

SERVICE CREDIT PURCHASE PROCESS EMPLOYER PROCEDURES

PROCESS CHANGE OVERVIEW

In an effort to reduce the processing time of service credit purchase requests, the Service Credit Purchase Inquiry Package and the PUB-12 have been combined and revised. The member will be responsible for obtaining supporting documentation when needed. Incomplete packages will be returned to the member to obtain necessary information. The Employer will have the option to certify the information provided by the member or complete and certify the employer information portion of the form. By allowing employers to certify information, the time spent researching payroll records can be reduced and/or eliminated. The revised forms will assure the necessary information will be obtained on the first request, which will eliminate the need for CalPERS to obtain clarification from employers. There are six different request forms for service credit purchase. The requests which require employer certification are: Service Prior to Membership, Leave of Absence, and Layoff, Prior Service, or Optional Member Service. The requests which do NOT require employer certification are: Redeposit of Withdrawn Contributions, Military Service, and Peace Corps or AmeriCorps*VISTA Service.

PROCESS MIGRATION INFORMATION

- In May CalPERS will distribute to employers the new Service Credit Purchase Package.
- Beginning June 1, 2000 CalPERS will accept only the new Service Credit Purchase Package for Service Credit requests.

CalPERS RESPONSIBILITY

If all parties comply with the new process, CalPERS will be able to provide cost information within 15 days of receipt of a complete request from the employee. CalPERS will return any incomplete package to the member. It will be the member's responsibility to obtain the necessary information. Receivable accounts will be established within 15 days of receipt of the employee's election.

EMPLOYER CERTIFICATION PROCEDURES

SERVICE PRIOR TO MEMBERSHIP REQUEST (MSD-370)

Employee's Responsibility

The employee will be responsible for completing Section A, Parts 1-3. It is their responsibility to obtain the employer certification for the member provided information. Upon receipt of the certification, the employee will submit the service prior to membership request to CalPERS. If employer certification is unavailable, CalPERS will allow the member to provide copies of W-2's, or actual pay stubs.

Employer's Responsibility

The employer will be responsible for completing the employer certification Section A, Part 4 OR Section B, Parts 1-3. The Employer should complete the section and return to the

employee in a timely fashion.

The following steps outline the process for completing the Employer Certification Section:

NOTE: If the employee was in an excluded position while performing the service the employee is requesting, DO NOT complete the employer certification. Return the form to the employee and inform them they are not eligible to purchase the service credit.

Section A, Part 4 Statement and Signature of Authorized Employer Representative:

- Review member provided information
- If true and correct
 - Enter Signature
 - Authorized Employer Representative is generally an individual within the payroll area
 - Enter Title
 - Enter Date
 - Enter Printed Name
 - Enter Telephone Number
 - Enter Fax Number
- Return completed form to member

OR

Section B, Part 1 Employee History:

- Enter Position Title
 - For more than one position, list with corresponding dates
- Enter Period of Employment
 - For more than one period, list with corresponding position
- Select Position Type
 - Select seasonal, limited term, on-call, intermittent, or permanent
- Select Position Time Base
 - Select full-time, part-time, hourly, or fraction of full-time
- Select Pay Period Type
 - Select monthly, semimonthly, biweekly, or other
- Enter Average number of days, or hours, per pay period
 - Example: 3 days per week or 80 hours per month
- Enter Average percent, or fraction, of time worked per pay period
 - Example: 50% or ½ time

Section B, Part 2 Member Employment History:

Complete part 2 only if one of the following conditions occurred: The employee was full-time, worked more than 1000 hours in a fiscal year (July 1 – June 30), or did not work a consistent time base and could not be listed in Part 1, otherwise continue to Section B, Part 3.

- Enter Period of Employment
 - Dates from/to
- Enter Position Title

- Enter Payrate
 - Wage employee was paid
- Enter Time Worked
 - Hours/Days per specified period
- Enter Earnings
 - Net earnings per specified period

Note: An additional sheet can be attached if necessary.

Section B, Part 3 Statement and Signature of Authorized Employer Representative:

- Enter Signature
 - Authorized Employer Representative is generally an individual within the payroll area
- Enter Title
- Enter Date
- Enter Printed Name
- Enter Telephone Number
- Enter Fax Number
- Return completed form to employee

LEAVES OF ABSENCE: TEMPORARY DISABILITY, EDUCATIONAL, SERVICE, SABBATICAL, AND MATERNITY/PATERNITY (MSD-371)

Employee's Responsibility

The employee will be responsible for completing Section A, Parts 1-3. It is their responsibility to obtain the employer certification for leave of absence information. Upon receipt of this information, the employee will submit the leave of absence, temporary disability, educational, service, sabbatical, and maternity/paternity request to CalPERS. If employer certification is unavailable, the compensation carrier may provide the information if available.

Employer's Responsibility

The employer will be responsible for completing the Employer Certification Section B, Parts 1 and 2. Employer should complete the section and return to employee in a timely fashion. If Temporary Disability Leave of Absence, employer must submit form to Disability Carrier for Section C to be completed.

The following steps outline the process for completing the Employer Certification Section:

Section B, Part 1 Leave Type and Dates:

- Select Type of Leave
 - Only types of leaves creditable are educational, service, sabbatical, and temporary disability
- Enter Approved Dates of Leave
 - Dates from/to

Section B, Part 2 Statement and Signature of Authorized Employer Representative:

- Enter Employer Signature
- Enter Title
- Enter Date
- Enter Printed Name
- Enter Telephone Number
- Enter Fax Number
- For Temporary Disability Absence, forward completed form to compensation carrier, otherwise forward to employee

PRIOR SERVICE, OPTIONAL MEMBER ARREARS (MSD-372)

Employee's Responsibility

The employee will be responsible for completing Section A, Parts 1-3. It is their responsibility to obtain the employer certification for the member history information. Upon receipt of this information, the employee will submit the retirement application to CalPERS. If employer certification is unavailable, CalPERS will allow the member to provide copies of W-2's, or actual pay stubs.

Employer's Responsibility

The employer will be responsible for completing: Section B, Parts 1 and 3, and Part 2 for Prior Service. The employer should complete the section and return to the employee in a timely fashion.

The following outlines the steps for completing the Employer Certification Section:

Section B, Part 1 Member History:

- Layoff requests
 - Enter Layoff period
 - Dates from/to
- Prior Service Requests:
 - Select whether your agency had a local retirement system prior to CalPERS contract
 - Select if the employee was a participant of the local retirement system
 - Select if the employee withdrew the funds
 - If yes, enter:
 - Service Time
 - Amount Withdrawn
 - Withdrawal Date
- Optional Member Service Requests:
 - Select if the position was filled by an election or appointment to a fixed term of office
 - Enter Position Title
 - Select if Compensation Pay was considered a salary

Section B, Part 2 Member Employment History:

- Enter Employment Period
 - Dates from/to
- Enter Time Worked

- Hours/Days per specified period
- Optional Member Only
 - Enter Payrate
 - Wage employee was paid
- Enter Earnings
 - Net earnings per specified period

Note: An additional sheet can be attached if necessary.

Section B, Part 3 Statement and Signature of Authorized Employer Representative:

- Enter Employer Signature:
 - Authorized Employer Representative is generally an individual within the payroll area
- Enter Title
- Enter Date
- Enter Printed Name
- Enter Telephone Number
- Enter Fax Number
- Return completed form to employee

Employees may obtain a Service Credit Purchase Package (PUB-12) from their employer, a CalPERS Regional Office, via the CalPERS Website (www.CalPERS.ca.gov), or by calling the CalPERS toll-free number (1-800-352-2238).

The SCP Internet Calculator will be available June 1. The employee can use the calculator to obtain estimated costs to purchase the following types of service credit:

- Redeposit of Withdrawn Contributions
- Service Prior to Membership
- Second Tier Conversion to New Enhanced Formula
- State and School Military/Paternity/Maternity/Peace Corps/Ameri*Corps VISTA