



## AUTHORIZATION FOR RELEASE OF UNEMPLOYMENT INSURANCE RECORDS FOR RETIRED ANNUITANT

**To: Employment Development Department  
Orange County Primary Call Center  
P.O. Box 5007  
Buena Park, CA 90622**

I, \_\_\_\_\_, authorize the Employment Development  
PRINT YOUR NAME  
 Department (EDD) to release my Unemployment Insurance (UI) information for purposes related to  
 Government Code section 21224 [Retired Annuitant (RA) return to work prohibition for a CalPERS  
 employer if UI benefits collected within the last 12 months] to:

*Fold  
Here*

<b>TO:</b>	NAME AND TITLE <hr/> STATE AGENCY <hr/> MAILING ADDRESS <hr/> CITY, STATE, AND ZIP CODE	<p style="text-align: center;"><i>Appointing entity must include a stamped self-addressed return envelope with each request.</i></p>
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*Fold  
Here*

**Date:** \_\_\_\_\_ **Signature:** \_\_\_\_\_  
MONTH/DAY/YEAR RETIRED ANNUITANT SIGNATURE

(This Authorization shall remain in effect for 12 months from the date signed below.)  
 Social Security Number: \_\_\_\_\_  
 Date of Appointment: \_\_\_\_\_

Failure to sign this consent does not preclude the appointing entity authority from obtaining this information from the EDD after you are hired, pursuant to California Unemployment Insurance Code section 322.

RA Declined to Sign  
 Consent Authorization \_\_\_\_\_  
APPOINTING AGENCY REPRESENTATIVE SIGNATURE PRINT NAME

**TO BE COMPLETED BY EDD**

Were UI benefits paid to the above individual in the last 12 months?  
 YES  NO If yes, date last paid: \_\_\_\_\_ For week ending: \_\_\_\_\_

For the implementation year of 2005, the EDD will accept repayment of benefits from RAs affected by this law.

If yes, base period employer names:

S \_\_\_\_\_  
 T \_\_\_\_\_  
 A \_\_\_\_\_  
 M \_\_\_\_\_  
 P \_\_\_\_\_  
DATE RECEIVED BY EDD

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