Contents

A. THINGS TO DO – EMPLOYEE CHECKLIST..... 3

B. LAYOFF INFORMATION FOR CITY OF OAKLAND EMPLOYEES..... 5

 1. Reinstatement 6

 2. Final Paycheck 7

 3. Leave Balances..... 7

 4. Western Federal Credit Union..... 8

 5. Tuition Reimbursement..... 8

D. IMPORTANT NUMBERS AND CONTACT INFORMATION..... 9

E. CHANGE OF ADDRESS OR OTHER PERSONAL INFORMATION 11

F. BENEFITS INFORMATION AND FORMS..... 13

 1. Separation from City Employment Checklist..... 15

 2. COBRA INFORMATION FACT SHEET..... 17

 3. 457 DEFERRED COMPENSATION OPTIONS UPON LEAVING THE CITY OF OAKLAND 23

 4. Employee Group Life Insurance and Supplemental Life Insurance..... 29

 5. CalPERS Retirement Information..... 33

 6. EDD – Unemployment Insurance Program Fact Sheet 43

 7. Employee Assistance Program 57

G. CAREER/JOB LINKS INFORMATION 61

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B. LAYOFF INFORMATION FOR CITY OF OAKLAND EMPLOYEES

Read Me. This packet provides important information to City of Oakland employees who have received a letter notifying them of layoff from City employment. Please read the information contained in this document carefully and thoroughly. It will help guide you through the transition and enable you to become familiar with benefits and resources available to you after separation.

Support Center. The Department of Human Resources is offering a Support Center where staff will be available to answer your questions about what happens next. Information and assistance will be available regarding:

- Benefits
 - What you'll need to do to continue your medical benefits (COBRA)
 - Options for what to do with your deferred compensation (457b) account
 - Options for CalPERS retirement
 - Other benefits information
- Unemployment – how to apply
- Payroll – What's included in your final paycheck and what you need to communicate to your department's payroll representative
- Employee Assistance Program – how to access counseling and referral services
- Community Resources

Support Center

Location: 150 Frank Ogawa Plaza, 2nd Floor, Classroom One

Dates: July 12, 13, 14; July 19 and 20, 2011

Time: 10:00am-3:00pm

Checklist of Things to Do. The checklist on the previous page was developed to assist you in keeping track of all of the things that need to be taken care of before you leave the City. Please use it. And let us know if you have any questions or need help by calling the Department of Human Resources Management at (510) 238-3112.

C. WHAT ELSE DO I NEED TO KNOW?

1. Reinstatement

When you are laid off, you may have a right to be reinstated. Reinstatement is when a laid off employee is brought back to work at the City in a position of the same classification the employee worked in at the time of layoff. It does not mean that you would come back to work in the same place (department) you worked when you were laid off, just the same class of position. So, for example, if you worked as a Public Service Representative in Parking, you might be reinstated to a Public Service Representative position in Public Works, or CEDA, or any other department.

a. Permanent Employees

If you are a permanent employee in a Civil Service Classified position (your position is not exempt and you have passed probation), your name will be placed on a reinstatement list for your classification in seniority order (most senior is reinstated first). The reinstatement period is three (3) years for all permanent employees.

Hiring into vacancies is done from reinstatement lists for the classification before any other list is considered (for example: transfer lists, eligible lists). If a position becomes available before the reinstatement list has expired and you are the most senior on the list, you will be offered a position. You will not have to apply for the position again, but you may have to show that you have the certificates or licenses required by your classification, or you may be required to take a medical examination or pass a background check, depending on where the position is.

If you are not reinstated before your eligibility for reinstatement expires (usually three years), you will no longer have a right to be placed into a City position without applying and competing for a position.

b. Probationary Employees

If you are a Civil Service employee who has not yet passed probation, your name will NOT be placed on a reinstatement list for your current classification. Instead, your name will go back on the eligible list you were hired from. You may be considered for appointment again if vacancies become available.

If the eligible list expires, you will be required to apply for openings that occur if you want to obtain future employment with the City of Oakland.

If you had worked in another classification in the City before being appointed to your current position, you may be able to revert to a position in your former classification if you have enough seniority.

c. Exempt Employees

If your position is exempt from Civil Service and you are laid off, your name **will not** be placed on the reinstatement or eligible list for your current classification. However, if your position is part of the IFPTE Local 21 UM1 bargaining unit, you may revert to a previously held Civil Service position if you have sufficient seniority in your former classification. Exempt classifications include certain manager classifications, temporary part-time classifications, Temporary Contract Service Employees (TCSEs), and Exempt Limited Duration Employees (ELDEs). If you have questions about whether or not your position is exempt, please call Recruitment & Classification at (510) 238-3413.

If you want to obtain future employment with the City of Oakland, you will have to apply through a regular application process for openings.

2. Final Paycheck

Your final paycheck will include your salary and payment for any unused vacation, floating holiday, and comp time earned as of the date of your separation from City service. If you have worked for the City for ten years or more, your final paychecks will also include payment for one-third of unused sick leave. See the section below on Leave Balances.

You will receive your final paycheck on the date of your separation from City service. NOTE: **Remember to make arrangements with your departmental payroll rep to pick up your final paycheck or have it mailed to your home address.**

3. Leave Balances

You will have to decide what you want to do with your leave balances – use the paid time before your last day (subject to department approval), cash it out in your final paycheck (rules and restrictions apply), or have that money “roll over” to your Deferred Comp account (see details in the section on Deferred Comp).

a. Vacation Leave

If you have unused, earned vacation, you may:

- i. Request to take all or part of your earned vacation time before the date of your separation from City service, subject to the scheduling approval of your department head, or
- ii. Receive payment for any vacation time earned which you have not used as of the date of your separation from City service.
- iii. If you return to work within two years of layoff, when you return to work you will accrue vacation at the same rate you did at the time of layoff. If you return to work later than two years of the date of your layoff, for purposes of computing vacation leave, you will be treated as a new employee. [Civil Service Rule 8.01(e)(iv)]

b. Comp Time (Compensatory Time)

If you have unused, earned comp time in the City’s payroll system, you may:

- i. Request to take all or part of your comp time before the date of your separation from City service, subject to the scheduling approval of your department head, or;
- ii. Receive payment for any comp time earned which you have not used, as of the date of your separation from City services.

c. Sick Leave

Your unused sick leave benefit is determined by your years of service with the City.

i. Employees with less than 10 years of City Service:

Your unused, earned sick leave will remain in the City’s payroll system for one year. If you are returned to work within one year of the date of your layoff, the sick leave balance remaining in the system at the time you are laid off will be restored.

If you return to work later than one year of the date of your layoff, you will have no sick leave balance and will begin to accrue sick leave as a new employee. [Civil Service Rule 8.02(d)]

ii. Employees with 10 or more years of City Service:

If you have 10 or more years of City service, uninterrupted by any single period of absence in excess of one (1) year, you will be paid a lump sum payment for thirty-three and one-third percent (33-1/3%) of accrued sick leave.

d. Management Leave

If you have unused, earned Management Leave, you may:

- i. Request to take all or part of your earned Management Leave time before the date of your separation from City service, subject to the scheduling approval of your department head, or
- ii. Receive payment for any Management Leave time earned which you have not used as of the date of your separation from City service.

e. Floating Holiday

If you have an unused Floating Holiday you may:

- i. Request to take the Floating Holiday before the date of your separation from City service, subject to the scheduling approval of your department head, or
- ii. Receive payment for the Floating Holiday.

4. Western Federal Credit Union

After leaving City employment, you may remain a member of the Western Federal Credit Union (formerly Oakland Municipal Credit Union), maintaining all membership privileges except for automatic payroll deductions. Savings and loan deductions will automatically end with your final paycheck. For repaying loans, contact the Credit Union about setting up future payments at (877) 254-9328. The Credit Union is located at 150 Frank Ogawa Plaza, 1st floor.

5. Tuition Reimbursement

If you are currently enrolled in a class or classes approved for tuition reimbursement by your department head or the City Administrator's Office and the class ends before you separate from City service, you will be entitled to tuition reimbursement for the class or classes. You must present proof of a passing grade to your department head and you will be reimbursed for your tuition in accordance with standard City practice.

D. IMPORTANT NUMBERS AND CONTACT INFORMATION

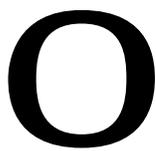
Employee Benefits Office.....	238-7446
Deferred Compensation	238-6769
ICMA-RC.....	(800) 669-7400
Employment Information	
Listing of Employment Agencies.....	238-3112
Listing of Current City Openings.....	238-3111
Employee Assistance Program.....	238-4984
Western Federal Credit Union	
Customer Service.....	(877) 254-9328
Payroll – Paycheck and Accrual Information.....	238-6735
Retirement	
PERS Information.....	238-6479
State Agencies	
EDD (Employment Development Dept.).....	(800) 300-5616

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F. BENEFITS INFORMATION AND FORMS

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CITY OF OAKLAND

BENEFITS DEPARTMENT

Separation from City Employment Checklist

PRINT NAME

EMPLOYEE ID

DATE

COBRA INFORMATION

- COBRA Information Fact Sheet
- 2016 Monthly Medical, Dental and Vision Rates

FLEXIBLE SPENDING ACCOUNTS INFORMATION

- Flexible Spending Accounts (MCAP/DCAP)

457 DEFERRED COMPENSATION INFORMATION

- 457 Deferred Compensation Option upon Leaving the City of Oakland
- 457 Deferred Compensation Governmental Withdrawal Request Form

LIFE INSURANCE INFORMATION

- Employee Group Life Insurance and Supplemental Life Insurance
- Sun Life Assurance Company – Portability Notice

CALPERS INFORMATION

- PERS Refund Election form (PERS01M349)
- PERS Justification for Non-Signature of Spouse or Registered Domestic Partner (PERS BSD-800)
- PERS FAQ – Refund of Member Contributions
- PERS Keep contributions with CalPERS or receive a refund.
- PERS Refund Tax Information

EMPLOYMENT DEVELOPMENT DEPARTMENT (EDD)

- Unemployment Insurance Program Fact Sheet (DE-8714B)
- Unemployment Insurance Application (DE-1101ID)

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COBRA INFORMATION FACT SHEET

What is continuation coverage?

Federal law requires that most group health plans give employees and their families the opportunity to continue coverage under their **current** health plan when there is a “qualifying event” that would result in a loss of coverage under an employer’s policy. Depending on the type of qualifying event, “qualified beneficiaries” can include the employee (or retired employee) covered under the group health plan, the covered employee’s spouse, and the dependent children of the covered employee. Each qualified beneficiary who elects continuation coverage will have the same rights under the Plan as other participants or beneficiaries covered under the Plan, including open enrollment and special enrollment rights.

How long will continuation coverage last?

In the case of a loss of coverage due to end of employment or reduction in hours of employment, coverage generally may be continued only for up to a total of 18 months. Continuation coverage will be terminated before the end of the maximum period if:

- any required premium is not paid in full on time;
 - a qualified beneficiary first becomes covered, after electing continuation coverage, under another group health plan that does not impose any preexisting condition exclusion for a preexisting condition of the qualified beneficiary;
 - a qualified beneficiary first becomes entitled to Medicare benefits (under Part A, Part B, or both) after electing continuation coverage; or
- the employer ceases to provide any group health plan for its employees.

The Transition

The City of Oakland will subsidize medical benefits for an additional month after separation. For example, if your last day of employment is June 2, 2016, you will maintain your City subsidized **MEDICAL** benefits until July 31, 2016. If elected, COBRA coverage would begin on August 1, 2016. You will be invoiced by your health plan directly and will make payments to them. It may take approximately 45 days from enrollment before you receive your initial medical invoice.

DENTAL and **VISION** benefits are subsidized by the City until the end of the month in which you separate. Using the same separation date, June 2, 2016 dental and vision benefits provided by the City would end as of June 30, 2016. If elected, COBRA coverage would begin on July 1, 2016. Payments for dental and vision must be made to the COBRA administrator, Basic Pacific and must be in the form of a check or money order. **Dental and Vision premiums** should be mailed to P.O. Box 2170 Rocklin, CA 95677. As a reminder, you will be billed separately for medical premiums

Your Official Notification

You will receive your official COBRA packet within 14 days of being completely separated out of the system. Packets are mailed to your official address of record with the City of Oakland. It is important to make sure that we have the correct address on file. You have 60 days from the date of coverage loss OR the date of your notice (whichever is later) to elect coverage. Once your 60 days have expired, you are no longer eligible to enroll.

The Cost

Generally, each qualified beneficiary will be required to pay the entire cost of continuation coverage. The amount a qualified beneficiary may be required to pay may not exceed 102 percent. 2016 rates are indicated below.

Counties include: Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

2016 MTHLY COBRA RATES			
PLAN NAME	1 PARTY	2 PARTY	3 or MORE
Anthem Select HMO	\$736.22	\$1,472.45	\$1,914.18
Anthem Traditional HMO	\$872.52	\$1,745.05	\$2,268.57
Blue Shield Access+ HMO	\$1,036.50	\$2,073.00	\$2,714.91
Blueshield Net Value HMO	\$1,054.53	\$2,109.07	\$2,741.80
Health Net SmartCare HMO	\$824.60	\$1,649.21	\$2,143.97
Kaiser (CA) HMO	\$761.39	\$1,522.79	\$1,973.63
PERS Choice PPO	\$814.32	\$1,628.65	\$2,117.25
PERS Select PPO	\$744.67	\$1,489.34	\$1,936.14
PERS Care PPO	\$907.05	\$1,814.11	\$2,358.34
PORAC (Police Only)	\$712.98	\$1,426.98	\$1,824.78
United Health Care	\$974.54	\$1,949.09	\$2,533.82
Delta Dental PPO	\$115.39	\$115.39	\$115.39
Delta Care Dental HMO	\$31.66	\$31.66	\$31.66
Vision Service Plan	\$9.37	\$18.67	\$30.07

* COBRA is a continuation of the coverage under the plans that you were enrolled in while actively employed. You are not able to change plans at this time due to cost, however you may make a plan change during the annual open enrollment period.



DEPARTMENT OF HUMAN RESOURCES MANAGEMENT
Retirement and Benefits Services

**IMPORTANT INFORMATION FOR EMPLOYEES ENROLLED
IN A FLEXIBLE SPENDING ACCOUNT (MCAP / DCAP)**

Since your employment with the City of Oakland will end during the Plan Year, your active participation in MCAP and/or DCAP will cease, unless you opt to enroll in COBRA for these benefits.

If you do not elect to enroll in COBRA for MCAP and/or DCAP, you will have until the 60th day after your last day of employment to submit a claim for eligible expenses incurred during the time you were covered under the Plan during the current Plan Year, up to (and including) the last day of the month in which your employment terminated. Reimbursements for pre-determination expenses will be limited to the balance of the annual benefit you elected, reduced by any reimbursements you have already received during the Plan Year. The amounts available for reimbursement have no relationship to the contributions you made for medical expense reimbursement benefits before your employment terminated. Likewise, you will have no right to any portion of the annual benefit you elected that is left over as of the end of the Plan Year, regardless of how much you had contributed to the Plan.

If you elect to enroll in COBRA for a flex account, payments are to be made every two weeks to:

CITY OF OAKLAND
150 FRANK H. OGAWA PLAZA, SUITE 3332
OAKLAND, CA 94612
Attention: COBRA

Failure to make timely COBRA payments will result in termination of your participation in the flex program.

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457 DEFERRED COMPENSATION OPTIONS UPON LEAVING THE CITY OF OAKLAND

There are several options for you once you leave the City of Oakland. You may be able to customize your payout arrangement by combining some of the options available under your plan. The payment option you select should be based upon your financial needs and goals. It should also be based upon a clear understanding of how each method works.

Please note the following:

- For 457 plans sponsored by Governmental employers, unless directly rolled over to another eligible retirement plan, all distributions are subject to 20% federal tax withholding. Please bear in mind that ICMA-RC will withhold taxes based on the amount of the distribution from your account.
- If you choose a distribution, there is no 10% penalty for taking a distribution prior to age 59 ½.

If you are a Full-time employee under the 307108 plan, the following options are available to you:

- Y ***Lump Sum Withdrawal*** – This option will allow you to close your 457 deferred compensation account and receive payment for all monies in the account less applicable taxes.
- Y ***Rollover*** – This option allows you to rollover all or a portion of your account to another eligible retirement plan.
- Y ***Payment Deferral*** – This option allows you to defer receiving a distribution of funds up to age 70 ½.
- Y ***Systematic Withdrawal (Installment Payments)*** – This option allows you to determine the exact amount of your income payments or time period to receive payments. Payment amounts must be at least \$100, and you may elect to receive them monthly, quarterly, semi-annually or annually.
- Y ***Annuity Payout*** – This option provides you a payout that can guarantee you a retirement income for life or a limited defined period.
- Y ***Rollover of Accrued Leave Balances*** – You may be eligible to rollover your accrued leave balances into your deferred compensation account upon termination. (Please note: this must be requested prior to processing your final paycheck). Contact the City's Deferred Compensation Staff for details.

If you are a Part-time seasonal employee under the 307109 plan, the following options are available to you:

- Y ***Lump Sum or Partial Account Withdrawal*** – This option will allow you to withdrawal all or partial amount of your 457 account less applicable taxes.
- Y ***Rollover*** - This option allows you to rollover all or a portion of your account to another eligible retirement plan.

**For more details regarding your payout options, please contact
Lisa Lavatai – Benefits Technician at 510-238-6769**

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SECTION D: PAYMENT AMOUNT

1. Full Withdrawal (close my account)

- Entire account balance payable to me.
- Entire account balance payable as a transfer or rollover as specified in Section E.
- A distribution of entire account balance paid out in the following combination: \$ _____ or _____% payable to me, less applicable withholding, plus a transfer or rollover of my remaining assets as specified in Section E.

2. Partial Withdrawal

- Partial account balance for \$ _____ or _____% payable to me.
- Partial account balance for \$ _____ or _____% payable as a transfer or rollover as specified in Section E.

E.

NOTE: The net amount you will receive for your partial withdrawal will be the amount you requested less any taxes or fees, unless otherwise requested in special instructions. Your partial withdrawal will be taken from your current account balances and contribution sources on a pro-rata basis unless special instructions are provided below. If desired, indicate contribution source and/or investment option:

Special Instructions: _____

SECTION E: PAYMENT INSTRUCTIONS Complete if you requested a rollover, purchase service credits, payment to an insurer for qualifying health insurance or long term care premiums, or a death claim.

1. Rollover information

Generally, only Severance from Employment qualifies as a reason for a Direct Rollover. A Required Minimum Distribution (RMD) should be requested prior to the rollover if you are required to receive a minimum distribution because you are age 70½ or older. **Rollover my Funds to:** Eligible Retirement Plan Traditional IRA Roth IRA (Note: Amounts rolled over to a Roth IRA will be tax reported on IRS Form 1099-R as taxable income and you may elect voluntary withholding on this amount. See Section G.)

Send my Direct Rollover to the following financial institution. (Note: Rollovers will be sent to the address below regardless of an address provided on other paperwork.)

Account Number: _____ Check payable to: _____

Financial Institution Name: _____

Financial Institution Address: _____

Contact Person: _____ Phone No.: _____

2. Transfer to another Provider in my Plan:

Provider: _____ Account No. _____

Address: _____

3. Purchase of Service Credit: (Trustee to Trustee Transfer-Check payable to Trustees of the Recipient Plan)

Plan Name: _____ Account No. _____

Address: _____

4. Payment to an insurer for qualifying health insurance or long term care premiums:

Insurer: _____ Account No. _____

Address: _____

5. Death Claim: Include certified Death Certificate

Name of Beneficiary: _____ Social Security No. of Beneficiary: _____

Date of Birth: _____ Relationship: _____

SECTION F: MAILING INSTRUCTIONS

1. **Send my check via regular mail** unless I check the box below.
 Express mail my check. I understand a fee will be deducted from my distribution for this service and it is not available to a P. O. Box.

2. **Send my check to the address you have on file for me** unless I check the box below and provide a mailing address.
 Send my check to the following address:
 Mailing address: _____
 City: _____ State: _____ Zip Code: _____

3. **Send my payment via the Installment (Systematic) Payment program instructions that are currently on file.**

4. **Wire transfer my payment.** I understand that a fee will be charged for this service. Call 1-800-528-9009 for fee information.
 Wire Capable ABA Number: _____ Account No.: _____
 As some ABA routing numbers are NOT wire capable, be sure to check with your financial institution for proper wire instructions.
 Wires to Credit Unions may take more time and have more detailed instructions than other institutions. You can contact your financial institution for the wire instructions and attach the wire instructions or provide them here:

SECTION G: FEDERAL INCOME TAX WITHHOLDING

The Hartford is required to withhold 20% mandatory federal income taxes from an eligible rollover distribution that is paid directly to you. You may voluntarily elect to withhold an additional amount below.

For my Roth IRA Rollover (See Section E), I voluntarily elect to withhold \$ _____ OR _____%

SECTION H: STATE INCOME TAX WITHHOLDING Skip this Section if you reside in a state with no income tax withholding on pensions

The taxable portion of your payment may also be subject to state income tax withholding. If you do not make an election below, state income taxes will only be withheld if required by state law. (Note: If state income taxes are not withheld you are liable for payment of state income tax on your distribution. In certain states you may also be subject to tax penalties under estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.)

Your options for state tax withholding are: (Note: These rules are subject to change at any time. For current tax information pertaining to your resident state, please contact your tax advisor or your state income tax department.)

AR, DE, IA, KS, ME, MD, MA, NC, NE, OK, VT, VA	If your distribution was subject to Federal Income Tax, these states require Mandatory State withholding based on the state's applicable minimum requirements. You may not opt out.
CA, OR	You may opt out of the mandatory state withholding by electing below: <input type="checkbox"/> I elect no state income tax withholding
AL, AZ, CO, CT, DC, GA, ID, IL, IN, KY, LA, MI, MN, MS, MO, MT, NJ, NM, NY, ND, OH, PA, RI, SC, UT, V, WI	You may elect voluntary state income tax withholding. You must provide a percentage or dollar amount to be applied for state tax withholding below: _____ % or \$ _____

SECTION I: CERTIFICATION AND AUTHORIZATION

- **IMPORTANT NOTICE: PLEASE NOTE THAT A DISTRIBUTION IS A TAX REPORTABLE EVENT THAT MAY NOT BE REVERSED.**
- **I understand my check will equal the dollar amount requested less applicable taxes and fees.**
- I acknowledge that I have read and understand the Distribution Notice, the Special Tax Notice and the state-specific Fraud Warning Statement, or the NAIC Model Fraud Statement, as applicable.
- I understand that a contingent deferred sales charge or surrender charge may apply.
- I certify that the reason for my withdrawal request satisfies the requirements described above.
- Please note that duplicate requests for distribution, such as a fax followed by a mailed original, may result in multiple distributions. The Hartford will not be responsible for any gain/loss or charges that arise from multiple submissions.
- Note that you may receive confirmation of your distribution prior to receiving your check.
- If the check associated with this request is returned to us by the U.S. Postal Service as undeliverable, we are unlikely to resend it until you provide us with your updated address. Failure to provide us with your current and valid address may result in the check being considered abandoned property under the laws of the State where the check was mailed (unless preempted by ERISA).

Employee/ Beneficiary Signature

Date

SECTION J: EMPLOYER OR AUTHORIZED EMPLOYER REPRESENTATIVE SIGNATURE SECTION

I have verified the Participant Information and certify that it is true and accurate to the best of my knowledge.

- I authorize and direct this distribution requested by the participant or beneficiary.
- I authorize and direct this distribution to the participant or beneficiary in accordance with the plan provisions. Note: If a distribution is being sent directly to the participant and the address provided above is currently identified as "stale" on our recordkeeping system, this transaction will not be processed until you have provided an updated address.

*Please note this signature is not required if the participant is currently receiving IPO/SWO payments and is simply requesting a one time partial withdrawal. This payment will be made by the method (check or EFT) already in place.

Employer or Authorized Employer Representative Signature

Date



Employee Group Life Insurance and Supplemental Life Insurance

Upon separation from the City of Oakland, you may be eligible to continue your life insurance coverage by applying for portable coverage or conversion privileges.

Portable Coverage is group term life insurance. This benefit may be continued only up to age 70. You may apply for portable coverage up to the amount of life coverage that ceased, to a maximum of \$500,000. If you port your life coverage, you may also port any Accidental Death and Dismemberment and Dependent Life that ceased due to your termination of employment.

You must complete an application for portable coverage, which contains a short medical questionnaire, and send it with payment of the first premium to Sun Life within 31 days of the date your life insurance terminates.

Conversion Privilege You convert your life insurance by applying to Sun Life for an individual policy along with sending payment of the first premium within 31 days after your life insurance ceases. This is considered your 31 day conversion period. You may convert up to the amount that ceased. If the amount of life insurance that ceased is \$10,000 or more, the minimum amount of your individual policy must be \$10,000. You cannot convert any additional benefits such as Disability Benefits or Accidental Death and Dismemberment Benefits. If you originally ported your life insurance, you may convert your in-force portable coverage to an individual permanent life policy when the port period expires.

For more information on Portable Coverage and Conversion privilege, visit the Sun Life Insurance website at: www.sunlife-usa.com or contact Sun Life customer service at (800) 247-6875.

Fraud Warning Statements

The following states require insurance applicants to acknowledge a fraud warning statement specific to that state. Please refer to the specific fraud warning statement for your state as indicated below. If your state is not separately listed, please refer to the NAIC Model Fraud Statement below.

NAIC Model Fraud Statement: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison

Arkansas: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Colorado: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance with the Department of Regulatory Services.

District of Columbia: Warning: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

Florida: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Indiana: A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony.

Kentucky: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

Louisiana: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

Maine: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Minnesota: A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

New Hampshire: Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20.

New Jersey: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

New York: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Ohio: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud.

Oklahoma: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Pennsylvania: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

Tennessee: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

Sun Life Assurance Company of Canada

Portability Notice



- Employer Instructions:
- Please complete sections 1 through 4 of this form.
 - Present the completed form to the employee. Inform employee he or she has 31 days from the date of termination to apply for Portability.
- Please PRINT Clearly
- Provide the employee with the applicable Portability Kit and separate Application:
 - *Life Insurance Options: Group Term Life Portability - Publication # GR/1168*
 - Provide the employee with a copy of the Employee's Kit for Life Conversion GR/413.

1 Employer Information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder		Group policy number	
Name of person completing this form (Employer administrative contact)		Title	Phone number

2 Employee Information

Employee name (first, middle initial, last)		
Social Security number	Date of termination (m/d/y)	Date Group Life coverage terminates (if different)

Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information

For Group Life, provide employee with the Portability Kit (GR/1168) and separate Application.

Basic Life. Select either *Life only* or *Life+AD&D* below. Only check *Life + AD&D* if your Group Life plan includes an AD&D benefit. Fill in amount for each coverage elected:

Employee: Life only Life+AD&D Basic Life amount: \$

Spouse: Life only Life+AD&D Basic Life amount: \$

Child: Life only Life+AD&D Basic Life amount: \$

Optional Life. Select either *Life only* or *Life+AD&D* below. Only check *Life + AD&D* if your Optional Life plan includes an AD&D benefit. Fill in amount for each coverage elected:

Employee: Life only Life+AD&D Optional Life amount: \$

Spouse: Life only Life+AD&D Optional Life amount: \$

Child: Life only Life+AD&D Optional Life amount: \$

4 Signature

Signature of person completing this form (Employer administrative contact)	Today's date
X	

Sun Life Assurance Company of Canada Portability Notice



Employer Instructions:

- Please complete sections 1 through 4 of this form.
- Inform the employee that he/she has 31 days from the date of termination to apply for Portability. (Some policies may be longer. Check your group insurance booklet/certificate.)
- Provide the employee with:
 - This completed form
 - Employee Kit for Group Life Portability, Order # GR/1845
 - Portability Application (Order # varies by state)

1 Employer Information

Questions about Portability? Call our Customer Service Center at 1-800-247-6875.

Name of group policyholder		Group policy number	
Name of person completing this form (Employer administrative contact)	Title	Phone number	

2 Employee Information

To be completed by the employer.

Employee name (first, middle initial, last)			Class
Date of birth	Social Security number	Basic Annual Salary	Date last worked
Date of termination (m/d/y)		Date optional coverage terminates (if different)	

Was the employee totally disabled on the termination date? Yes No
 Has a Waiver of Premium claim been filed? Yes No
 Are premiums still being paid by the employer? Yes No

3 Coverage Information

To be completed by the employer.
 Select the appropriate coverage information, according to the group insurance booklet/certificate and/or Optional benefit. Fill in current amount of coverage

<input type="checkbox"/> Employee Basic Life \$	<input type="checkbox"/> Employee Optional / Voluntary Life \$
<input type="checkbox"/> Employee Basic AD&D \$	<input type="checkbox"/> Employee Optional / Voluntary AD&D \$
<input type="checkbox"/> Spouse Basic Life \$	<input type="checkbox"/> Spouse Optional / Voluntary Life \$
<input type="checkbox"/> Spouse Basic AD&D \$	<input type="checkbox"/> Spouse Optional / Voluntary AD&D \$
<input type="checkbox"/> Child Basic Life \$	<input type="checkbox"/> Child Optional / Voluntary Life \$
<input type="checkbox"/> Child Basic AD&D \$	<input type="checkbox"/> Child Optional / Voluntary AD&D \$

4 Signature

Signature of person completing this form (Employer administrative contact) X	Today's date
---	--------------

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 XGR/2507

CalPERS Retirement Information



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or **888-225-7377**)
TDD - (916) 795-3240; FAX (916) 795-3988

Reply To: Section 445

Date

Name
Street
City, State Zip

Dear Member:

If you are in the process or have already separated from all CalPERS-covered employment, you will need to consider whether you want to keep your retirement contributions on deposit with CalPERS or receive a refund. **Please note that distributions made in the calendar year you attain age 70 ½ or later have special tax rules. If you are, or will be, 70 ½ this year please contact CalPERS to request a “Required Minimum Distribution” packet.**

Before making this important decision, please read all of the enclosed information. It contains information you will need to make an informed decision. If you do not understand your options as they are presented to you, please call our office at the toll free number above for clarification. Please carefully consider that a refund of your CalPERS retirement contributions is an irrevocable election to terminate your CalPERS membership and forfeit your right to future retirement, disability or death benefits, unless you are a vested member under State Second Tier.

If you are moving from one CalPERS-covered employer to another, you may not withdraw your retirement contributions. You must be permanently separated from all CalPERS-covered employment before you may terminate your CalPERS membership and receive a return of retirement contributions. In addition, CalPERS has agreements with many publicly funded retirement systems which permit movement between public employers within a specific time period without loss of retirement rights. If you are moving to a position covered under CalSTRS, Legislators’ Retirement System, University of California Retirement Plan, Judges’ I/II Retirement System or any of the agencies listed below, you may not be able to withdraw your retirement contributions. For additional information about your rights and responsibilities, you can download the publication “When You Change Retirement Systems” from our Web site or call us at the toll free number above.

Counties of:

Alameda	Contra Costa	Fresno	Imperial	Kern	Los Angeles
Marin	Mendocino	Merced	Orange	Sacramento	San Bernardino
San Diego	San Joaquin	Santa Barbara	San Mateo	Stanislaus	Sonoma
Tulare	Ventura				

Cities of:

Costa Mesa (safety only)	Fresno	Pasadena	San Diego	San Jose
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And:

City and County of San Francisco	Contra Costa Water District
CA Admin Services Authority	East Bay Municipal Utility District
East Bay Regional Park District	Long Beach Schools Business Mgt System
Los Angeles City Retirement System	Los Angeles Co Metro Transportation Authority
Retirement Plan (UCRP) University of California	San Luis Obispo County

California Public Employees’ Retirement System
www.calpers.ca.gov

Please determine which bullet applies to you and read the applicable important information that should be considered before you decide to withdraw your contributions and terminate your membership in CalPERS.

- **If you have less than 5 years of service credit:** You are not a vested CalPERS member. If you decide to leave your contributions on deposit with CalPERS, you will continue to earn interest at the current rate of 6% APR and your membership will continue. No additional service credit will be earned unless you again become employed by a CalPERS-covered employer or acquire reciprocal rights with another California public retirement system. **Only if you become vested will you have the right to future retirement benefits. Exception:** If you have a job-related disability and are a safety member, you may qualify for Industrial Disability Retirement even if you have less than 5 years of service credit. Contact your employer or CalPERS for more information.
- **If you have at least 5 years of service credit and are younger than age 50:** You are a vested CalPERS member. You may leave your contributions on deposit with CalPERS, earning interest at the current rate of 6% APR. Then, once you attain age 50, the minimum age to qualify for service retirement, you can apply for retirement and receive a monthly allowance based on the service credit earned before you separated from employment. You should use the retirement estimate calculator on our Web site at www.calpers.ca.gov to find out what your allowance would be at age 50. If you are disabled, regardless of age, you may be eligible for disability retirement. Contact your employer or CalPERS for the disability retirement election/application package.
- **If you have at least 5 years of service credit and are age 50 or older:** You are a vested CalPERS member who qualifies for service retirement. You should use the retirement estimate calculator on our Web site at www.calpers.ca.gov to get an estimate of your retirement allowance before deciding if you want to withdraw your contributions, thus forfeiting your right to a monthly allowance. You may obtain a service retirement election/application package from your employer or CalPERS.

If you wish to leave your funds on deposit, you do not need to respond to this letter. You will continue to receive an Annual Member Statement every fall. If you move, please call CalPERS to update your address on our records.

If, after considering all information, you wish to withdraw your funds you may do so providing you:

- 1) **Have permanently separated from employment.**
- 2) **Are not moving to another CalPERS-covered employer.**
- 3) **Are not accepting a job covered by another California public retirement system.**

Your refund will be comprised of the retirement contributions in your account with interest at 6% through the date your payment is scheduled to the State Controller's Office. Once CalPERS receives the properly completed refund election form AND your employer has updated our system to show that you have separated from employment, it will take about 3 to 4 weeks for your payment to be issued.

Please be aware that the employer contributions are NOT refundable. The amount contributed by your employer goes into a separate fund that is used only to pay the pension portion of retirement or death benefits. If we can be of further assistance, please contact us.

**Refunds Unit
Benefit Services Division**

PERS02M0324 (05-2008)

California Public Employees' Retirement System
www.calpers.ca.gov

Page 2 of 2



Benefit Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
888 CalPERS (or **888-225-7377**)
TDD - (916) 795-3240; FAX (916) 795-3988

Reply To: Section 445

**REFUND TAX INFORMATION
RETAIN FOR FUTURE REFERENCE**

The following consists of summarized tax information and is provided in accordance with Section 402(f) of the Internal Revenue Code. **CalPERS cannot provide specific information or tax advice. Please see your tax consultant, the Internal Revenue Service or the State Franchise Tax Board. For additional information concerning rollovers, consult the appropriate financial institution of your choice.**

Distributions made in the calendar year you attain age 70 ½ or later have special tax rules. If you are, or will be, 70 ½ this year please contact CalPERS to request a "Required Minimum Distribution" packet.

Distributions made before the calendar year you attain age 70 ½ - The taxable portion of your refund, as an Eligible Rollover Distribution (ERD) is subject to mandatory 20% Federal tax withholding unless the taxable portion of the refund is rolled over into an IRA or other eligible defined contribution plan.

Rollovers – An Eligible Rollover Distribution (ERD) consists of the taxable portion of a refund of your contributions, including interest, due to a separation from all CalPERS-covered employment. You may avoid current taxation on the taxable amount of an ERD by rolling over that amount to an individual retirement arrangement (IRA) or another qualified employer retirement plan that accepts rollover contributions. Taxes will be reportable when you take the money out of the IRA or other qualified plan.

Early withdrawal penalty – If you are under age 59 ½ at the time of the distribution, any taxable portion not rolled over may be subject to an early withdrawal penalty tax of 10% federal and 2 ½ % state unless an exception applies, PLUS any income tax due on the distribution. There are some instances where an individual will be exempt from the early withdrawal penalty, such as:

- A lump sum distribution made to you because of your separation from service after attaining age 55 or after becoming disabled. CalPERS cannot verify that a lump sum distribution was made due to disability; therefore you should contact the IRS directly to apply for this exception.
- The 10% federal penalty tax will be waived when a lump sum distribution is made because of your separation from service as a safety member (as defined by the IRS) providing police protection, firefighting service or emergency medical service. The separation of service must have occurred during or after the calendar year in which you attained age 50.

For more information on these exceptions, please contact the Internal Revenue Service, the Franchise Tax Board, or your tax consultant.

California State Tax Withholding – If you elect to receive an in-hand distribution of your contributions, California state income tax withholding is optional. State tax, if withheld, is 2% of the taxable portion of the refund. If you elect a rollover, no state tax will be withheld.

PERS02M0325 (05-2008)

California Public Employees' Retirement System
www.calpers.ca.gov

Page 1 of 1



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Part-Time California National Guard Membership

Health Benefits

Long-Term Care Program

Death Benefits

Deferred Compensation & Other Supplemental Income Plans

Retirement Planning Fairs

Member Education

Online Services

Member Home Loan Program

Forms and Publications Center

Life Events - What You Need to Know

[Member Information](#) > [Retirement Benefits](#) > [Refund of Member Contributions](#) > **FAQs - Refund of Member Contributions**



FAQs - Refund of Member Contributions

If I permanently separate from employment due to a layoff situation or for any other reason, am I required to take a refund of my contributions?

No, you're not required to withdraw your retirement contributions which would terminate your CalPERS membership. You can leave your contributions in your CalPERS account and continue to earn interest regardless of the number of years of service credit you have. You can elect to retire, if eligible, or request a refund at a later date, but must make a decision to refund or retire, prior to the year you attain age 70 ½.

If you're at least age 50 and have five years of service credit, you can immediately apply for a service retirement to receive a monthly lifetime benefit. If you have at least five years of service credit, but are not age 50, you can leave your contributions on deposit and apply later for retirement.

Note: If you separate from CalPERS and join another publicly-funded California retirement system, you cannot withdraw your CalPERS contributions until you separate from employment with the other system.

I'm having financial problems right now and would like to take a loan against my retirement contributions. Can I do this?

Unfortunately, even if you're going through a financially difficult period, you cannot borrow against your retirement contributions. Your contributions must remain in your account to fund your future retirement benefit. If you permanently separate from all CalPERS covered employment, and also from employment with another publicly funded retirement system, you can take a full refund of your CalPERS account.

I permanently separated from employment and I want a refund of my contributions. How do I obtain a refund?

When CalPERS is notified by your employer that you have permanently separated from employment, you will be sent a refund package which includes the forms to request a

▼ Shortcuts

- Retirement Planning Checklist
- Calculate My Retirement
- Request My Retirement Estimate
- Annual Member Statement

refund. You can also get a copy of the CalPERS [refund package](#) online or contact us to have one mailed to you.

Once your completed election form is received, your refund will be processed in 3-4 weeks, provided your employer has also notified us of your separation. Only the contributions you make or that your employer makes on your behalf are refundable. You can withdraw your contributions as long as you're not in employment as a member of another publicly-funded California retirement system. For additional information, you can download the publication [When you Change Retirement Systems](#) or contact us to have it mailed to you.

How can I find out the status of my refund?

You'll need to call CalPERS to get the status.

Can my refund be rolled over to an IRA?

If the refund is paid prior to the calendar year you attain age 70 ½, the entire taxable portion of your refund can be rolled into an IRA or another eligible defined contribution plan. If the refund is paid in the calendar year you attain age 70 ½ or later, a percentage of the taxable portion of the refund will not be eligible for rollover due to the federal required minimum distribution regulations.

What is a Required Minimum Distribution?

A Required Minimum Distribution (RMD) is federal legislation designed to prevent individuals from keeping funds in a tax deferred account, such as an IRA or Defined Benefit plan, indefinitely. This legislation requires that you begin to take at least a minimum amount out of the account beginning with the year you attain age 70 ½. However, because the laws governing a CalPERS account do not permit a partial refund, the member must elect to retire or take a refund of their contributions and interest during the year in which they attain age 70 ½.

How do you arrive at the RMD amounts?

IRS maintains the Uniform Lifetime Factor Table for the disbursement period of the taxable portion of your contributions. The taxable portion of your contributions as of December 31st of the previous year is divided by the appropriate factor to arrive at the RMD amount. If you do not refund until 2 or more years after you attain age 70 ½, the RMD amount computed for the refund year will be multiplied by the number of RMD disbursements that should have been paid thus far.

Do you withhold Federal income tax from a refund payment that is not rolled into an IRA or other eligible savings plan?

If the refund is paid prior to the calendar year you attain age 70 ½, the taxable portion of your refund is subject to mandatory 20 percent federal tax withholding. If paid in the calendar year you attain age 70 ½ or later, you can elect to have federal tax withheld at 10 percent for the portion deemed required minimum distribution only. The portion not deemed required minimum distribution will be

taxed at the mandatory 20 percent.

Do you withhold State income tax from a refund payment that is not rolled into an IRA or other eligible savings plan?

Under all payment circumstances, State income tax withholding is optional. If you make this election, the withholding amount is 2 percent of the taxable portion of the refund. State income tax will automatically be withheld if you live in California and you do not make an election.

Will my refund be reported to the IRS?

Yes. We will issue you a Form 1099R by January 31st of the following calendar year that you can use for filing your taxes. Be sure to keep us informed of your current address until you receive the Form 1099R.

Can I receive both a retirement allowance and a refund of contributions?

No, once you receive a refund, your membership in CalPERS is terminated and you are no longer entitled to retirement, health, or death benefits. Therefore, it's very important to carefully consider whether you should elect a refund since your decision cannot be changed once the payment is issued. However, there is an exception for a limited number of State employees who have Second Tier and First Tier service. If you are a vested member under State Second Tier and have contributions under First Tier, you can refund the First Tier contributions and retire as a State Second Tier member.

What if I elect a refund and then change my mind?

If you contact us prior to the issue date of your refund, you can request to cancel the refund. If your request is received too late, you cannot cancel the refund. However, if you return to work for a CalPERS-covered agency or another publicly funded retirement system, you may be able to redeposit your withdrawn contributions and restore your service credit.

What if I move before I receive my refund?

CalPERS will mail the refund to the address you put on the election form. If that address is no longer valid, you must contact us immediately to prevent the check from being sent to the wrong address.

Will you accept a faxed election form?

Yes. You can fax your refund election form to (916) 795-3988.

Dated: 03-10-2009





Refund Election Form

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

Section 1

Member Information

Name must be the same as the name on your Social Security card.

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

Daytime Phone Evening Phone

Address

City State ZIP

If you wish to elect a refund, and will not attain age 70 1/2 in the calendar year in which the refund is issued, please complete and sign this form in the presence of a notary public or CalPERS employee. You may not elect a refund if you have been or will be re-employed with another CalPERS covered employer, or if you are accepting a position with another California Public Retirement System.

Section 2

In-Hand Distribution or Rollover

Please elect either an in-hand distribution or a rollover.

I elect to receive an "in hand" distribution of my CalPERS contributions and interest.

Federal Tax withholding

Federal income tax will be withheld at a mandatory rate of 20% of the taxable amount unless you elect to roll the amount into an IRA account.

State Tax Withholding

Yes - I elect to have 2% of the taxable portion withheld for state income tax.

No - Do not withhold state income tax.

Note: If you do not check one of the above choices, state tax withholding will automatically be deducted.

I elect to receive a refund as a direct rollover of the taxable portion of my contributions and interest made payable to the following financial institution.

My rollover account is an () IRA Account () Other eligible rollover plan

Name of Financial Institution for IRA Account or Eligible Rollover Plan

Section 3

Spouse/Registered Domestic Partner Signature

You must complete a Justification for Non Signature of Spouse or Registered Domestic Partner form if you are married or in a registered domestic partnership and your spouse or domestic partner is unable to sign this form.

If you are married or have a registered domestic partner: your spouse or registered domestic partner must also sign this form.

By signing this form, I acknowledge my spouse's/ registered domestic partner's request for a refund.

Signature Date (mm/dd/yyyy)

If no spouse / registered domestic partner signature, check below if the following applies to you:

I am not legally married or do not have a registered domestic partner.

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

Your Name Social Security Number

Section 4

Refund Election Waiver of Rights Notarized Signature

As the member requesting a refund you must sign this form in the presence of a notary public or authorized representative of CalPERS.

Please read and sign the following waiver of rights statement. No refund will be processed without your signature.

I am aware of my service and disability retirement rights under CalPERS. I have read the description of my rights, and the benefit calculation formula and table, set forth in the CalPERS member booklet for my specific classification. Despite my knowledge of these facts, I hereby waive all rights and understand that by requesting a refund, I am forfeiting all future retirement benefits, unless I am a vested member under the State Second Tier.

I elect to receive a refund of my retirement contributions and interest which will terminate my CalPERS membership.

In signing this form I understand this decision is irrevocable.

Member Signature Date (mm/dd/yyyy)

State of California

County of _____

On _____ before me, _____
Date (mm/dd/yyyy) Name & Title of Officer

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

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct.

Notary Seal

Witness my hand and official seal

Signature of Notary Public Date (mm/dd/yyyy)

or authorized CalPERS representative's signature.

Representative's Signature Position Title Date (mm/dd/yyyy)

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



Justification For Non Signature of Spouse or Registered Domestic Partner

888 CalPERS (or 888-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • Fax (916) 795-3988

Section 1

This form must be completed if you have a spouse or registered domestic partner who did not sign your refund election document.

Requirement for Non Signature

Pursuant to Government Code section 21261, the member's current spouse or registered domestic partner must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse or registered domestic partner of a CalPERS member must acknowledge the submission of a request for refund of contributions.

If a spouse or registered domestic partner's signature does not appear on the above-named document, the following information **must** be completed and submitted **with** the document.

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

- My spouse or registered domestic partner did not sign the form because either:
 - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse or registered domestic partner; **or**,
 - My spouse or registered domestic partner has been advised of the application and has refused to sign the written acknowledgement; **or**,
 - My spouse or registered domestic partner is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; **or**,
 - My spouse or registered domestic partner has no identifiable community property interest in the benefit; **or**,
 - My spouse or registered domestic partner and I have executed a spousal or domestic partner settlement arrangement which makes the community property law inapplicable.

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

Member Signature Date (mm/dd/yyyy)

For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Collection and Access Information

Submission of the requested information is mandatory. The information is collected pursuant to Government Code (sections 20000, et seq.) and will be used for administration of the Boards' duties under the Retirement Law, Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status. You have the right to review your membership files maintained by the System.

For answers to your questions concerning a refund of your contributions, please contact the CalPERS Refunds Unit, PO Box 942711, Sacramento, CA 94229-2711 or call toll-free at **888 CalPERS** (or **888-225-7377**).

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

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EDD – Unemployment Insurance Program Fact Sheet



FACT SHEET

UNEMPLOYMENT INSURANCE PROGRAM

The Unemployment Insurance Program, commonly referred to as UI, provides weekly unemployment insurance payments for workers who lose their job through no fault of their own. Eligibility for benefits requires that the claimant be able to work, be seeking work, and be willing to accept a suitable job.

Background

Unemployment Insurance is a unique federal-state program, created by federal law and administered under state and federal laws by state employees. It is financed by unemployment program tax contributions from employers.

When it was established 75 years ago as a part of the Social Security Act of 1935, UI offered, for the first time, an economic line of defense against the effects of unemployment, assisting not only the individual but also the local community.

Through a system of payments made directly to unemployed workers, UI ensures that at least some of life's necessities, most notably food, shelter, and clothing, can be met while an active search for new work takes place. For the most part, UI benefits are spent in the claimant's local community, thereby helping sustain the economic well-being of local businesses.

Tax Provisions

The UI program is financed by employers who pay unemployment taxes on up to \$7,000 in wages paid to each worker. The actual tax rate varies for each employer, depending in part on the amount of UI benefits paid to former employees. Thus, the UI tax works much like any other insurance premium. An employer may earn a lower tax rate when fewer claims are made on the employer's account by former employees.

In all states, employers contribute to similar federal-state UI programs, and the tax rate and other provisions vary from state to state.

Part of the employer's tax goes directly to the federal government to pay for the administration of the system. The greater portion goes into a special UI Trust Fund from which benefit payments are made to the workers who are unemployed.

Claimant Benefits

The amount of benefits available is based on the claimant's earnings in the base period. To qualify for benefits in California, a claimant must have (1) earned at least \$1,300 in the highest quarter of the base period, or (2) have earned at least \$900 in the highest quarter and earned total base period earnings of at least 1.25 times the high quarter earnings. For example, if the claimant has \$900 earnings in the highest quarter, he/she is also required to have earned a total of \$1,125 in the base period ($\$900 \times 1.25 = \$1,125$).

The maximum amount of a regular UI claim is either 26 times the claimant's weekly benefit amount or one-half of the claimant's base period wages, whichever is less.

Claimant Eligibility Requirement

Since the law's intent is partly to compensate a worker for loss of wages while unemployed, a claimant's eligibility for benefits depends on having a substantial attachment to the labor force. One of the methods used to measure this attachment is a minimum earnings test.

This requirement denies benefits to claimants whose earnings in a 12-month "base period" are below the minimum noted above on the assumption that low earnings indicate a short or temporary attachment to the labor force. The "base period" is 12 months long, but it is important to think of it as 4 quarters of 3 months each. The quarter in which the highest wages were received determines the weekly benefit amount.

When an individual's base period begins depends on when the UI claim is filed. The most recent 3-5 months before the claim is filed are omitted; therefore, the base period is the 12 months beginning some 15 to 17 months before the claim was filed. For example, all claims filed in April, May, or June would have a base period of 12 months beginning January 1 of the previous year and running through December 31. All claims filed in July, August, or September would have a base period beginning in April of the previous year and ending March 31 of the current year.

Claimant Taxes

Unemployment insurance is considered taxable income and must be reported as such on federal income tax forms. It is not considered taxable income for California state income tax purposes. Each January, the Employment Development Department (EDD) provides an annual statement to each individual setting forth total benefits paid during the prior year.

Employees Covered by Unemployment Insurance (UI)

Most employment is considered covered employment for UI purposes.

The UI statutes originally covered only employees working for employers with eight or more employees. In 1946, coverage was extended to cover employees working for employers with one or more employees who pay in excess of \$100 in a calendar quarter.

Since 1946, additional coverage was added to the statute to include, but not limited to, employees working for the following types of employers:

- Nonprofit agencies
- School Districts and other nonprofit elementary, secondary, and vocational schools
- State and local governments
- Agricultural employers
- Domestic employers who pay \$1,000 or more in cash wages for domestic services in any calendar quarter in a calendar year.
- Indian Tribes recognized by the Federal Government

Other special coverage includes:

- Federal Employers - Coverage for federal civilian employees. Although financed by the federal government, each state pays UI benefits according to the laws covering regular workers.
- Federal Military Services - Coverage for individuals separated from military service under honorable conditions and completion of a first full term of active duty service.

Federal Extended Benefits Program

During periods of economic downturns, Congress may enact special legislation to provide for a Federal Extended Benefits program to assist long term unemployed workers. When the Federal Extended Benefits program is available, additional UI benefits may be paid to those who qualify and who have collected all of the benefits on their regular UI claims and who do not qualify for any other UI claims. The EDD notifies unemployed workers by mail and through the media when Federal Extended Benefits become available.

Federal-State Extended Duration (Fed-ED) Benefits

The Federal-State Extended Unemployment Compensation Act of 1970 established the Federal-State Extended Duration benefits program known in California as Fed-ED. This program is funded 50 percent from state funds and 50 percent from federal funds.

Under Fed-ED, claimants who have exhausted their regular UI claim may be eligible to collect up to 13 additional weeks of compensation if a Fed-ED period is in effect. Once activated, the Fed-ED period must continue in effect for at least 13 weeks. When the program is deactivated, it must remain inactive for at least 13 weeks.

Fed-ED is activated when the state's Insured Unemployment Rate (IUR) equals or exceeds 5 percent and is at least 120 percent higher than the average IUR for the same period in the two previous years. Fed-ED is also activated when the state's IUR is 6 percent or more. The IUR is the unemployment rate among that portion of the labor force which is covered by unemployment insurance. It is computed on a 13-week moving average.

Eligibility for benefits is more stringent under Fed-ED. To be eligible, a claimant must have earnings during the base period of his/her regular UI claims that exceed 40 times the weekly benefit amount. For example, if the amount of the regular UI claim was \$90 a week, then the claimant would need at least \$3,601 in his/her base period to qualify for a Fed-ED claim.

California Extended Duration (Cal-ED)

California has its own state-financed extended benefits program. The benefits paid under this program are from the state UI fund. The actuated mechanism for the Cal-ED program is similar to Fed-ED. Under either Cal-ED or Fed-ED, an individual receives up to one-half of the regular UI base claim. Therefore, any claimant who has received the full amount of extended benefits on a Fed-ED claim cannot qualify for a Cal-ED claim based on the same base claim.

Fed-ED and Cal-ED Priorities

Since the source of funding for the Fed-ED and Cal-ED programs is different, the question of which program has precedence over the other becomes important. The Fed-ED program is the basic permanent extended benefits program for the nation, so that if there is a Fed-ED period in effect, Fed-ED becomes the primary source of benefits.

For More Information

For further information, call EDD at:

- English 1-800-300-5616
- Spanish 1-800-326-8937
- Cantonese 1-800-547-3506
- Mandarin 1-866-303-0706
- Vietnamese 1-800-547-2058
- TTY (non-voice)..... 1-800-815-9387

or visit EDD's Internet site at www.edd.ca.gov.

EDD is an equal opportunity employer/program.

Auxiliary aids and services are available upon request to individuals with disabilities.



For Department Use Only	
Date Received:	_____
Date Postmarked/Faxed:	_____
Effective Date:	_____

UNEMPLOYMENT INSURANCE APPLICATION

FILING INSTRUCTIONS

Complete this application including any applicable attachment(s). Print or type the information. Use blue or black ink only.

Answer all questions on each page. Review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied. If the Department needs to verify any of the information you provide while filing a claim, you will receive additional forms by mail and will be asked to provide additional information and/or documentation.

APPLICATION QUESTIONS

The answers you give to the questions on this application must be true and correct. You may be subject to penalties if you make a false statement or withhold information.

<p>1. What is your Social Security Number as given to you by the Social Security Administration?</p> <p>a) If EDD assigned you an EDD Client Number (ECN), please provide the ECN here. (An ECN is a 9-digit number beginning with 999.)</p>	<p>1. _____</p> <p>a) _____</p>
<p>2. List any other Social Security Numbers you have used.</p>	<p>2. _____</p> <p>_____</p>
<p>3. What is your <u>full</u> name?</p>	<p>3. Last _____</p> <p>First _____</p> <p>Middle Initial _____</p>
<p>4. Is this the name that appears on your Social Security card?</p> <p>a) If no, provide the name that appears on your Social Security card.</p>	<p>4. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Last _____</p> <p>First _____</p> <p>Middle Initial _____</p>
<p>5. List any other names you have used.</p>	<p>5. _____</p> <p>_____</p>
<p>6. What is your birth date?</p>	<p>6. _____ (mm/dd/yyyy)</p>
<p>7. What is your gender?</p>	<p>7. <input type="checkbox"/> Male <input type="checkbox"/> Female</p>
<p>8. Would you prefer your written material in English or Spanish?</p> <p>a) What is your preferred spoken language?</p>	<p>8. <input type="checkbox"/> English <input type="checkbox"/> Spanish</p> <p>a) _____</p>
<p>9. Have you filed a California Unemployment Insurance or a Disability Insurance claim in the last two years?</p> <p>a) If yes, please list for each type of claim, the most recent date(s) of when the claim(s) was filed.</p>	<p>9. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Unemployment Claim Date(s) (mm/dd/yyyy)</p> <p>_____</p> <p>Disability Claim Date(s) (mm/dd/yyyy)</p> <p>_____</p>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

<p>10. Do you have a Driver's License issued to you by a state/entity?</p> <p>a) If yes, provide the name of the issuing state/entity and your Driver's License number.</p> <p style="padding-left: 20px;">If no, answer questions b-d:</p> <p>b) Do you have an Identification Card issued to you by a state/entity?</p> <p>c) If yes, provide the name of the issuing state/entity and your Identification Card number.</p> <p>d) How do you look for work and, if you have work, how do you get to work?</p>	<p>10. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Name of issuing state/entity: _____ Driver's License Number: _____</p> <p style="padding-left: 20px;">If no, answer questions b-d:</p> <p>b) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c) Name of issuing state/entity: _____ Identification Card Number: _____</p> <p>d) Please Explain: _____ _____ _____</p>
<p>11. What is your telephone number?</p> <p>a) If you are deaf, hard of hearing, or have a speech disability and use TTY or California Relay to communicate, check the appropriate box.</p>	<p>11. (____) _____-_____</p> <p>a) <input type="checkbox"/> TTY (Non Voice) <input type="checkbox"/> California Relay Service</p>
<p>12. What is your mailing address? (Include your city, state, and ZIP code)</p>	<p>12. Street: _____ Apt. _____ City: _____ State: ____ ZIP Code: _____</p>
<p>13. Is your residence address the same as your mailing address?</p> <p>a) If no, enter your residence address. (Include your city, state, ZIP code and apartment number.) A residence address cannot be a P.O. Box. Please provide a street address.</p>	<p>13. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>a) Street: _____ Apt. _____ City: _____ State: ____ ZIP Code: _____</p>
<p>14. If you do not live in California, what is the name of the County in which you live?</p>	<p>14. _____</p>
<p>15. What is the highest grade of school you have completed? Check only one box.</p> <p><input type="checkbox"/> Did not complete High School <input type="checkbox"/> High School Diploma or GED <input type="checkbox"/> Some college or vocational school</p> <p><input type="checkbox"/> Associate of Arts <input type="checkbox"/> Bachelor of Arts or Science <input type="checkbox"/> Masters or Doctorate</p>	
<p>16. Are you a Military Veteran?</p>	<p>16. <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

<p>17. Provide your employment and wages information for the past 18 months. If you worked for a temporary agency, a labor contractor, an agent for actors or actresses, or an employer where wages are reported under a corporate name, your wages may have been reported under that employer name. You may want to refer to your check stub(s) or W-2(s) to obtain the name of your employer.</p> <p>a) Name(s) of all employers you worked for in the last 18 months. b) Period of employment (Dates Worked). c) Total Wages earned for each employer in the last 18 months. d) How you were paid (specify hourly, weekly, monthly, annually, commission, or at piece rate). e) Check the appropriate "Yes/No" box if the employer is (or is not) a school or educational institution.</p> <p>NOTE: It is very important that you report the employer name(s), period of employment and wages correctly. Failure to provide complete information will result in your benefits being delayed or denied.</p>			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____-_____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____-_____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____-_____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____-_____			
a) Employer Name _____	b) Dates Worked From: _____ To: _____	c) Total Earnings \$ _____	d) How were you paid? _____
e) Is this employer a school employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide phone number (____) _____-_____			
18. During the past 18 months did you work for any other employers not listed in question 17? If yes, list the employer name, dates worked, total earnings, and how you were paid on a separate sheet of paper. Attach the additional sheet of paper to this application.		18. <input type="checkbox"/> Yes <input type="checkbox"/> No	

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

<p>19. Which employer in question 17 did you work for the longest?</p> <p>a) What type of business was operated by the employer? (Please be specific. For example, restaurant, dry cleaning, construction, book store.)</p> <p>b) How long did you work for that employer?</p> <p>c) What type of work did you do for that employer?</p>	<p>19. Employer name: _____</p> <p>a) Type of business: _____</p> <p>b) Years _____ Months _____</p> <p>c) _____</p>
<p>20. What is your usual occupation?</p>	<p>20. _____</p>
<p>21. Is your usual work seasonal? If yes, answer questions a-c:</p> <p>a) When does the season usually begin?</p> <p>b) When does the season usually end?</p> <p>c) What other work related skills do you have?</p>	<p>21. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-c:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p>
<p>Please provide information on your very last employer. This is the employer you last worked for regardless of the length of time you worked at that job, the type of work you did for that employer or whether or not you have been paid.</p> <p>Reminder: To file a claim, individuals must be out of work or working less than full time. You must provide information on the last employer you worked for as an employee. Do not include self-employment unless you have elective coverage.</p>	
<p>22. What is the last date you actually worked for your very last employer?</p> <p>a) What are your gross wages for your last week of work? For unemployment insurance purposes, a week begins on Sunday and ends the following Saturday.</p> <p>b) What is the complete name of your very last employer?</p> <p>c) What is the mailing address of your very last employer?</p> <p>d) Is the physical address of your very last employer the same as their mailing address? (A physical address cannot be a P.O. Box. Please provide a street address.)</p> <p style="padding-left: 40px;">If no, what is the physical address of your very last employer?</p> <p>e) What is the telephone number of your very last employer at their physical address?</p> <p>f) What is the name of your immediate supervisor?</p> <p>g) Briefly explain in your own words the reason you are no longer working for your very last employer, within the space provided. Please do not include any attachments.</p>	<p>22. _____ (mm/dd/yyyy)</p> <p>a) \$ _____</p> <p>b) Name _____</p> <p>c) Mailing address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Physical address: Street: _____ City: _____ State: _____ ZIP Code: _____</p> <p>e) (____) _____-_____</p> <p>f) _____</p> <p>g) Reason: _____ _____ _____</p>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

23. Are you (directly or indirectly) out of work with any employer (last employer or any employer in the last 18 months) due to a trade dispute, such as a strike or a lockout? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes and a union was/is involved, answer questions a-b:	If yes and a union was not/is not involved, answer questions c-e:
a) What is the name and telephone number of the union? Name: _____ Phone: (____) _____ - _____	c) How many employees left work? _____ d) Was there a spokesperson for the employees? <input type="checkbox"/> Yes <input type="checkbox"/> No e) If yes, what is his/her name and telephone number? Name: _____ Phone: (____) _____ - _____
b) Are you going to receive strike benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	24. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e:
24. Are you currently working for or do you expect to work for any school or educational institution or perform school-related work? If yes, answer questions a-e:	a) Name _____ Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____
a) Provide the following information for the school or educational institution(s).	a) Name _____ Mailing Address: Street: _____ City: _____ State: _____ Zip Code: _____ Phone: (____) _____ - _____
b) Are you a substitute teacher for Los Angeles Unified School District (LAUSD)? If yes, answer question 1)	b) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer question 1)
1) Have you restricted your availability to work with LAUSD? If yes, provide the following dates you restricted your availability and the reason why your availability is restricted.	1) <input type="checkbox"/> Yes <input type="checkbox"/> No Dates From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy) Reason: _____ _____ _____
c) Are you currently in a recess period or off track?	c) <input type="checkbox"/> Yes <input type="checkbox"/> No
d) Do you have reasonable assurance to return to work after the recess period or the off track period with any school or educational institution?	d) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____ (mm/dd/yyyy)
e) What is the beginning date of your next recess or the next off track period?	e) _____ (mm/dd/yyyy)

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

25. Do you expect to return to work for any former employer?	25. <input type="checkbox"/> Yes <input type="checkbox"/> No
26. Do you have a date to start work with any employer? If yes, answer question a: a) What date will you start work?	26. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer question a: a) _____ (mm/dd/yyyy)
27. Are you a member of a union? If yes, answer questions a-e: a) What is your union name and local number? b) Are you in good standing with your union? c) Does your union look for work for you? d) Does your union control your hiring? e) Are you registered with your union as out of work?	27. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) _____ b) <input type="checkbox"/> Yes <input type="checkbox"/> No c) <input type="checkbox"/> Yes <input type="checkbox"/> No d) <input type="checkbox"/> Yes <input type="checkbox"/> No e) <input type="checkbox"/> Yes <input type="checkbox"/> No
28. Are you currently attending, or do you plan on attending school or training? If yes, answer question a-e: a) What is the starting date of the school or training? b) What is the ending date of the current session? c) What is the name of the school? d) What is the telephone number of the school? e) What are the days and hours you are attending, or plan to attend, school? NOTE: If you completed apprenticeship training, use the space provided above to report the information. Be sure to mail your training certificate with your Continued Claim Form, DE 4581, for the week(s) of training.	28. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions a-e: a) _____ (mm/dd/yyyy) b) _____ (mm/dd/yyyy) c) _____ d) (____) ____ - _____ e) Days and hours _____ _____
29. Are you available for immediate full-time work in your usual occupation? a) If no, please explain why you are not available for full-time work.	29. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____
30. Are you available for immediate part-time work in your usual occupation? a) If no, please explain why you are not available for part-time work.	30. <input type="checkbox"/> Yes <input type="checkbox"/> No a) Explanation: _____ _____
31. Are you currently self-employed, or do you plan to become self-employed? (Self-employment means you have your own business or work as an independent contractor.)	31. <input type="checkbox"/> Yes <input type="checkbox"/> No

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

<p>32. Are you now, or have you been in the last 18 months an officer of a corporation or union or the sole or major stockholder of a corporation?</p> <p>If yes, answer question a:</p> <p>a) Include name of organization and your title or position.</p>	<p>32. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) _____</p>
<p>33. Are you currently receiving a pension?</p> <p>If yes, answer question a:</p> <p>a) Are you currently receiving more than one pension? If yes, proceed to question 35. If no, answer questions b-f:</p> <p>b) What is the name of the pension provider?</p> <p>c) Is the pension based on another person's work or wages?</p> <p>d) Is the pension a union pension or a pension funded by more than one employer?</p> <p>e) What is the name of the employer(s) paying into the pension?</p> <p>f) Did you work for that employer in the last 18 months?</p>	<p>33. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer question a:</p> <p>a) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proceed to question 35. If no, answer questions b-f:</p> <p>b) _____</p> <p>c) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>e) _____</p> <p>f) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>34. Will you receive any additional pension(s) in the next twelve months?</p> <p>If yes, answer questions a-b:</p> <p>a) What is the name of the pension provider(s)?</p> <p>b) When will you receive the pension(s)?</p>	<p>34. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-b:</p> <p>a) _____</p> <p>b) _____ (mm/dd/yyyy) _____ (mm/dd/yyyy)</p>
<p>35. Are you receiving, or do you expect to receive, Workers' Compensation?</p> <p>If yes, answer questions a-d:</p> <p>a) Who is the insurance carrier?</p> <p>b) What is the insurance carrier's telephone number?</p> <p>c) What is the case number, if known?</p> <p>d) What are the dates of your claim, if known?</p>	<p>35. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) (____) _____ - _____</p> <p>c) _____</p> <p>d) From: _____ (mm/dd/yyyy) To: _____ (mm/dd/yyyy)</p>

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

36. Have you received or do you expect to receive, any payments from your last employer, other than your regular salary? (Example: holiday pay, vacation pay, severance pay, in-lieu-of-notice pay, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the information requested in sections A-D.			
A. TYPE OF PAYMENT (Example: vacation pay)	B. AMOUNT OF PAYMENT (Example: \$600)	C. PAID FROM (Date: mm/dd/yyyy)	D. PAID TO (Date: mm/dd/yyyy)
37. Are you a U. S. citizen or national? If no, answer question a: a) Are you registered with the Bureau of Citizenship and Immigration Services (BCIS, formerly INS) and authorized to work in the United States? If you are registered with BCIS, answer questions b-e: b) What is your Alien Registration Number? c) What is the expiration date of your work authorization? d) Were you legally entitled to work in the United States for the last 19 months? e) What is the title and number of your BCIS document?		37. <input type="checkbox"/> Yes <input type="checkbox"/> No If no, answer question a: a) <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, answer questions b-e: b) _____ c) _____ (mm/dd/yyyy) d) <input type="checkbox"/> Yes <input type="checkbox"/> No e) Check one of the following: <input type="checkbox"/> Alien Registration Receipt Card (I-151) <input type="checkbox"/> Resident Alien Card (I-551) <input type="checkbox"/> Permanent Resident Card (I-551) <input type="checkbox"/> Employment Authorization Card (I-766) <input type="checkbox"/> Employment Authorization Card (I-688A) <input type="checkbox"/> Temporary Resident Card (I-688) <input type="checkbox"/> Employment Authorized (I-688B) <input type="checkbox"/> Arrival/Departure Record (I-94) <input type="checkbox"/> Stamp on Visa (Stamp states: "Processed for I-551 Temporary Evidence of Lawful Admission of Permanent Residence valid until MMDDYYYY, Employment Authorized.")	

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

<p>38. What race or ethnic group do you identify with?</p>	<p>38. Check one of the following:</p> <table><tr><td><input type="checkbox"/> White</td><td><input type="checkbox"/> Black not Hispanic</td></tr><tr><td><input type="checkbox"/> Hispanic</td><td><input type="checkbox"/> Asian</td></tr><tr><td><input type="checkbox"/> American Indian/Alaskan Native</td><td><input type="checkbox"/> Chinese</td></tr><tr><td><input type="checkbox"/> Cambodian</td><td><input type="checkbox"/> Filipino</td></tr><tr><td><input type="checkbox"/> Other Pacific Islander</td><td><input type="checkbox"/> Guamanian</td></tr><tr><td><input type="checkbox"/> Asian Indian</td><td><input type="checkbox"/> Japanese</td></tr><tr><td><input type="checkbox"/> Korean</td><td><input type="checkbox"/> Laotian</td></tr><tr><td><input type="checkbox"/> Samoan</td><td><input type="checkbox"/> Vietnamese</td></tr><tr><td><input type="checkbox"/> Hawaiian</td><td></td></tr><tr><td><input type="checkbox"/> I choose not to answer</td><td></td></tr></table>	<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese	<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino	<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian	<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese	<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian	<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese	<input type="checkbox"/> Hawaiian		<input type="checkbox"/> I choose not to answer	
<input type="checkbox"/> White	<input type="checkbox"/> Black not Hispanic																				
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian																				
<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Chinese																				
<input type="checkbox"/> Cambodian	<input type="checkbox"/> Filipino																				
<input type="checkbox"/> Other Pacific Islander	<input type="checkbox"/> Guamanian																				
<input type="checkbox"/> Asian Indian	<input type="checkbox"/> Japanese																				
<input type="checkbox"/> Korean	<input type="checkbox"/> Laotian																				
<input type="checkbox"/> Samoan	<input type="checkbox"/> Vietnamese																				
<input type="checkbox"/> Hawaiian																					
<input type="checkbox"/> I choose not to answer																					
<p>39. Do you have a disability? (A disability is a physical or mental impairment that substantially limits one or more life activities, such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, or working.)</p>	<p>39. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I choose not to answer</p>																				

UNEMPLOYMENT INSURANCE APPLICATION

Social Security Number: _____ - _____ - _____

SUPPLEMENTAL FORM FOR DISASTER UNEMPLOYMENT ASSISTANCE (DUA) – ATTACHMENT D

Please complete the following if you are unemployed or partially unemployed due to a disaster as you may be eligible for DUA benefits:

<p>1. Are you unemployed as a direct result of a recent disaster in California, such as an earthquake, flood, mudslide, wildfire, etc?</p> <p>If yes:</p> <p>a) Identify the type of disaster.</p> <p>b) At the time of the disaster, in which county did you reside?</p> <p>c) At the time of the disaster, in which county did you work?</p> <p>d) At the time of the disaster, was your unemployment caused by your need to travel through a disaster area?</p> <p>If yes:</p> <p>Identify the disaster county or counties that prevent travel to your job.</p> <p>e) Check the following that best applies to you:</p> <p>f) If you selected item e1 or e3 above, how many hours did you work prior to the disaster?</p> <p>g) If you selected e3 or e4 above briefly describe how the disaster affected your ability to continue or begin your self-employment.</p> <p>h) What is the physical address of your business?</p>	<p>1. <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, answer questions a-d:</p> <p>a) _____</p> <p>b) _____</p> <p>c) _____</p> <p>d) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>_____</p> <p>_____</p> <p>e) 1) <input type="checkbox"/> An employee who is unable to work as a direct result of the disaster.</p> <p>2) <input type="checkbox"/> An individual who was scheduled to start work for an employer, but could not because of the disaster.</p> <p>3) <input type="checkbox"/> A self-employed individual who is unable to work as a direct result of the disaster.</p> <p>4) <input type="checkbox"/> An individual who intended to begin self-employment, but could not because of the disaster.</p> <p>5) <input type="checkbox"/> An individual who became head of household as a result of the disaster.</p> <p>f) _____</p> <p>g) _____</p> <p>_____</p> <p>_____</p> <p>h) Street: _____</p> <p>City: _____</p> <p>State: _____ Zip Code: _____</p>
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DO NOT MAIL OR FAX THIS PAGE

SUBMITTING YOUR APPLICATION

Be sure to review your application thoroughly for completeness. An incomplete application may delay or prevent the filing of your claim, or cause benefits to be denied.

Submit your completed application including any applicable attachment(s) by mail or fax:

By MAIL to the following address:	EDD #019 P.O. Box 1041 Atwood, CA 92811-1041 NOTE: Extra postage is required.
By FAX to the following telephone number:	1-866-215-9159

Once you submit your application, allow ten days for processing of your claim. You will receive Unemployment Insurance (UI) claim materials by mail. If you have not received any UI claim materials after ten days from the date you submitted your application, call one of the following toll-free telephone numbers:

English 1-800-300-5616	Spanish 1-800-326-8937	Mandarin 1-866-303-0706
TTY (Non Voice) 1-800-815-9387	Cantonese 1-800-547-3506	Vietnamese 1-800-547-2058

Date Submitted: ____/____/____ by Mail or Fax

KEEP THIS PAGE FOR YOUR RECORDS

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Employee Assistance Program



The City of Oakland’s Employee Assistance Program is available to provide supportive counseling services for all employees affected by the lay off. Employees may access this service to help you with during this transition and receive assistance to address any of the following concerns:

- **Handling stress and anxiety**
- **Difficulties with sleeping**
- **Preparing yourself for the job search**
- **Identifying resources for on-going support**
- **Feeling overwhelmed and unable to focus**

If you would like to use this service, contact Cynthia Lee at 510-238-4984 or send an email message to cleo@oaklandnet.com to set up an appointment.

The EAP is located at 1970 Broadway, Suite 930 and the hours are from 8:30am to 5:00pm. You may access this service during work hours. This service is free of cost and confidential.

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Support Center For Laid Off Employees



The Support Center will be open to all employees being impacted by lay offs to provide information on:

- **Oakland Career Center:** free career counseling; skill assessment; job search training, labor market information, how to prepare your resume and interviewing skills.
- **Employment Development Department (EDD):** unemployment insurance, support groups, California Training Benefits
- **Consumer Credit Counseling:** financial and credit management; how to manage your cash flow
- **Healthy Family Program:** low cost health benefits for children
- **Manpower Services:** temp agency and training
- **Employee Assistance Program:** crisis support counseling

City Staff will also be available to answer your questions regarding:

- COBRA/Health Benefits
- Deferred Compensation
- Retirement
- Payroll

Location: 150 Frank Ogawa Plaza, 2nd Floor, Classroom One

Dates: July 12, 13, 14; July 19 and 20, 2011

Time: 10:00am-3:00pm

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G. CAREER/JOB LINKS INFORMATION

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The following job links have been compiled to assist you in locating alternative employment.

Other Local Government Employers

AGENCY	LOCATION	CONTACT INFORMATION
AC TRANSIT EMPLOYMENT	1600 Franklin Street, Rm # 401 Oakland, CA 94612	Info. #: 510-891-4783 Hotline #: 510-891-4782 www.actransit.org
ALAMEDA COUNTY EMPLOYEES RETIREMENT ASSOCIATION	475 14th Street, Suite 1000 Oakland, CA 94612	Info. #: 510-628-3000 Hotline #: 510-272-6433 www.acera.org
BART BAY AREA RAPID TRANSIT DISTRICT (BART)	12th Street Bart Station Oakland, CA 94612	Info. #: 510-464-6000 Hotline #: 510-464-6736 http:// www.bart.gov
CALTRANS - STATE OF CALIFORNIA	111 Grand Avenue Oakland, CA 94612	Info. #: 510 -286-6354 Hotline #: 510-286-6354 www.spb.ca.gov
CITY OF ALAMEDA	2263 Santa Clara, Rm # 290 Alameda, CA 94501	Info. # 510-747-4900 Hotline #: 510-747-4901 www.ci.alameda.ca
CITY OF BERKELEY	2180 Milvia Street, 1 st Floor Berkeley, CA 94704	Info. #: 510-981-6800 Hotline #: 510-981-6888 www.ci.berkeley.ca
CITY OF EMERYVILLE	1333 Park Avenue Oakland, CA 94608	Info. #: 510-596-4390 Hotline #: 510-596-4390 www.ci.emeryville.ca
CITY OF FREMONT	3300 Capitol Avenue Fremont, CA 94538	Info. #: 510-494-4660 Hotline #: 510-494-4669 www.ci.fremont.c
CITY OF HAYWARD	777 B Street Hayward, CA 94541	Info. #: 510-583-4500 Hotline #: 510-583-4555 www.ci.hayward.c
CITY OF OAKLAND	150 Frank H. Ogawa Plaza, 2 nd Floor Oakland, CA 94612	Info: 510-238-3112 Hotline: 510-238-3111 www.oaklandne
CITY OF SAN LEANDRO	835 E. 14 th Street Leandro, CA 94577	Info. #: 510-577-3396 Hotline #: 510-577-3397 www.ci.san-
CONTRA COSTA COUNTY	651 Pine Street, 2 nd Floor Martinez, CA 94553	Info. #: 925-335-1701 Hotline #: 925-335-1700 www.co.contra- c osta.ca.us
COUNTY OF ALAMEDA	1405 Lakeside Drive Oakland, CA 94612	Info. #: 510-272-6471 Hotline #: 510-272-6433 www.acgov.org
EASTBAY REGIONAL PARKS	2950 Peralta Oaks Court Oakland, CA 94605	Info. #: 510-562-7275 Hotline #: 888-327-2757 www.ebparks.org

AGENCY	LOCATION	CONTACT INFORMATION
EBMUD-(East Bay Municipal Utility District)	375 11 th Street Oakland, CA 94607	Info. #: 510-287-0735 Hotline #: 510-287-0742 www.ebmud.com
EDD-(Employment Development Department)	675 Hegenberger Road Oakland, CA 94621	Info. #: 800-300-5616 Hotline #: N/A https://www.edd.c
KAISER PERMANENTE	1950 Franklin Street, 15 th Floor Oakland, CA 94612	Info. #: 510-987-2408 Hotline #: 800-906-0272 www.kp.org/jobs
OAKLAND PRIVATE INDUSTRY COUNCIL	1212 Broadway, Suite 100 Oakland, CA 94612	Info. #: 510-768-4431 Hotline: N/A www.eastbaywork
OAKLAND UNIFIED SCHOOL DISTRICT	1025 2 nd Avenue Oakland, CA 94606	Info. #: 510-879-8008 Hotline #: 510-879-8592 www.ousd.k12.ca .
PORT OF OAKLAND	Jack London Square 530 Water Street, 3 rd Floor Oakland, CA 94606	Info. #: 510-627-1100 Hotline #: 510-627-1142 www.portofoaklan

Other Government & Public Sector

Association of Bay Area Governments- <http://www.abag.ca.gov/jobs.html>

Job listings for local city and country government and special district agencies

California Courts- <http://www.courts.ca.gov/careers.htm>

Job postings within the judicial branch of California State government, including the Administrative Office of the Courts.

California State Personnel Board- <http://www.spb.ca.gov/jobs/index.htm>

Information on civil service examinations and immediate job openings.

Capitol Weekly <http://capitolweekly.net/jobs>

Jobs website contains open positions in Sacramento with California State Government

City and County of San Francisco- <http://sfdhr.org/>

Information on current job openings within all departments

Federal Government Jobs- <http://www.usajobs.opm.gov/>

Searchable by job category, agency and location, includes job search results by email

US Department of Health and Human Services- <http://www.hhs.gov/careers/>

Employment vacancies for all federal health and human service agencies.

Searchable Databases

America's Job Bank- <http://www.jobbankinfo.org/>

National clearinghouse for the public Employment Service. List thousands of jobs, in a wide variety of fields. Well organized, has links to thousands of employee websites.

BAJobs- <http://www.bajobs.com/>

Job in San Francisco Bay Area, organized by discipline and by company.

Bay Area Careers- http://www.bayareacareers.com/bay_area.php

Searchable by 8 Bay Area regions (including Sacramento) Link to jobs on company home pages.

CareerBuilder- <http://www.careerbuilder.com/>

Searchable database of information from over 75 career sites.

CollegeGrad.com- <http://www.collegegrad.com/>

Entry level job listing for university graduates.

Craigslist- <http://sfbay.craigslist.org/>

San Francisco Area online community where you can find listings for job and volunteering. Craigslist was ranked "most efficient" job recruiting website in a survey of recruiters by Forester Research Inc.

Employment Guide- <http://www.employmentguide.com/>

Search by keyword, location, date. Offers additional international job search database.

Indeed- <http://www.indeed.com/>

Searches multiple job websites for you and delivers relevant job postings utilizing your search criteria.

Net-Temps- <http://www.net-temp.com/>

Consortium of employment agencies: wide variety of entry level positions in the Bay Area. (Note: we do not recommend utilizing agencies that charge the job seeker).

Yahoo! Hot Jobs- http://www.monster.com/?WT.mc_n=yahoo_dayN_home&refs=hj

Includes a wide variety of jobs, has a special search feature for entry-level/internship and provides a huge list of company profiles.

www.usajobs.opm.gov/ - Official site of the United State Federal

Government www.federaljobsearch.com - Federal, State and Local Jobs

www.spb.ca.gov/ - California Government State Personnel

Board www.caljobs.ca.gov/ - California Employment Development

Department www.gao.gov/ - U.S Government Accountability Office

www.bajobs.com/ - Bay Area job

opportunities <http://www.aspanet.org/> - American Society for Public

Administration <http://www.governmentjobs.com> – Government Sector

Jobs

<http://www.sfgov.org/site/government> index.asp?id=5988 - San Francisco Government

Jobs www.TheLadders.com – Private sector HR, Marketing, Operations,

Technology www.Careerbuilder.com/Jobs - Private Sector

www.Jobs.com – Local jobs, careers and advice

www.Sologig.com – Contract, consulting and freelance jobs and projects

www.Jobfox.com- Create your confidential skills profile now to instantly view jobs matched with your unique skills.

Job-Hunt.org- <http://www.job-hunt.org/>

www.opm.gov/ - America's public sector employment center

The Following Services Are Available at the Oakland Private Industry Council, Inc. / EDD Career Career

Self directed Job Search

Career Counseling

Assessment of Skills and Aptitudes

Job Search Techniques – Information and Workshops

Resume Writing Workshops

One-Stop Career Center Job Search Resources

- Job listings, Career resource libraries
- Telephones
- Internet access
- Copiers
- FAX machine

Training (some may be based on eligibility)

- Basic and remedial skills
- Demand occupation skills with good employment opportunities
- In the classroom or on-the job
- Individual or in groups
- Classroom and/or self-paced computer programs
- Specialized and individualized training programs
- Customized training programs, in partnership with employers
- Information on Entrepreneur Training

Supportive Services (some may be based on eligibility)

- Career transition counseling
- Transportation assistance for classroom training
- Child care assistance while enrolled in classroom training
- Safety equipment, clothing, special tools
- Transition and Stress Management (may be based on eligibility)

California Employment Development Department Services

- Employment Services
- Job Listing Database – CalJOBS
- Services to Veterans and those with special needs
- Labor Market Information
- Referrals to Unemployment and Disability Insurance

The Oakland Career Center East/EASTBAY Works offers integrated services by Oakland Private Industry Council & the Employment Development Department. The Oakland Private Industry Council & the Employment Development Department are equal opportunity employers' Auxiliary aids and services are available upon request to individuals with disabilities. For TDD services, please call: 510-5 1800 735-2922





**EASTBAY WORKS ONE-STOP
CAREER CENTERS**

ALAMEDA COUNTY WORKFORCE INVESTMENT BOARD

<p>Alameda One-Stop Career Center 555 Ralph Appezatto Memorial Parkway, Portable P Alameda, CA 94501 (510) 748-2208 Fax: (510) 748-2143 Site Manager: Michael Goldberg (510) 748- 2399 Fax (510) 748-2143 Email: mgoldberg@peralta.edu Employer Services Rep: Aram Attarian (510) 748-5215 Fax (510) 748-2143 Email: aattarian@peralta.edu</p>	<p>Tri-Cities One-Stop Career Center – Newark Ohlone College Campus 39399 Cherry Street, Suite 1211 Newark, CA 94560 (510) 742-2323 Fax: (510) 742-2332 Site Manager: Tina Dodson (510) 742-2320 Fax (510) 742-2332 Email: tdodson@ohlone.edu Employer Services Rep: Shadia Schoen (510) 742-2328 Fax: (510) 742-2332 Email: sschoen@ohlone.edu</p>
<p>Eden Area One-Stop Career Center - 24100 Amador St. Hayward, CA 94544 (510) 670-5700 Fax: (510) 265-8304 Site Manager: Tim Combs (510) 670-5702 Fax: (510) 670-5172 Email: timc@rubiconprograms.org Employer Services Rep: Anthony Irving (510) 265-8360 Fax (510) 670-5172 Email: anthonyi@rubiconprograms.org</p> <p>EDD Manager: Angie Alamillo (510) 259-3535 Email: angie.alamillo.edd.ca.gov</p>	<p>Tri-Cities One-Stop Career Center, Fremont 39155 Liberty St., Suite B200 Fremont, CA 94538 (510) 794-3669 Fax: (510) 794-2400 Site Manager: Barry Duffy (510) 794-3957 Fax (510) 794-2400 Email: duffy.barry@edd.ca.gov Employer Services Rep: Robert Hernandez (510) 794-3879 Fax: (510) 794-2400 Email: rhernandez@ohlone.edu</p> <p>Employer Services Rep: Marilyn Hagerty (510) 794-2489 Fax (510) 794-2400 Email: mhagerty@edd.ca.gov</p>
<p>North Cities One-Stop Career Center 1918 Bonita Ave. Berkeley, CA 94704 (510) 982-7128 Fax (510) 982-7130 Site Manager: Owen Hershey (510) 809-1326 Fax (510) 982-7130 Email: owenh@rubiconprograms.org Employer Services Rep: Lila Blanchard (510) 809-1303 Fax: (510) 982-7130 Email: Lilab@Rubiconprograms.org</p>	<p>Tri-Valley One-Stop Career Center 5020 Franklin Drive Pleasanton, CA 94588 (925) 485-5262 Fax: (925) 485-5273 Site Manager: John Alves (925) 485-5266 Fax (925) 485-5273 Email: jalves@clpccd.org Employer Services Rep: Pat Donovan (925) 485-5264 Fax (925) 485-5273 Email: pdonovan@clpccd.org</p>

Alameda County Workforce Investment Board
 NUMMI Response Coordinator -Tony Castillo 510 259-3884 tony.Castillo@acgov.org
 Business Services Coordinator – Marybeth McCarthy 510 259-3839 marybeth.mccarthy@acgov.org
 Rapid Response Coordinator – Huong Tran 510 259-3828 huong.a.tran@acgov.org
 Training Coordinator Marilyn Kan 510 259-3580 mkan@acgov.org



**EASTBAY WORKS ONE-STOP
CAREER CENTERS**

CITY OF OAKLAND WORKFORCE INVESTMENT BOARD

COMPREHENSIVE CENTER

Oakland One Stop Career Center 1212 Broadway, Suite 100 Oakland, CA (510) 622-4333	
Co-Manager: Maureen Nelson (510) 768-4442 mnelson@oaklandpic.org Employer Services Representative: Lowell Rice (510) 768-4466 Email: lrice@oaklandpic.org	Co-Manager: Allen Jackson (510) 622-4344 Allen.jackson@edd.ca.gov Employer Services Representative: Sonia Baker (510) 622-4329 Email: Sonia.Baker@EDD.ca.gov
Rapid Response Manager: Anne Chan (510) 768-4431 achan@oaklandpic.org Business Services Manager: Lowell Rice (510) 768-4466 lrice@oaklandpic.org	

AFFILIATE CENTERS

The English Center 66 Franklin Street, Suite 300, Jack London Square Oakland, CA 94607 (510) 836-6700 Fax 510 836-6900 Site Manager: Jeff Issenberg (510) 836-6700 Ext. 104 Fax 510-836-6900 Email: operations@englishcenter.edu Employer Relations Liaison: Sharon Schuyler 510 836-6700 ex 110 Email: jobplace@englishcenter.edu	Lao Family Community Development, Inc. 2325 East 12 th Street Oakland, CA 94601 (510) 533-8850 Fax 510-533-1516 Site Manager: Thao Pham (510) 533-8850 Fax 510-533-1516 Email: tpham@lafd.org
Merritt College One-Stop Shop 12500 Campus Drive R105D Oakland, CA 94619 (510) 436-2445 Fax 510-436-2685 Site Manager: Horace Graham (510) 436-2637 Fax 510-434-3825 Email: hgraham@peralta.edu	SSA North Oakland Career Center 2000 San Pablo Ave, 2 nd Floor Oakland, CA 94612 (510) 208-0903 Fax: 510-208-0901 Site Manager: Rodger Staten (510) 208-0912 Fax: 510-208-0901 Email: rstaten@oaklandpic.org Employer Services Rep: Charles Brown III 510 208-0913 Fax 510 208-0901 Email: cbrown@oaklandpic.org
The Unity Council Multicultural One-Stop Career Center 1900 Fruitvale Avenue Oakland, CA 94601 (510) 535-6101 Fax 510-534-5438 Site Manager: Marisela Perez-Ruiz (510) 535-7176 Fax 510-534-7771 Email: mperezruiz@unitycouncil.org Career Pathways: Paloma Ojeda (510) 535-9189 Fax: 510-534-7771 Email: pojeda@unitycouncil.org	SSA Eastmont Career Center 7200 Bancroft Ave. Suite 140 Oakland, CA 94605 (510) 568-8349 Fax 510 568-3708 Site Manager: Rodger Staten (510) 383-3601 Fax 510 568-3708 Email: rstaten@oaklandpic.org Employer Services Rep: Rochelle Baxter-Green (510) 383-3602 Fax 510 568-3708 Email: rbaxtergreen@oaklandpic.org



**EASTBAY WORKS ONE-STOP
CAREER CENTERS**

CONTRA COSTA COUNTY WORKFORCE DEVELOPMENT BOARD

<p>EASTBAY Works One-Stop Career Center – Antioch 4545 Delta Fair Blvd. Antioch, CA 94509 (925) 706-4830 Fax: (925) 706-4855 Site Manager: Richard Cox (925) 706-4829 Fax: (925) 706-4855 Email: rcox@ehsd.cccounty.us Employer Liaison: Deborah Linville (925) 706-4822 Fax (925) 473-0938 Email: dlinville@ehsd.cccounty.us</p>	<p>EASTBAY Works One-Stop Career Center – Brentwood 281 Pine Street Brentwood, CA 94513 (925) 634-2195 Fax: (925) 516-0762 Site Manager: Richard Cox (925) 706-4829 Fax: (925) 473-0938 Email: rcox@ehsd.cccounty.us Employer Liaison: Rene Tucker (925) 427-8516 Fax (925) 516-0762 Email: rtucker@ehsd.cccounty.us</p>
<p>EASTBAY Works One-Stop Career Center – Concord 4071 Port Chicago Highway, Suite 250 Concord, CA 94520 (925) 671-4500 Fax: 646-5563 Site Manager: Claire Marchiano (925) 671-4515 Fax: (925) 646-5563 Email: cmarchiano@ehsd.cccounty.us Employer Liaison: Blake Benson (925) 671-4538 Fax: (925) 646-5563 Email: bbenson@ehsd.cccounty.us</p>	<p>EASTBAY Works One-Stop Career Center – San Pablo 2300 El Portal Drive Suite B San Pablo, CA 94806 (510) 412-6740 Fax: (510) 374-7454 Site Manager: David Lyons (510) 412-6743 Fax (510) 374-7454 Email: dlyons@ehsd.cccounty.us Employer Liaison: Kathy Young (510) 412-6758 Fax (510) 374-7454 Email: kyoung@ehsd.cccounty.us</p>

CITY OF RICHMOND WORKFORCE INVESTMENT BOARD

RichmondWorks One-Stop Career Center
 330 25th Street
 Richmond, CA 94801
 (510) 307-8014 Fax: (510) 307-8061
Site Manager: Pat Marra
 (510) 307-8079 Fax: (510) 307-8072
 Email: pmarra@richmondworks.org
Business Services Rep: Jackie Holley
 (510) 307-8024 Fax: (510) 307-8072
 Email: jholley@richmondworks.org

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