



The Benefit Services Division provides benefits and information to members, retirees, beneficiaries, and survivors. These services include eligibility for and calculation of service and disability retirements, pre- and post-retirement death benefits, refunds, and adjustments. The Forms Administration Unit is responsible for inputting specific annuitant data into the my|CalPERS database and ensuring the maintenance of pertinent forms once an annuitant is on the retirement roll. Such

DUTY STATEMENT	
Classification: Benefit Program Specialist	Position Number: 275-481-6410-005 HCM# 1592 JC-103550
Branch/Section: Benefit Services Division / Forms Administration Unit	
Location: Sacramento, CA	Effective Date: March 1, 2018
Working Title: Forms Administration Specialist	Supervision Exercised: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Collective Bargaining Identifier (CBID): R01	

forms include, but are not limited to: Power of Attorney, Direct Deposit, Tax Withholding, Income Verification, and Beneficiary Designation forms, as well as requests for social security breakdowns and name changes.

Under the close supervision of the Staff Services Manager I over the Forms Administration Unit, the incumbent performs the following duties utilizing my|CalPERS system and CalPERS Core Values and guiding behaviors.

ESSENTIAL FUNCTIONS

- 45% Review and process various standard forms (Beneficiary Designation, Direct Deposit, Power of Attorney, Tax Withholding, and Certification of Trust) submitted by CalPERS active members, retirees, beneficiaries, survivors, and non-members that impact their retirement benefits as well as benefits received by designated beneficiaries. Utilize the Public Employees' Retirement Law and established policies and procedures in reviewing these forms for completeness and accuracy. Determine approval and rejection of submitted forms. Update retirees' account in my|CalPERS database to reflect the information provided on the approved form. Notify retirees on reason(s) for rejection of form submitted and provide direction needed to satisfy the request.
- Process requests for income verification, social security breakdown, and name changes received from third party/business partners with the appropriate authorization from CalPERS members and retirees.
- Review unidentified documents received in the Benefit Payments Documents queue. Determine if these documents should be processed by the unit or forwarded to another area in the enterprise for processing. Notate action taken in my|CalPERS for historical purposes.
- Ensure assigned daily workload is processed accurately and efficiently in order to maintain the unit's established metrics and service levels for its various business processes.
- Submit forms and documents through the Universal Content Manager (UCM) for historical retention purposes.
- 35% Respond to inquiries received from CalPERS members, retirees, beneficiaries, and stakeholders within the established service level of the division. Update my|CalPERS with the appropriate notes to show resolution of inquiries.
- Handle telephone calls received from other areas in CalPERS through the unit line. Ensure calls are answered within the prescribed number of rings. Maintain professionalism in communicating and resolving issues brought to the unit's attention. Make a determination on whether issues need to be escalated to the unit's lead or manager for resolution.
- Work closely with representatives from across the enterprise to coordinate information and responses to the customer regarding specific problems as appropriate.
- 15% Participate in quality assurance review of current business processes to ensure compliance and uniform application of established policies and procedures. Provide suggestions for process improvements based on issues encountered in the processing of daily workload.

MARGINAL FUNCTIONS

5% Perform other related duties as assigned.

I have read and understood the duties and essential functions of the position and can perform these duties with or without reasonable accommodation:	Date:
Employee Signature:	
I certify that the above accurately represent the duties of the position:	Date:
Supervisor Signature:	
PERSONNEL USE ONLY: This personnel transaction has been reviewed and approved by:	
Transaction #:	Date Approved: