



State of California
California Public Employees' Retirement System
California Employers' Retiree Benefit Trust (CERBT/OPEB)
400 Q Street, Sacramento, CA 95811
www.calpers.ca.gov

California Employers' Retiree Benefit Trust Disbursement Request

To request a disbursement from your California Employers' Retiree Benefit Trust (CERBT) employer account, please complete this form (see page 3 for instructions).

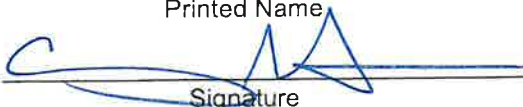
Employer Information	
Employer Name	Sacramento City Unified School District
CERBT Account Number	CALPERS CERBT # 5202751265
Street Address 1	5735 47th Avenue
Street Address 2	
City/State/ZIP	Sacramento CA 95824

Disbursement Request Information		
OPEB Provider	OPEB Cost Paid	Payment Period
Sutter Health Plus	180482.70	7/1/24-6/30/25
United Healthcare AARP Group Retiree Services	1025951.95	7/1/24-6/30/25
United Healthcare Ins Co	1068220.95	7/1/24-6/30/25
Western Health Advantage	254096.69	7/1/24-6/30/25
Health Net Group #1802-1804	5339037.60	7/1/24-6/30/25
Kaiser Permanente	9615895.61	7/1/24-6/30/25
Retirees - Premium Refunds - Various	26889.95	7/1/24-6/30/25
Implicit Subsidy - Actuarial Valuation FY June 30, 2026	3080320.00	7/1/24-6/30/25
Total CERBT Disbursement Requested	20590895.45	XXXXXXXXXX

Employer understands disbursements from the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Post-Employment Benefits (Agreement)*. Authority to request disbursements has been delegated by the governing board of the agency to the undersigned.

The undersigned is/are authorized to request disbursements, under the terms of the *Agreement* from the CERBT. The undersigned certifies the payment information provided above is accurate, and reimbursement requested is for other post-employment benefit costs paid by the employer. **For amounts of ten thousand dollars (\$10,000) or more, signatures of two authorized employer representatives are required.**

Reimbursement for expenses related to periods prior to July 1 can only be made if a properly executed disbursement request is received by CalPERS on or before July 31. After July 31, reimbursements can only be made for current fiscal year expenses (incurred on or after July 1) regardless of the employer's fiscal year end date.

Cancy McArn	Superintendent	(916) 643-9010
Authorized Employer Representative Printed Name	Title	Telephone Number
	Cancy-McArn@scusd.edu	07/30/26
Signature	Email address	Date
N.Kki Davis Milevsky Authorized Employer Representative Printed Name  Signature SCTA President SCUSD/SCTA Retiree Health Investment & Trust Plan Trustee 916-501-3065 Title nmilevsky@saccityta.com Email address		
Telephone Number	Date	

Email signed, completed CERBT Disbursement Request to CERBT4U@calpers.ca.gov to ensure timely processing of your disbursement.

For CERBT Use Only	
Received By CERBT	CERBT Contract Effective Date
Confirmed Authorized Employer Representative	OPEB Retiree Cost Amounts Reviewed
CalPERS Approved By	Approval Date
FINO Approved By	FINO Approval Date
Claim Schedule Number	Claim Schedule Date

California Employers' Retiree Benefit Trust Disbursement Request-Instructions

Instructions to complete this form:

1. Enter the name of the employer and its business address.
2. Report the name of the payee (service provider or other) to which payments for other post-employment benefits (OPEB) were made by the employer. Record the total OPEB payments made to the OPEB Provider (see example below). Trust disbursements can be made only for OPEB costs in accordance with the terms of the *Agreement and Election to Pre-Fund Other Post-Employment Benefits Through CalPERS (Agreement)*. The payment period cannot pre-date the effective date of the Agreement.

Disbursement Request Information		
OPEB Provider	OPEB Cost Paid	Payment Period
Blue Shield	\$151,368	July 2011 – June 2012
Delta Dental	\$27,842	Jan 2012 – June 2012
Total CERBT Disbursement Requested	\$179,210	XXXXXXXXXXXXXXXXXX

3. The form must be signed by incumbents of positions authorized to request CERBT disbursements. These positions are named in the *Delegation to Request Disbursements* on file with CalPERS. For amounts of ten thousand (\$10,000) or more, two signatures are required.
4. Disbursements will be made payable to the employer and sent to the employer's business address on record with CalPERS, attention of an authorized employer representative who signed this Disbursement Request. Disbursement requests that satisfy the Agreement and are received on or after the 1st of the month will be processed the following month.
5. Disbursements related to the prior fiscal year (July through June) must be presented to CalPERS by July 31 of each year and will be accrued if the disbursement request is received before July 31. After July 31, no reimbursements can be made for periods before July of the current fiscal year.
6. Disbursements for Implicit Subsidy amounts must be supported by an actuarial valuation (or AMM report) or addendum certified by your actuary showing the calculated implied subsidy amount for the period.