



California Public Employees' Retirement System
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**TO: ALL CONTRACTING PUBLIC AGENCIES; SCHOOLS,
SCHOOL DISTRICTS, AGRICULTURAL ASSOCIATIONS;
LEGISLATIVE EMPLOYERS**

SUBJECT: REVISION OF MEMBER ACTION REQUEST FORM AESD-1

This Circular Letter is to inform you of significant revisions made to the Member Action Request form (AESD-1). The principal reasons for changing the form are as follows:

1. To print the "Quick Reference Guide" page on the back of the AESD-1 form.
2. To add fields for "Daytime Telephone Number" and "Hire Date."
3. To delete certain fields that are no longer necessary: e.g., "County Code," "Medical Group," and "School Employees: Certificated/Non-Certificated."
4. To delete several "Type of Action" choices: "Retired Annuitant," "21228 Disability Reemployment," and "Time Base Change."
5. To replace the "Appointment Tenure" and "Time Base" sections with the "Basis for Membership Qualification" section.

The most significant change is the replacement of the "Appointment Tenure" and "Time Base" sections. Since 1980, when significant changes were made to the law regarding membership qualification, CalPERS has monitored these two values to ensure that persons being submitted by employers did indeed meet the qualifications for membership. Unfortunately, completion of these fields has always caused significant confusion for employers, and errors were frequent, resulting in processing delays.

CalPERS has determined that there are other methods (such as monitoring reported payroll, field audits, etc.) which we can use for these purposes. Therefore, **it is no longer necessary for employers to submit Appointment Tenure or Time Base information**

on the AESD-1 to CalPERS for employees being enrolled into membership, nor to submit subsequent "Time Base Change" transactions.

However, it remains the employer's responsibility to properly determine when persons should be brought into membership in CalPERS. Government Code Section 20283 (which requires employer payment of arrears contributions and administrative costs) remains applicable for situations where the employer fails to enroll a qualified individual into membership on a timely basis. Thus, it is important that employers exercise due diligence in making sure that all qualified employees are enrolled into CalPERS membership, and that *only* qualified employees are enrolled.

To this end, the "Appointment Tenure/Time Base" section of the form has been replaced by the "Basis for Membership Qualification" section. While completion of this new section is *optional*, we suggest that it has value (particularly when training new employees to complete the AESD-1 form) as a reminder or "checklist" of the different ways in which qualification for membership may be reached and to document the basis that is ultimately decided upon.

For your assistance in determining qualification for membership, there are two primary resources available:

1. The **CalPERS Procedures Manual**, in the "Membership Procedures" section.
2. Call the Customer Support Center (1-888-CALPERS [225-7377]), selecting the options (4, then 2) for "An employer needing assistance with completing a Member Action Request form"; you will be connected directly with one of our staff.

General instructions for completion of the AESD-1 are found on the "Quick Reference Guide" on the back of the form itself, but you should always refer to the **CalPERS Procedures Manual** for the most detailed instructions, or if you have questions. (The next revision of this Manual should be available in the late spring.)

Other issues:

- **ELECTRONIC TEMPLATE OF AESD-1:** The new "template" version of the AESD-1 is available on the CalPERS website on the "Employers" page, or the "Employer Forms and Publications Directory" section. Instructions for downloading and using this form are available on the Website.
- **ACES (AUTOMATED COMMUNICATIONS EXCHANGE SYSTEM):** It is now possible to submit the information you would submit on the AESD-1 form to CalPERS over the Internet, using our ACES program. Visit the ACES website (at www.calpers.ca.gov/aces) or call the Customer Support Center at 1-888-225-7377 (1-888-CALPERS) for more information about ACES.

Additional copies of the AESD-1 can be obtained from CalPERS by e-mail, fax, telephone, or through written requests. (We ask that you do not order an "excessive" supply of the forms, since a large number of agencies use this form, and it takes some

time for CalPERS to order an additional supply.)

You may submit your requests (use your agency letterhead for written requests) for AESD-1 forms by the following methods:

***Telephone:** (916) 795-1493, between 8:30 a.m. and 5:00 p.m.

***Fax:** (916) 795-3281

***E-Mail:** Send to: public_agency_requests@calpers.ca.gov

***By Mail:** Send to:

CalPERS Central Supply
P.O. Box 942715
Sacramento, CA 94229-2715

*Please include your Agency Name, Agency Address, Agency telephone number (including Area Code), and Employer Code, for shipping purposes. Also state the number of forms needed with each request.

We ask that you begin using the revised AESD-1 form exclusively, as soon as you have received a supply. **Effective July 1, 2002, we will no longer accept older versions of the AESD-1.** Therefore, it is to your advantage to begin using the new version as soon as possible.

Thank you in advance for your cooperation with these changes, and for your continuing support of our programs such as ACES.

Kenneth W. Marzion, Chief
Actuarial & Employer Services Division

California Public Employees' Retirement System
Lincoln Plaza - 400 P Street - Sacramento, CA 95814

Click on this link for the:

Quick Reference Guide

The following are the AESD-1 Instructions for 2002 **CalPERS Procedures Manual** revision:

1. Social Security Number

Enter employee's 9-digit Social Security Number (SSN).
(Verify the Social Security Number against a valid Social Security card; do *not* send a copy of this card to CalPERS, *unless* you are correcting

2. Current Name

Enter **First Name, Middle Name/Initial**, then **Last Name**.
If the name is being *changed* (see #6 below), enter here the name that you currently want on CalPERS' records.

3. Daytime Phone Number

Enter phone number where employee can be reached during normal working hours (8 AM to 5 PM).

4. Date of Birth

Enter 8-digit numerical date, indicating the month, day, and year of employee's birth.

EXAMPLE:

MM DD YYYY

June 5, 1962 = 06 | 05 | 1962

5. Gender

Check appropriate box to indicate Female, or Male. If correct Gender is not known and employee cannot be contacted, enter "Unknown."

6. Former Name

If changing name, enter *former/incorrect* name, as **First Name, Middle Name/Initial**, then **Last Name**. You must also check the "**J - Name Change**" box in #15 below.

7. Address

Enter complete mailing address of employee, consisting of:

In Care of:

Person or organization to whom mail is sent, if other than the employee's mailing address.

Street/P.O. Box:

Enter one or the other, not both.

Additional Address Line:

Only if address requires the extra space.

City:

Do not use abbreviations.

State:

Use 2-character abbreviation, or complete name.

ZIP Code:

Use 5-digit code; enter the ZIP+4 code
only if needed in your area.

8. Remarks

Enter any notes or remarks *pertinent to CalPERS* about this individual, and/or the current transaction; EXAMPLES:

**SSN corrected from XXX-XX-XXXX – see SS card attached
Correcting gender to "Male"
Correcting the Effective Date from 7/1/2002 to 7/10/2002**

9. Employer Name

Enter the *complete name* of your agency; please avoid using acronyms unless they would be understood by CalPERS staff; e.g., BART, SMUD.

10. Effective Date of Action

Enter 8-digit numerical date, indicating the month, day, and year of the action indicated in Box #15 below:

EXAMPLE:

MM DD YYYY

July 1, 2002 07 | 01 | 2002

11. Subject to Section 20306

(To be used *only* by agencies which provide for an Alternate Retirement Plan, pursuant to Government Code Section 20306.)

Check "Yes" or "No," to indicate whether the employee will be subject to the Alternate Retirement Plan, should her/his time base drop to less than 20 hours per week.

12. Employer Code

Enter the 4-digit code that CalPERS assigns to each employer; this may be found in your Annual Employer Statement. **Your AESD-1 cannot be processed without this code.**

13. District Code

This is required for *school employees only*. Enter the payroll unit code for the employee's district, shown in your Annual Employer Statement.

14. Hire Date

(For **New Appointments** only) Enter the date the employee was first hired, if earlier than the date the employee qualified for CalPERS membership.

15. Type of Action

Check the appropriate box(es), indicating the action(s) being taken on this AESD-1. **More than one box should be checked, if applicable;** e.g., if the member's address changed at the time of separation, both "C" and "K" should be checked. Explanations of the Types of Action follow:

A - Appointment/Membership: This should be checked:

1. For new hires who qualify for membership;
2. For current employees, who have just qualified for membership (see section on "Determining Membership Eligibility" and following);
3. For persons reinstating from retirement;
4. For persons electing "optional" membership (see Box #19 below).

B - Return from Leave: This should be checked when member is returning from a "**D - Separation, Temp (? 2 months)**" or any type of "Leave" status.

C – Separation, Permanent: This should be checked for a separation where the member has *no* projected date of return to employment. A "Permanent Separation" status is required for a person to be eligible to receive a *refund* of CalPERS contributions.

D – Separation, Temp (? 2 months): This should be checked when member is temporarily separated from employment for *two or more months*, but *is* expected to return. NOTE: Separations of *less than two months* should *not* be reported to CalPERS---the member should remain in "Active" status, in such situations.

E – Military Leave: This should be checked when the member is absent from work due to active service with one of the armed forces of the United States. NOTE: This should reflect the date that the person is first *absent from work*, and not necessarily the date that entry into the armed forces

takes place; for example, if the person separates from work on June 5th, but does not actually enter the armed forces until June 10th, you should enter June 6th as this date.

F – Worker’s Comp(ensation) Leave: This should be checked when the member is receiving worker’s compensation payments (i.e., for a work-related injury or illness).

G – Sabbatical Leave: This should be checked when the member is on approved leave, and is receiving compensation for time not worked.

H – Maternity/Paternity Leave: This should be checked when the member is on approved leave for the purpose of giving birth, or caring for newborn or newly-adopted child.

I – Alternate Retirement Plan: This should be checked when a non-vested miscellaneous member working less than 20 hours per week must switch to an Alternate Retirement Plan, pursuant to Government Code Section 20306 (AB 2400, Statutes of 1996). Box #11 should also be checked.

J – Name Change: This should be checked when the member is changing/correcting her or his name on CalPERS’ records; e.g., due to marriage, divorce, etc. The name that should currently be on CalPERS’ records should be entered in Box #2 above, and the former/incorrect name should be entered in Box #6 above.

K – Address Change: This should be checked when the member’s address on CalPERS’ records should be changed.

L – Coverage Group Change: This should be checked when the member is changing Coverage Groups due to:

1. A position change;
2. Reclassification of position into another benefit category with a different Coverage Group (e.g., reclassification from "miscellaneous" coverage to "safety" coverage).

16. Coverage Group

Enter the 5-digit Coverage Group code (e.g., 60004, 70001, 75003, etc.) for this employee’s position/class, identifying the type of retirement coverage.

17. Job/Position Title

Enter the *specific* Job or Position Title of the employee; e.g., "Secretarial Clerk," "Dispatcher II," "Fire Inspector," "Police Officer," "City Manager," etc.

18. ½ @ 55 Formula

Complete this Box **only** if the member is a "safety" employee covered under the ½ @ 55 or the 1¼ @ 60 retirement formulas, where contribution rates are based upon the employee's nearest age at entry into safety service covered by that retirement formula.

Figure the contribution rate for a new member covered by using a rate chart (the chart for members under the ½ @ 55 formula is given below; call us if you need rates for the 1¼ @ 60 formula). For the purpose of these charts, the age at entry is computed by subtracting the date of birth from the entry date.

When the month and day portion of the difference is 6 months or more, round up to the next highest age.

½ @ Age 55 Retirement Formula Rate Chart:

20	- 5.64	35	- 12.02	50	- 9.65
21	- 5.87	36	- 11.70	51	- 9.83
22	- 6.13	37	- 11.38	52	- 10.01
23	- 6.39	38	- 11.08	53	- 10.20
24	- 6.68	39	- 10.76	54	- 10.38
25	- 6.99	40	- 10.43	55	- 10.58
26	- 7.33	41	- 10.10	56	- 10.78
27	- 7.69	42	- 9.78	57	- 10.99
28	- 8.08	43	- 9.47	58	- 11.20
29	- 8.50	44	- 9.16	59	- 11.41
30	- 8.97	45	- 8.83	60	- 11.63
31	- 9.47	46	- 9.00	61	- 11.86
32	- 10.02	47	- 9.15	62	- 12.08
33	- 10.62	48	- 9.31	63	- 12.31
34	- 11.29	49	- 9.48	64	- 12.55

19. Optional Member

Check this box if the person has the option of electing membership, and is doing so at this time. **You must also submit the proper election form,**

along with the AESD-1. The categories of optional members, with the appropriate election form, are shown below (refer to "'Optional' Members" section above for information about optional members):

ELECTIVE OFFICERS: AESD-59.

LEGISLATIVE EMPLOYEES: AESD-3.

PART-TIME EMPLOYEES UNDER 20325: AESD-229.

20. Basis for Membership Qualification

This is an "optional" field, which may be used as a tool in determining retirement qualification. Check the appropriate box:

Full-Time for > 6 Months: Appointment requires full-time continuous employment *for more than* 6 months? or full-time employment actually continues longer than 6 months; Government Code Section 20305(a)(3)(A).

Part-Time for ? 20 hours for 1 year or more: Position requires regular part-time service of at least 20 hours per week for 1 year or longer; Government Code Section 20305(a)(2).

Indeterminate; at least 20 hours a week for 1 year or more: Hours worked vary, but will average at least an average of 20 hours per week for 1 year or longer; Government Code Section 20305(a)(2).

Has completed 1000 hours or 125 days in fiscal year: ("Fiscal year" is July 1 through June 30) Employee now qualifies for membership, effective the next available payroll period; Government Code Section 20305(a)(3)(B).

Person is already a PERS member: The person is currently a "member" of CalPERS; i.e., has contributions/funds on deposit. Such persons will qualify for membership *immediately* upon appointment, regardless of Appointment Tenure or Time Base; Government Code Section 20305(a)(1).

21. Form Completed By

On the "Name and Title" line, sign *legibly* or print the name of the person who is actually *completing* the form, and who would be the "contact" person in the event there are questions about the completion of the form. Enter the daytime telephone number and fax number of this person, and the date the form is completed.

On the "Signature of Certifying Officer" line, indicate the person who is **responsible** for certifying the accuracy of the data submitted (e.g., a

manager or supervisor), and date this signature.

Stamps (e.g., rubber stamps, self-inking or pre-ink stamps) may be used in lieu of a physical signature.