RETIRED ANNUITANT SELF CERTIFICATION FORM

(To be completed by each retired annuitant applying for employment or currently employed with State government.)

Retired Annuitant Provisions

Per Government Code Section 21224, a retired annuitant cannot return to State employment if he/she has received unemployment insurance compensation from any employer that provided retirement benefits under the Public Employees Retirement System (PERS) during the 12-month period prior to an appointment as a retired annuitant.

- If you have received unemployment insurance payments in the last 12 months, based on prior employment as a retired annuitant with the State of California or any other employer that provided you retirement benefits under PERS, you are *not* eligible to return to State service at this time.

- If you are currently working as a retired annuitant for a State department and it is determined that you *did* receive unemployment insurance benefits, your department will terminate your employment at the end of the current pay period. You will *not* be eligible to return to work as a retired annuitant for 12 months after your termination.

To assist in determining your eligibility to work as a retired annuitant, please answer the following self certification questions. You will also be asked by your employing department to complete an Employment Development Department (EDD) Form DE 1181, Authorization for Release of Unemployment Insurance Records for Retired Annuitants. This form will be submitted to EDD for verification of any unemployment insurance claims filed by you.

Retired Annuitant Name:	**Social Security Number:**
In the last 12 months have you received any unemployment insurance payments based on your previous employment as a retired annuitant with a State department?	Yes ☐ No ☐
In the last 12 months have you received any unemployment insurance payments from an employer that provided you retirement benefits under PERS based on prior employment as a retired annuitant?	Yes ☐ No ☐

I certify under penalty of perjury that the information I have entered on this form is true and complete to the best of my knowledge.

_____ _____

Signature **Date**

PRIVACY NOTICE: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals. Information on this form will be used by State agencies for the purposed of identification and document processing. It is mandatory to furnish all information requested on this form.