



P.O. Box 942715 Sacramento, CA 94229-2715
888 CalPERS (or **888-225-7377**) | Fax:(800) 959-64545
www.calpers.ca.gov

California Public Employees' Retirement System

ADMIN FEE INVOICE

January 14, 2014

Business Partner Name
 Recipient Name
 Address
 City, State, Zip

Business Unit:
 Customer ID:
 Billing Date:
 Receivable Number:

Description	Billing Month	Amount
Health Plan Name Premium: (Receivable Id:) Capitation Amount: Admin fee: (0.33 of Premium/Capitation)	January 2014	\$0.00
Overpayment		\$0.00
Subtotal		\$0.00
Previous Admin Fee Amount Due (Receivable ID:)	January 2014	\$0.00
Payments Applied		\$0.00
Subtotal		\$0.00
Total Payment Due By: February 05, 2014		\$0.00

Retain this statement for your records, and mail remittance notification below with your payment.

The administrative fees are to be paid in full no later than by the **5th of each month**.

If paying administrative fees by check, please include the Remittance Slip located on the last page of this invoice.

If you will be paying administrative fees by the Electronic Funds Transfer (EFT) method, please log on to the myCalPERS.ca.gov and complete the payment summary/information sections which can be located 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. 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)**.

Administrative Fee

REMITTANCE SLIP

If you are paying by check, please complete and return this Remittance Slip with your payment for Administrative Fees.

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

Please indicate the amount being applied to the receivable below.

CalPERS ID:

Amount Enclosed: \$ _____

Statement Date:

Receivable Id: \$ _____

Due Date:

Previous Receivable Id: \$ _____

Amount Due: