

# Request for Verification of Benefits for the Social Security Administration

AS 1831 rev 01/18

**CALSTRS**

California State Teachers' Retirement System  
P.O. Box 15275, MS 85  
Sacramento, CA 95851-0275  
**800-228-5453**  
CalSTRS.com

**There are three ways to receive a Verification of Benefits for the Social Security Administration letter from CalSTRS:**

**1. Receive an instant Verification of Benefits letter online by submitting a *Request for Verification of Benefits for the Social Security Administration* form through myCalSTRS:** Log in to your myCalSTRS account at myCalSTRS.com, select the Complete & Submit Forms icon and follow the guided step-by-step instructions to complete your request and access a printable verification letter. Your letter will be accessible **only** through your secure online myCalSTRS account. It will not be mailed or faxed by us to you or a third party.

**2. Receive a Verification of Benefits for the Social Security Administration letter by mail:** Complete this form to request a Verification of Benefits letter. Your mailed letter will not be available to you through your myCalSTRS account.

**3. Receive a Verification of Benefits letter by fax:** Your letter will be sent automatically by fax if you provide a fax number for yourself or a third party. Your faxed letter will not be available to you through your myCalSTRS account.

If you have questions, send us a secure email using your myCalSTRS account or at CalSTRS.com/contact, call us at 800-228-5453 or send us a fax at 916-414-5474.

## Section 1: Benefit Recipient Information

Doug Vardell

BENEFIT RECIPIENT NAME (LAST, FIRST, INITIAL)

255388763

CLIENT ID OR SOCIAL SECURITY NUMBER

2400 4TH ST SW

STREET ADDRESS

MASON CITY

CITY

IA

STATE

50401

ZIP CODE

SSA CLAIM NUMBER

04/15/2002

DATE OF BIRTH (MM/DD/YYYY)

( )

TELEPHONE NUMBER

( )

ALTERNATE NUMBER

( )

FAX NUMBER

## Section 2: Social Security Administration Information

Willam Walker

NAME OF SOCIAL SECURITY REPRESENTATIVE

SSA OFFICE

410 S RIVERFRONT DR

STREET ADDRESS

MANKATO

CITY

MN

STATE

56001

ZIP CODE

( )

TELEPHONE NUMBER

( 719 ) 5768724

ALTERNATE NUMBER

( )

FAX NUMBER



AS1831

# Request for Verification of Benefits for the Social Security Administration continued



Name Lars Hage Client ID or SSN 255389300

## Section 3: Letter Details and Delivery Options

### All Verification of Benefits for the Social Security Administration letters include the following:

- Benefit types
- Original benefit amount
- Gross benefit amount
- Benefit effective date (benefit entitlement date)
- Benefit end date
- Date the gross monthly amount became effective
- Date the gross monthly amount became payable

CalSTRS does not provide payment history before 2000. CalSTRS benefits are based on employment not covered by Social Security.

Monthly benefit amounts, quarterly supplemental payments and one-time payments for specified date range:

From: \_\_\_\_\_ To: \_\_\_\_\_

☐ First eligibility date

### Select your delivery options. You may select more than one.

☐ Send the letter to the Social Security Administration.

By: ☐ Fax ☐ Mail

☐ I will view the printable letter on *myCalSTRS* (see *Complete & Submit Forms* on the *myCalSTRS* home page).

☐ Send the letter to me.

By: ☐ Fax ☐ Mail

## Section 4: Benefit Recipient Authorization

### You do not need to complete this section if this request originated from the Social Security Administration.

I authorize CalSTRS to release any information requested by the Social Security Administration regarding benefits paid to me or my dependents.

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

I understand that perjury is punishable by imprisonment for up to four years (Penal Code section 126).

\_\_\_\_\_  
PRINT NAME OF BENEFIT RECIPIENT

### Signature



\_\_\_\_\_  
BENEFIT RECIPIENT SIGNATURE

\_\_\_\_\_  
SIGNATURE DATE (MM/DD/YYYY)