



by selecting the Quick Pay option on the Billing and Payment Summary page.

To view a detailed listing of your agency's Monthly Billing Roster, please log on to [myCalPERS.ca.gov](http://myCalPERS.ca.gov). The Monthly Billing Roster can be located within the Billing and Payment Summary section.

If you have questions, please contact the **CalPERS Customer Contact Center** at **888 CalPERS** (888-225-7377).

# Health Premium Statement REMITTANCE SLIP

**If you are paying by check, please complete and return this Remittance Slip with your payment for health premiums.**

Checks should include your agency's CalPERS ID Number and be made payable to the California Public Employees' Retirement System. Please mail check/money order to the following address:

California Public Employees' Retirement System  
Fiscal Services Division  
P.O. Box 4032  
SACRAMENTO, CA 95812-4032

**NOTE: If paying via overnight mail, please remit payment, including Remittance Slip, to:**

California Public Employees' Retirement System  
Fiscal Services Division  
400 Q Street  
Sacramento, CA 95811-6201

**CalPERS ID:** \_\_\_\_\_ **Amount Enclosed: \$** \_\_\_\_\_

Statement Number:	\$
Statement Date:	\$
Due Date:	\$
Amount Due:	\$