



## California Employers' Retiree Benefit Trust Disbursement Request

To request a disbursement from your California Employers' Retiree Benefit Trust (CERBT) employer account, please complete this form (see pg 3 for instructions):

Employer Name	
CalPERS ID #	
Street Address 1	
Street Address 2	
City/State/ZIP	

<u>OPEB Provider</u>	<u>OPEB Cost Paid</u>	<u>Payment Period</u>
Total CERBT Disbursement Requested		XXXXXXXXXXXXXXXXXX

Employer understands that disbursements from the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Postemployment Benefits (Agreement)*. Authority to request disbursements has been delegated by the governing board of the agency to the undersigned.

## California Employers' Retiree Benefit Trust Disbursement Request

The undersigned is/are authorized to request disbursements, under the terms of the *Agreement* from the CERBT. The undersigned certify that the payment information provided above is accurate, and that reimbursement requested is for other post employment benefit costs paid by the employer. **For amounts in excess of ten thousand dollars, signatures of two authorized employer representatives are required.** Reimbursements for expenses related to periods prior to July 1st can only be made if a properly executed disbursement request is received by CalPERS on or before July 31<sup>st</sup>. After July 31<sup>st</sup>, reimbursements can only be made for current fiscal year expenses (incurred on or after July 1<sup>st</sup>) regardless of the employer's fiscal year end date.

Authorized Employer Representative Printed Name	Title	Telephone Number
--	-------	------------------

Signature	Email address	Date
-----------	---------------	------

Authorized Employer Representative Printed Name	Title	Telephone Number
--	-------	------------------

Signature	Email address	Date
-----------	---------------	------

**Mail Completed CERBT Disbursement Request to the following address:**

CalPERS Affiliate Program Services Division  
CERBT/OPEB  
PO Box 1494  
Sacramento, CA. 95812-1494

In addition, please email an electronic copy of this form to  
[CERBT4U@calpers.ca.gov](mailto:CERBT4U@calpers.ca.gov) to ensure timely processing of your disbursement.

**For CalPERS use only**

Received by APSD:		Confirmed Authorized Employer Representative	
CERBT Contract Eff. Date		OPEB retiree cost amounts confirmed as reasonable compared to projections	
CalPERS Approved By:		Approval Date:	
FCSD:			
FCSD Approved by:		FCSD Approval Date:	
Claim Schedule number:		Claim Schedule Date:	

## California Employers' Retiree Benefit Trust Disbursement Request

Instructions to complete this form

1. Enter the name of the employer and its business address.
2. Report the name of the payee (service provider or other) to which payments for other post employment benefits (OPEB) were made by the employer. Record the total OPEB payments made to the OPEB Provider (see example below). Trust disbursements can be made only for OPEB costs in accordance with the terms of the "Agreement and Election to Pre-fund Other Post Employment Benefits Through CalPERS" (Agreement). The payment period cannot pre-date the effective date of the Agreement.

<u>OPEB Provider</u>	<u>OPEB Cost Paid</u>	<u>Payment Period</u>
Blue Shield	\$151,368	July 2011 - June 2012
Delta Dental	\$27,842	Jan 2012 - June 2012
Total CERBT Disbursement Request	\$179,210	XXXXXXXXXXXXXXXXXX

3. The form must be signed by incumbents of positions authorized to request CERBT disbursements. These positions are named in the "Delegation to Request Disbursements" on file with CalPERS. For amounts in excess of ten thousand (\$10,000), two signatures are required.
4. Disbursements will be made payable to the employer and sent to the employer's business address on record with CalPERS, attention of an authorized employer representative who signed this Disbursement Request. Disbursement requests that satisfy the Agreement and are received on or after the 1st of the month by the CalPERS CERBT will be processed monthly.
5. Disbursements related to the prior fiscal year (July through June) must be presented to CalPERS by July 31<sup>st</sup> of each year and will be accrued if the disbursement request is received before July 31<sup>st</sup>. After July 31<sup>st</sup>, no reimbursements can be made for periods before July of the current fiscal year.