

# Employer Certification of Disability

This document provides guidance on the information CalSTRS needs from employers to ensure the proper processing of a member's disability benefit application. The two forms employers need to complete are the *Certification by Principal* (DS0056) form and the *Employment and Benefits Information* (DS0318) form.

Questions? Contact [DaSBDisabilitySvcslmbx@CalSTRS.com](mailto:DaSBDisabilitySvcslmbx@CalSTRS.com). Employers can also call CalSTRS at 800-228-5453.

Revised: 01/03/2025

## What are CalSTRS disability benefits?

CalSTRS members whose life and career are interrupted by a serious medical situation may be eligible to receive CalSTRS disability benefits. Employees who are members of the Defined Benefit Program can apply for disability benefits under one of the CalSTRS disability programs: Coverage A (disability allowance) or Coverage B (disability retirement).

The eligibility requirements for CalSTRS disability benefits include age, service credit, timelines for application and medical documentation.

## What forms are required to be completed by employers when employees apply for disability benefits?

When a member applies for a disability benefit, we require employment information from all employers the member worked for during the last year they earned creditable compensation.

CalSTRS requires employers to complete the following two forms to certify information: the *Certification by Principal* (DS0056) form and the *Employment and Benefits Information* (DS0318) form. The information employers provide on the forms will be used to analyze if a member applying for CalSTRS disability benefits qualifies for the benefit.

The *Certification by Principal* (DS0056) form is used to request information related to the disability application evaluation process. A decision regarding the member's application may be delayed until this report is received fully completed.

The *Employment and Benefits Information* (DS0318) form is used to request information to ensure the proper processing of a member's disability benefit application.

## Who completes the *Certification by Principal* (DS0056) form?

CalSTRS sends the *Certification by Principal* (DS0056) form to all report units (preK-12 school districts, community college districts and charter schools) the member applying for CalSTRS disability worked for during the last year they earned creditable compensation.

The DS0056 form is to be completed by the principal of the school or the supervisor of the member.

## How do I complete the *Certification by Principal (DS0056)* form?

### Section 1: Member Information

This section provides personal information about the member who is applying for disability benefits. The fields include the member's name, Client ID or Social Security number, date of birth, their county-district, and school name.

### Section 2: Observation

This section describes the job duties of the member who is applying for disability benefits. The information provided in this section will provide context of what the responsibilities of the employee in the position is expected to perform and how the member's disability may impact the performance of those duties.

A job duty statement for the member's current position can be sent in lieu of filling out Section 2 of the DS0056 form. If a job duty statement is not available, please complete all relevant information for this section.

### Section 3: School District Assistance

This section is to indicate if the member requested or initiated the reasonable accommodation process with their employer. The information provided in this section can be vital in helping CalSTRS analyze if the member qualifies for a disability benefit, since it is an eyewitness and hands-on view of if the impairment is impacting the member to perform the job duties of the position.

Please complete all relevant information for this section and provide any additional information related to the reasonable accommodations the school has provided for the member.

### Section 4: Required Signatures

This section is where the principal or member's immediate supervisor will certify and sign the form, providing their relevant information. Please complete all section fields.

## Who completes the *Employment and Benefits Information (DS0318)* form?

CalSTRS sends the *Employment and Benefits Information (DS0318)* form to the payroll departments of all report units (preK-12 school districts, community college districts and charter schools) the employee applying for CalSTRS disability worked for during the last year they earned creditable compensation.

The DS0318 form is to be completed by the authorized member of the payroll department.

## How do I complete the *Employment and Benefits Information (DS0318)* form?

### **Section 1: Member Information**

This section provides personal information about the member who is applying for disability benefits. The fields include the member's name, Client ID or Social Security number, date of birth, and their county-district.

### **Section 2: Member's Employment Data**

All portions of this section will need to be completed by the employer.

#### **Dates of employment with this district**

Employers are required to provide the member's hire date (from) and last day of employment (through).

#### **Current Status**

Select the appropriate box that reflects the member's current employment status.

#### **Last day of actual performance on the job**

Employers must provide the last day the member actually performed their job or special assignment. For example, a member physically came to school and taught a class until April 6, but was paid with sick leave until April 24. The last day of actual performance on the job would be April 6.

If the member applying for disability benefits is still working, ensure you indicate this status in the previous "Current Status" subsection and write "N/A" for this subsection.

#### **Last day of compensation for service performed, differential and/or sick pay**

Employers must provide the date of the last day of work or approved leave for which the member was paid. If the member is approved for CalSTRS disability benefits, the member's disability Benefit Effective Date (BED) cannot be earlier than the last day of compensation from the district. The date provided in this subsection may have a direct impact on the disability BED.

If the member is on a paid sick leave or on differential pay, provide the projected date this compensation will end.

#### **Days of absence in the current school year**

Enter the number of days the member was absent in the current school year.

#### **Days of absence in prior school year**

Enter the number of days the member was absent in the prior school year.

**Type of contract**

Check the box for “Full-time” if the member performed service on a full-time basis or “Less than full-time” if the member performed service on a part-time basis. Check the appropriate box if the member performed service on a part-time basis. Explaining the type of contract in which the member is employed is optional. Please provide an explanation if wanted.

**Are dismissal proceedings contemplated or pending?**

Select either the yes or no checkbox. If selecting yes, please provide an explanation including all relevant information.

**Section 3: Income Protection Plan**

In some cases, CalSTRS will offset an employer paid income protection plan according to the Teachers’ Retirement Law. Select either the yes or no checkbox. If selecting yes there is an income protection plan, please complete the remainder of this section including all relevant information.

**Section 4: Workers’ Compensation**

If the member is applying for a workers’ compensation benefit resulting from a work-related injury that is for the same impairment as their CalSTRS disability benefit application, CalSTRS is required by law to offset any disability benefit the member may receive resulting from that injury. Please check either the yes or no checkbox that the member has applied for workers’ compensation benefits. If yes is selected, complete the remainder of the section and include all relevant information.

**Section 5: One Year Final Compensation (Not available for members hired after 12/31/2012)**

Some employers have a collective bargaining agreement that authorizes one-year final compensation when a member has less than 25 years of service credit. Bargained one-year final compensation is not applicable to DB 2% at 62 members. For more information regarding this benefit enhancement, see the [Bargained One-year Final Compensation](#) job aid at calstrs.com.

Check this box only if the district has a collective bargaining agreement that authorizes one-year final compensation, and the member meets the eligibility requirements, attaching only the relevant pages of the collective bargaining agreement that demonstrate eligibility. CalSTRS will determine the associated present value and administrative costs and bill the employer for those costs. Payments by employers to CalSTRS must be received within 30 days from the invoice date, otherwise interest will accrue.

**Section 6: Reduction in Salary**

Some employers may have years where the member received a reduced salary due to a reduction in school funds. If so, the member would be eligible to use any three nonconsecutive years for final compensation. Reduced salary due to a reduction in school funds can include furlough days or reduced workdays from a member’s contractual full-time with the employer.

If the member has received a reduced salary due to a reduction in school funds, please check the box and indicate the school year(s) in which the reduction occurred.

### Section 7: Required Signatures

Print the name of the authorized designee, official title, telephone number, and email address. Sign and date the form.

### When do the forms need to be returned to CalSTRS and where should the forms be sent?

Please return the completed *Certification by Principal* (DS0056) form and the *Employment and Benefits Information* (DS0318) form to CalSTRS within 30 days of receipt. Please include a copy of the member's duty statement with the completed DS0056 form. A member's benefit could potentially be delayed if the form is not returned within the timeframe. CalSTRS may assess penalties for delinquent reports. The forms can be submitted using one of the following methods:

#### Hand Delivery:

Forms can be hand delivered to a local CalSTRS Member Service Center.

#### Fax:

Fax your completed forms to either 916-414-5784 or 916-414-5783.

#### Mail:

Mail the completed forms to the following address:

CalSTRS  
P.O. Box 15275, MS 43  
Sacramento, CA 95851-0275

If using a special mailing service such as UPS or FedEx, for overnight delivery, send your forms to:

CalSTRS  
Disability and Survivor Benefits  
100 Waterfront Place  
West Sacramento, CA 95605

#### Email:

Email your completed forms to the [DaSBDDisabilityAnalysts@CalSTRS.com](mailto:DaSBDDisabilityAnalysts@CalSTRS.com) inbox.

#### Online:

Submit the completed forms using the SDS.calstrs.com portal.

## How will the forms be submitted in the new Secure Employer Website (SEW)?

In new SEW, both the *Certification by Principal* (DS0056) and the *Employment and Benefits Information* (DS0318) forms will be retired. Instead, the certification will take place as an employee change request in the new system. For more information, please review the [Employee Change Request – Certification for Disability](#) job aid available on [employersupport.calstrs.com](http://employersupport.calstrs.com).