



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
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*

TO:

NAME AND TITLE	Appointing entity must include a stamped self-addressed return envelope with each request.
STATE AGENCY	
MAILING ADDRESS	
CITY, STATE, AND ZIP CODE	

*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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