

In the Matter of the Calculation of Final Compensation of:

Bruce Malkenhorst, Sr., Respondent,  
and  
City of Vernon, Respondent

OAH Case No. 2013080917

CalPERS Case No. 2012-0671

EXHIBIT HHHH

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**Procedures  
Manual**

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Produced by the  
Employer Services Unit, Field Services Division  
Public Employees' Retirement System

CalPERS PRA #1577 000001



# Circular Letter

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Date: May 1, 1992

Reference No.:

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Special:

California Public Employees' Retirement System

TO: ALL PUBLIC AGENCY PROCEDURES MANUAL HOLDERS

SUBJECT: REVISED PERS PROCEDURES MANUAL

Enclosed is the Spring 1992 semi-annual update of the PERS Procedures Manual. Please **DO NOT** destroy the manual you received May 1991 or the update you received in October 1991. This update, like October's, is to be used in conjunction with the manual. Simply remove the old pages, dated 9/90 or 10/91 (at the bottom of each page), and insert the newly revised pages dated 5/92.

**PLEASE NOTE:** If changes occurred on only one side of a page, it is possible that there could be two (2) revision dates on the page.

The revised PERS Membership Form (PERS-MEM-1) resulted in changes in the Membership portion of the manual (Membership 1-000). Miscellaneous changes and corrections were made in the Payroll Reporting Section of the Manual (Payroll Reporting 2-000). The revision of the "Election of Optional Settlement and Beneficiary Designation" (BAS.898) resulted in revising several pages of the Benefits Portion of the manual (Benefits 3-000).

The following is a section by section breakdown of the deletions and insertions for the Spring '92 Update:

### CONTRACT COVERAGE 0-000

#### Deletions (9/90 or 10/91)

0-009  
0-031 through 0-037

#### Insertions (5/92)

0-009  
0-031 through 0-037

**MEMBERSHIP 1-000**

Deletions (9/90 or 10/91)

1-003  
1-029 through 1-038  
1-041 through 1-044

Insertions (5/92)

1-003  
1-029 through 1-038  
1-041 through 1-044

Remove the following:  
1-109/110 (9/90) This is  
a duplicate of page 1-107/108  
(10/91)

**PAYROLL REPORTING 2-000**

Deletions (9/90 or 10/91)

2-003  
2-005/006  
2-037  
2-061  
2-125/126

Insertions (5/92)

2-003  
2-005/006  
2-037  
2-061  
2-125/126

**BENEFITS 3-000**

Deletions (9/90 or 10/91)

3-027/028  
3-031 through 3-034  
3-037 through 3-045  
3-051 through 3-056  
3-075 through 3-080

Insertions (5/92)

3-027/028  
3-031 through 3-034  
3-037 through 3-045  
3-051 through 3-056  
3-075 through 3-080

The next scheduled revision for the PA Procedures Manual is set for October, 1992. If you have questions, comments, or require additional copies, please contact the Field Services Division, Employer Services Unit, at (916) 326-3635.

Sincerely,



Pat Harris, Chief  
Field Services Division

PH:MH:car  
Enclosures

## INTRODUCTION

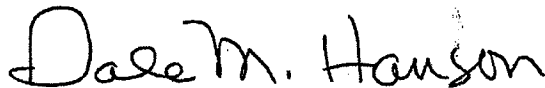
As an ongoing service to PERS' contracting agencies and county school employers, we have revised our Public Agency Procedures Manual to reflect recent changes. PERS' programs have become increasingly complex as we have sought to meet the changing needs of our employers and their employees. This manual is designed to be thorough and straightforward, and is organized in a manner which is easy to follow.

We urge you to make this manual available to your staff responsible for reporting personnel, payroll, and benefits information to PERS. We have included specific information and procedures necessary for complete, timely, and accurate reporting. We have tried to present a simplified guide to save you time; however, if there is a conflict between this manual and the law, the law will prevail.

If you find any subjects which require clarification, please call the PERS Employer Services Unit so that changes can be made and distributed.

Periodic changes will be sent to you so that you can keep your manual current.

It is becoming increasingly important to have staff trained at the agency level. A successful relationship between PERS and its employers is critical as are your efforts. PERS appreciates those efforts.



**Dale M. Hanson**  
Chief Executive Officer

## **PURPOSE**

This manual is designed to help you in your preparation of reports for the Public Employees' Retirement System (PERS).

## **DESIGN**

The manual is divided into five sections: Contract Coverage, Membership, Payroll Reporting, Benefits, and Appendix. These Sections cover the main areas of the System's operation. Subjects covered within each section are outlined in the Table of Contents.

## **MANUAL MAINTENANCE PROCEDURES**

Revised pages of the manual are sent out attached to circular letters providing any necessary instructions. The circular letters are consecutively numbered to correspond with the revision record located at the front of the manual. The record is to be dated and initialed after the revised pages have been inserted in the manual. This will help you identify missing revisions.

## **MANUAL HOLDER RESPONSIBILITIES**

Use the manual as your prime source of answers to questions. However, don't hesitate to give us a call if you need more assistance. Manuals are assigned with the intent of making the manual available to all employees for reference. Manuals should be placed in a central visible location within the work area. Each employee involved with PERS reporting should be instructed on the use of the manual.

## **CONFIDENTIALITY OF MEMBER DATA**

For the member's protection, each employee involved with PERS reporting should be aware of Government Code Section 20134, which states that:

"Data filed by any member or beneficiary with the Board is confidential, and no individual record shall be divulged by any official or employee having access to it to any person other than the member to whom the information relates or his authorized representative, the contracting agency or school district by which he is employed, any state department or agency, or the university. Such information shall be used by the Board for the sole purpose of carrying into effect the provisions of this part. Any information which is requested for retirement purposes by any public agency shall be treated as confidential by such agency."



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## PUBLIC AGENCY PROCEDURE MANUAL REVISION RECORD

Place initials and date in boxes of corresponding number each time a circular letter with manual revisions is received. If you receive a circular letter that is out of numerical order, contact the Field Services Division, Employer Services Unit, P.O. Box 942710, Sacramento, CA 94229-2710, or telephone (916) 326-3635.

### IDENTIFICATION OF CIRCULAR LETTER NUMBERS FOR PUBLIC AGENCY MANUAL REVISIONS

CIRCULAR NUMBER	INITIAL	DATE OF INSERTION	CIRCULAR NUMBER	INITIAL	DATE OF INSERTION	CIRCULAR NUMBER	INITIAL	DATE OF INSERTION
535-1	PERS	7-01-80	535-16			535-31		
535-2	PERS	7-01-81	535-17			535-32		
535-3	PERS	7-01-82	535-18			535-33		
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## TELEPHONE AND SECTION DIRECTORY

	<i>Telephone Number</i>	<i>Section Code*</i>
<b>CONTRACT SERVICES DIVISION</b> .....	(916) 326-3420	200
<b>PUBLIC AGENCY CONTRACT SERVICES</b> .....	326-3420	220
Optional Contract Provisions .....	326-3420	220
<b>HEALTH BENEFIT SERVICES DIVISION</b> .....	(916) 326-3604	540
Public Agency Unit .....	326-3604	540

\*For better service when writing to the Contract Services Division or the Health Benefit Services Division, include the Section Code on all correspondence.  
See Appendix for the System's mailing addresses.



## COVERAGE KEY

### INTRODUCTION

The Coverage Key is a listing of codes and data unique to your agency and is frequently required to complete PERS forms. The information listed is derived from your agency's contract with PERS.

The headings are numbered for convenience in locating specific information. If the manual refers you to a specific heading that does not appear on your Coverage Key this means the item does not apply to your agency.

Changes to the Coverage Key will periodically occur. A new Coverage Key will be sent to you when this happens. Please replace the Coverage Key as promptly as possible to insure accurate completion of PERS forms. Additional Coverage Keys may be obtained by contacting the Employer Services Unit (916) 326-3635.





## COUNTY SCHOOL COVERAGE

The County Superintendents of Schools were mandated into the Public Employees' Retirement System effective July 1, 1949, by the State Legislature. Retirement coverage of PERS school members is uniform throughout the State with the exception of those County Superintendent of Schools who have contracted for Two Years Additional Service Credit (Government Code Section 20586)—see Optional Contract Provisions for County Schools. Effective January 1, 1986, a school district, county board of education, county superintendent of schools or a personnel commission of a school district may contract for health insurance coverage through PERS (Government Code Section 20856, 20857.1)—see C. Special Item—Health Insurance.

The following provisions which exceed the basic benefit level have been added to the county schools contracts through legislation:

**Military Service Credit (Government Code Section 20894.5)**—A member may receive up to 4 years of service credit for military service prior to employment. (Effective July 1, 1949)

**1959 Survivor Benefits (Government Code Sections 21380-7, 21382.2 and 21382.4)**—Members covered by the 1959 Survivor Benefit are not covered by Social Security. This benefit consists of a monthly allowance payable to eligible family members if the member's death occurs during employment. Effective January 1, 1985, the Legislature approved Government Code Section 21382.4 which provides an additional increase in the monthly allowance payable. (Effective July 20, 1959)

**Sick Leave Credit (Government Code Section 20862.5)**—Employees who became members prior to July 1, 1980 will receive additional service credit at the rate of 0.004 years for each day of unused sick leave. This benefit is not applicable to any person who becomes a member on or after July 1, 1980. (This includes individuals who terminated their membership prior to July 1, 1980, whether or not they redeposit for that service after July 1, 1980.) (Effective June 1, 1974)

**War Relocation Leave (Government Code Section 20899)**—Leave of absence credit shall be given to school members who were absent from service with a school district or county superintendent of schools, occasioned by the evacuation and relocation of a member pursuant to orders issued by the commanding officer of the Western Defense Command in March 1942, for the evacuation of persons of Japanese descent from such area, where the member was in school service 90 days before or after March 5, 1942, and who later returned to school service. (Effective January 1, 1980)

**\$600 Retired Death Benefit (Government Code Section 21367.53)**—This section provides that the death benefit paid to beneficiaries of retired members will be \$600. (Effective January 1, 1981)

**Post-Retirement Survivor Allowance (Government Code Sections 21263.4, 21263.5)**—The Post-Retirement Survivor Allowance benefit provides that upon the death of a member after retirement for service or disability, an allowance shall be continued to the surviving spouse (must be married to the member for one year prior to the member's retirement and be married continuously to the date of the retired member's death). (Effective July 1, 1983)



## OPTIONAL CONTRACT PROVISIONS FOR COUNTY SCHOOLS

### 1. *Optional Membership for Part-Time Employees. (Government Code Section 20365)*

Regular part-time employees who are excluded from PERS membership because they work less than an average of 20 hours per week (pursuant to Government Code Section 20334) may individually elect to become members if a county superintendent of schools, a school district or a community college district adopts a resolution and transmits it through the county superintendent of schools to the PERS Board. The resolution will not be effective until received by PERS.

Compulsory Social Security coverage will result for regular part-time employees regardless of whether they elect to join PERS.

Individuals who elect membership will have the same contribution rate as other employees in the same member classification. Individuals may exercise their membership election rights anytime while in employment. Individuals who become members may purchase previously excluded, part-time service.

**Employer Cost:** School districts subject to this benefit must pay Social Security contributions for their part-time employees in addition to PERS contributions (if the member elects to join PERS).

**Employee Cost:** See description above.

### 2. *Reclassify School Police from "School Members" to "School Safety Members" (Government Code Section 20019.6)*

A school district or community college district which has a police department, pursuant to Education Code Section 39670 or 72330, may enter into a contract with PERS to reclassify those employees whose principal duties consist of active law enforcement as "school safety member". The reclassification is retroactive to the date the employee was employed as a school police officer.

Adoption of this provision will result in the district providing benefits identical to those provided to school members on January 1, 1990 in addition to one of the safety retirement formulas listed in the Optional Benefits listing. Districts may also provide any of the optional benefits listed which are applicable to "local safety members".

To initiate the process to enter into a contract, refer to Contract Amendment Procedures and Information page 0-015.

**Employer Cost:** Valuation required.

**Employee Cost:** The employee contribution rate will depend upon the safety retirement formula provided. Members, subject to a safety formula other than the 2% @ 50 formula, will have the right to elect to remain school members rather than school safety members should they determine that the reclassification will be to their disadvantage.

Coverage  
 Schools—Optional Provisions

3. **Two-Years Additional Service Credit (Government Code Section 20586)**

A county superintendent of schools' office is authorized to grant up to two years additional service credit to school members who retire during a designated period if a layoff situation is imminent and the following requirements are met:

- a The member is employed in a job classification, department, or other organizational unit designated by the county superintendent of schools and retires within the period designated by the county superintendent of schools. The designated period must be subsequent to the amendment date and cannot be less than 90 days nor more than 180 days in length;
- b The county superintendent of schools must transmit an amount to the Retirement Fund that is the actuarial equivalent of the difference between the allowance the member would receive under this section and the allowance the member would receive without this section;
- c The county superintendent of schools must certify that it is electing to exercise the provisions of this section due to imminent mandatory transfers, demotions, and/or layoffs that constitute at least one percent of the job classification, department, or organizational unit;
- d The county superintendent of schools must certify that the retirements under this section will either: (1) result in a net savings to the district or county superintendent of schools, or (2) result in an overall reduction in the work force of the organizational unit.

In order to be eligible to receive this service credit, the employees must already have at least five years service credit and must be in employment status with the county superintendent of schools (office or their school district) during the designated period. A member cannot receive credit under this section if he/she receives any unemployment insurance payments during the designated period. If the retired member subsequently re-enters membership, the additional service credit is forfeited.

This section of law will be automatically repealed on September 29, 1993.

**Employer Cost:** This amendment does not affect the employer contribution rate since the cost of the benefit is payable in lump sum. The cost of the benefit will be calculated after the expiration of the designated period. To avoid interest charges, payment in full must be made within 30 days of the billing date. Otherwise, four payments, including interest, will be scheduled within a two-year period from the billing date.

**Employee Cost:** None.

**Cost Estimate Factors  
 Two-Years Additional Service Credit**

Following is a chart which may be used to estimate the cost of providing the two-years additional service credit benefit. Simply multiply the total annual compensation for each person by the corresponding factor. The answer is the approximate cost of the benefit.

Ages	Miscellaneous Members (2% @ 60 Formula)		Safety Members			
	With Social Security Coverage		Without Social Security Coverage		2% @ 55% Formula	2 @ 50 Formula
	Males	Females	Males	Females	All	All
50-54	0.31	0.33	0.32	0.34	0.41	0.56
55-59	0.39	0.43	0.41	0.45	0.46	0.62
60-64	0.49	0.54	0.52	0.56	0.42	0.57
65-69	0.45	0.51	0.49	0.53	0.38	0.51

NOTE: In addition, there is a \$10.00 valuation fee for each member who retires during the designated period and receives the additional service credit.

10/91

P.A. MANUAL 0-010

## COUNTY SCHOOL CONTRACT AMENDMENT PROCEDURES

The procedures for contracting for Section 20586 are as follows:

1. Each county superintendent of schools must request in writing an amendment to its PERS contract to provide Section 20586. (Individual districts should work in conjunction with the Superintendent's Office to insure that information requested is correct.)
2. The superintendent of schools' office will be billed \$10 per retiree as an administrative charge after each designated period. An estimate of the average cost of the two years service credit per retiring employee will also be provided to the employer.
3. If the agency wishes to proceed with the amendment, the Resolution of Intention documents to be adopted by the governing board will be provided by Contract Services. The Government Code requires that estimated costs incurred by an increase in retirement benefits must be made public at least two weeks prior to the adoption of the contract amendment. The amendment may provide the two years service credit for miscellaneous employees with designated periods being established for individual group of employees to be set up by resolutions adopted later.
4. In addition to the Certification of Publication of Costs, the County Board of Education will be required to provide documentation of:
  - a. A determination by County Superintendent of Schools that because of an impending curtailment of, or change in the manner of performing service, the best interests of the County Superintendent of Schools would be served by granting such additional service credit.
  - b. A certification by the County Superintendent of Schools that is electing to become subject to Section 20586 because of impending mandator transfers, demotions, and layoffs that constitute at least 1% of the job classifications, department, or organizational unit designated resulting from the curtailment of or change in the manner of performing its services.
  - c. A certification by the County Superintendent of Schools that its intention at the time it becomes subject to Section 20586 is that the retirements under this section will either: (1) result in a net savings to the district or County Superintendent of Schools, or (2) result in an overall reduction in the work force of the organizational unit.
5. The Government Code provides that the final documents which actually amend the agency's contract cannot be adopted by the governing body earlier than 20 days following the adoption of the Resolution of Intention documents. Upon receipt of the properly adopted Resolution of Intention with the required certifications, Contract Services will send the final documents and instructions.
6. Once the county schools' PERS contract has been amended to provide Section 20586 for miscellaneous employees, this benefit may be provided for any job classification or organizational unit designated by the County Superintendent of Schools. An additional resolution must be adopted by the County Superintendent of Schools for each designated period established. The school districts within that county may request the superintendent of schools to pass a resolution to establish a designated period for certain classifications within that school district. Since PERS contracts with the County Superintendent of Schools and not the individual school districts, all correspondence requesting designated periods and the resulting resolutions must come through the superintendents of school's office. Any number of designated periods may be established by the county schools' office. Since employee job classifications and organizational units are not identifiable by PERS, a certification of eligibility for additional service credit, based on job classification and organizational unit, should be attached to each eligible member's application for retirement. The certification should be signed by an authorized district employee and the County Superintendent of Schools' Office.

Coverage  
Schools—Amendment Procedures

7. Approximately 90 days after the expiration of each designated period, the county schools' office will be notified of the actual cost of the additional two years of service credit which was granted to the eligible members who retired during that period. Payment in full may be remitted within 30 days to avoid an interest charge; or four payments, including interest charges, will be scheduled within a two-year period from the billing date.

Any questions on these procedures should be directed to Contract Services.

## **OPTIONAL PUBLIC AGENCY CONTRACT PROVISIONS AND AMENDMENT PROCEDURES UNDER THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM JANUARY 1, 1991**

### **INTRODUCTION**

All section references are to the California Government Code.

The following optional contract provisions are intended to provide basic information regarding the benefits which are available to contracting agencies through various sections of the Public Employees' Retirement Law. When possible, we have included a rough estimate of the cost of the benefit to the employer. *This estimate should be used as a guide and not as an absolute.* When estimate ranges are indicated, approximately 80% of the agencies that have amended to provide the benefit fall within the range. If the employee data for the agency differs significantly from the averages used, the actual cost figures will differ from the estimate provided. Costs must be determined by an actuarial valuation which will provide the estimated increase to the employer contribution rate if the contract is amended. The date the increase will be first reflected in the overall rate is dependent upon the effective date of the amendment to the contract. For example, if a contract is amended between July 1, 1990 and June 30, 1991, the employer contribution rate will reflect the cost of the optional benefit(s) effective July 1, 1992 as a result of the annual actuarial valuation.

Employer rates are determined by actuarial valuation and are based on the experience of the agency's members within the miscellaneous, fire, police, local safety, or county peace officer groups.

### **MEMBER GROUPS ELIGIBLE FOR SEPARATE BENEFITS**

A contracting agency may provide any of the optional benefits independently to all members in each of the following groups:

- (1) Local Miscellaneous Members
- (2) Local Police
- (3) Local Fire
- (4) County Peace Officers
- (5) Local Safety other than Local Police, Local Fire, or County Peace Officers.

### **INVESTMENT DIVIDEND DISBURSEMENT ACCOUNT (IDDA) AND COST-OF-LIVING ALLOWANCE (COLA) INCREASES**

The purpose of the IDDA is to restore 75% of the purchasing power of the initial monthly allowances of eligible recipients whose benefits have fallen below that level.

Since all COLA increases received by retirees are included in the measurement of purchasing power for IDDA, retirees' monthly allowances may not change after a contract is amended if the increase is retroactive. Their allowances will consist of less IDDA money and more COLA money. An increase provided in the current year may reduce the IDDA payments the next year since the increased allowance may be closer to the 75% of purchasing power. All increases would increase the base allowance to which future COLAs would be applied.

You and your retirees must be aware although there is an increase in the employer cost, a corresponding increase in the retirees' monthly allowance may not be immediately reflected for those retirees receiving IDDA payments.





## CONTRACT AMENDMENT PROCEDURES AND INFORMATION

### ***To request an actuarial valuation:***

1. An authorized representative of the agency may call or write to request an actuarial valuation. An employee organization may also request an actuarial valuation if the organization is willing to submit a fee of \$200.00 for conducting the valuation along with the request. The valuation will provide employer cost information for inclusion of the benefit(s) being considered. We will need:

A description of the benefit(s) to be included in the contract.

If possible, provide the title as it appears in the Optional Benefits Listing and the Government Code Section number.

The member groups to which the benefits are to apply:

Miscellaneous Members,  
All Safety Members,  
Police Members Only,  
Fire Members Only, etc.

Direct the request to:  
Public Employees' Retirement System  
Contract Services Division  
Public Agency Contract Services  
Post Office Box 942709  
Sacramento, CA 94229-2709  
Telephone (916) 326-3420

Please allow 6 - 8 weeks for receipt of the actuarial valuation.

2. We will acknowledge receipt of the request and advise you of the fees for conducting the actuarial valuation. Each agency may receive one actuarial valuation per fiscal year, at no cost, for each member group. The fee is \$200.00 for each additional actuarial valuation.

The completed report will be sent to the agency. An invoice will follow, if applicable. PLEASE DO NOT SUBMIT PAYMENT PRIOR TO RECEIPT OF THE BILLING INVOICE.

An employee organization requesting an actuarial valuation will receive an acknowledgement of the request and receipt of the fees submitted for conducting the valuation. Copies of the valuation will be sent to both the employee organization and the agency.

### ***To proceed with the amendment to contract:***

3. Complete and return the Schedule of Agency Actions, CON-8 form which is provided with the valuation report. If an actuarial valuation is not required, contact Public Agency Contract Services to request a schedule.
4. Public Agency Contract Services will provide the documents for adoption by your governing body. The initial set of documents includes the Resolution of Intention to amend the contract, an exhibit copy of the amended contract, various certification forms, any necessary ballots, and detailed instructions.

Follow the instructions precisely, call if you have questions, and return the necessary documents promptly.

We will provide final documents including the actual contract as amended for execution by your governing body, review the completed documents for compliance with the Government Code, and return your copy of the contract when executed by PERS.

Coverage  
Amendment Procedures

**EMPLOYEE ELECTIONS**

Amendments to the contract which effect the member's contribution rate requires a secret ballot election among employees affected. This election must follow adoption of the Resolution of Intention and precede the adoption of the final documents. The contract cannot be amended if a majority of the affected members vote to disapprove the proposed plan.

**PUBLICATION OF COSTS**

Government Code Section 7507 requires that the cost implications of the proposed contract amendment be made public at least two weeks prior to adoption of the final documents.

**FINAL ACTION**

Government Code Section 20460 requires adoption of the final documents be no earlier than twenty days after adoption of the Resolution of Intention to amend the contract - final Ordinance (counties, cities, or towns) or final Resolution (districts or other agencies).

**AMENDMENT EFFECTIVE DATE**

No change in employees' contribution rate - the effective date of the amendment may be as early as the day following the effective date of the agency's final action.

Change in employees' contribution rate - the effective date of the amendment cannot be earlier than the first day of the pay period following the effective date of the agency's final action.

**OPERATIVE DATE**

Amendments which require adjustment of the retiree/beneficiary allowance payments require an operative date be established. This date will be the first of the month following thirty days after the date the final documents are received by Public Agency Contract Services in Sacramento.

**ADDITIONAL INFORMATION**

For additional information regarding any of the optional benefits or contract procedures contact:

Public Employees' Retirement System  
Contract Services Division  
Public Agency Contract Services  
Post Office Box 942709  
Sacramento, CA 94229-2709  
(916) 326-3420  
(916) 326-3000 (Telecommunications Device for the Deaf)

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## A. OPTIONAL CONTRACT PROVISIONS

### 1. Section 20024.2 *One-Year Final Compensation*

The period for determining average salary when retirement benefits are computed would change from the 36 highest paid consecutive months to the 72 highest paid consecutive months. (Applicable only to members retiring or whose death occurs after the effective date of this benefit in the contract.)

<b>Employer Cost:</b>	Valuation required.
<b>Rough Estimate:</b>	1.1% to 2.6% of payroll for miscellaneous groups and 2.4% to 4.3% for safety groups.
<b>Employee Cost:</b>	None.

### 2. Section 20046 *Extension of Reciprocity Rights for Elective Officers*

The current maximum period of six months between a local member's PERS service and service under a reciprocal retirement system, to ensure reciprocity privileges, would be extended to one year for elective officers if the PERS agency includes Section 20046 in its contract and the reciprocal system adopts a similar provision.

The local member must have formerly been an elective officer of a PERS agency and within one year become a member of a reciprocal retirement system upon commencement of service in an elective office on or after January 1, 1977.

<b>Employer Cost:</b>	No valuation required.
<b>Employee Cost:</b>	None.

### 3. Section 20361.3 *Assistant City Attorney as an Elected Officer*

This includes in the definition of "Elected Officer" any person holding the position of assistant city attorney. The effect of adding this benefit to your contract is to provide optional membership and full time service credit after January 1, 1986, to an assistant city attorney.

<b>Employer Cost:</b>	No valuation required.
<b>Employee Cost:</b>	Payment of normal member contribution rate.

### 4. Section 20365 *Optional Membership for Part-Time Employees*

Regular part-time employees who are excluded from PERS membership because they work less than an average of 20 hours per week (pursuant to Government Code Section 20334) may individually elect to become members if your agency contracts for this benefit.

Contracting for this benefit may result in compulsory Social Security coverage for regular, part-time employees regardless of whether they elect to join PERS, if your agency provides Social Security coverage which is dependent upon eligibility for PERS membership. Contact Public Agency Contract Services at (916) 326-3420 to find out if this applies to your agency.

Individuals who elect membership will have the same contribution rate as other employees in the same member classification. Individuals may exercise their membership election rights anytime while in employment. Individuals who become members may purchase previously excluded, part-time service.

<b>Employer Cost:</b>	Costs will emerge in future valuations.
<b>Employee Cost:</b>	See description above.

### 5. Section 20461.6 *Different Level of Benefits Provided for New Employees*

This permits a contracting agency to amend its contract to provide a different level of benefits to its new employees. Such amendments:

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- a. May reduce benefits, terminate provisions which are available only at the option of a public agency, provide different benefits, or provide any combination of such changes from the benefits and provisions applicable to members who were in employment prior to such contract amendment.
- b. May only be effective after the contracting agency has fully discharged all of its obligation under the Meyers-Milias-Brown Act. PERS will accept the agency's certification that it complies in this respect without question, except for obvious deficiencies.
- c. Shall apply uniformly with respect to all members within each of the following categories:
  - (1) Local Miscellaneous Members
  - (2) Local Police
  - (3) Local Fire
  - (4) County Peace Officers
  - (5) All Local Safety Members other than Local Police, Local Fire, and County Peace Officers.
- d. Shall apply only to members who:
  - (1) Receive service credit for the first time within an affected category after the effective date of this contract amendment; or,
  - (2) Return to service within an affected category following a refund of contributions. However, if the member has redeposited or elects to redeposit withdrawn contributions prior to 90 days after returning to service, that member will not be subject to this amendment.

Several issues and questions have been raised in connection with this section:

- a. All PERS benefits may not be terminated in favor of only Social Security coverage.
- b. Amendments may not substitute a miscellaneous service retirement formula for a safety formula.
- c. An agency may amend its contract to this section only once every three years with respect to each category of employees.
- d. An actuarial valuation is not required for this contract amendment. Agencies may request an actuarial study for an estimate of the rate change based on current employee data in the agency. The actual change will not be reflected in the employer rate until enough new employees have been hired to affect the data.

**Employer Cost:** No rate change at time of amendment.  
**Employee Cost:** None.

**6. Section 20492.1 Removal of Contract Exclusions Prospectively Only**

This option permits an agency to remove a membership exclusion prospectively only and not incur a liability for the employee's earlier service.

When an exclusion is removed prospectively, Section 20930 (c) enables the previously excluded members to elect to purchase earlier service as "public service". The purchase of such service can be made by the member under the provisions of Sections 20931 and 20932. Some employer liability may be generated by such a purchase and would be incorporated into the agency's rate in future valuations.

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 1.0% of payroll does not include up to 0.3% impact of added payroll or liability from an elected official having either past or future PERS-covered employment.  
**Employee Cost:** None.

### 7. Section 20499 Full Formula Plus Social Security

This option permits a contracting agency to provide full PERS coverage for past and future service of its employees.

The agency will be "deemed" not to have had Social Security coverage, and benefits for service prior to the effective date of the contract amendment will be computed as if there were no Social Security coverage.

Should the agency currently provide Post-Retirement Survivor Allowance (Sections 21263, 21263.1 and 21263.3) for its employees or later amend for this benefit, the eligible employees would be entitled to one-half continuance rather than one-fourth continuance.

This amendment changes the employee's contribution rate and an employee election is required.

This benefit would be applicable only to employees who are employed on and after the effective date of the contract amendment.

<b>Employer Cost:</b>	Valuation required.
<b>Rough Estimate:</b>	Up to 0.8% of payroll.
<b>Employee Cost:</b>	Member contributions will increase approximately \$10.00 per month.

### 8. Section 20500 Employee Sharing Cost of Additional Benefits

This benefit allows a contracting agency, or an agency that initially contracts with PERS, to share the cost of additional retirement benefits with the employees as a result of a written agreement with the employee group. This sharing of costs applies only to the current service employer rate. There are two methods of requesting an actuarial study:

- a. If the agreement with the employees specifies a definite percentage increase in the employee rate, such as 1.0%, 2.0%, etc., the valuation can be done on that basis.

For example: If an agency and its miscellaneous employees agree to share the cost of adding Section 20024.2 (One-Year Highest Compensation), the estimated cost is 0.7% to 2.0% for miscellaneous groups. If the employees agree to pay 1.0% of the cost, only one valuation would be required to determine the employer rate.

- b. If the agreement with the employee group is indefinite, several valuations may be required to determine the final contract prior to completing the agreement with the employees.

Using the same situation as in example (a), the agency might request three valuations, with the employees paying .5%, 1.0% or 1.5% of the current service costs. When the three valuations are received, an agreement could then be reached with the employee group as to which valuation would be used.

There are several points to be emphasized:

- a. A number of the optional benefits available to the public agencies cannot be valued prior to adoption since the Actuarial Office has no information on which to base the cost. Therefore, an arbitrary cost is assigned and adjusted in future valuations.
- b. Some of the optional benefits available, such as 1959 Survivor Benefits, Military Service Credit and Post-Retirement Survivor Allowance may not be applicable to certain employees. However, if the agency amends to any of these in conjunction with Section 20500, each employee's contribution rate would reflect the increase.
- c. It is also possible to share the cost of a safety formula. A new contracting public agency may only share the cost of the 2.5% @ 55 and the 2% @ 50 formula. An amending public agency may share the cost of either 2% @ 55, 2.35% @ 56, 2.5% @ 55, or 2% @ 50 formula with its employees.



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- d. Amendment to this section requires that the employer and employees agree in writing to share the cost of the applicable benefits. PERS will accept the agency's certification as to this agreement without question, except for obvious deficiencies. The employer may also reduce the rate the employees have agreed to cost share. This may be accomplished by an amendment at a later date.
- e. This section shall not apply to any optional benefit which is selected by a contracting agency prior to the date the contract is amended to provide Section 20500.

Section 20500 also permits an employer to make an independent agreement with its employees to share the cost of any optional benefit *without* requiring amendment to the contract. However, any such agreement in a Memoranda of Understanding which is inconsistent with this section shall not be a part of the contract between the agency and this system.

**Employer Cost:** Valuation required.  
**Employee Cost:** The amount the employees agree to pay is a one-time cost increase, and can be decreased at a later date by contract amendment.

**9. Section 20603.03 Employee Contribution Rate of CSUC Auxiliary Organizations Reduced to State Member Level**

Auxiliary organizations of the CSUC system may reduce the employee contribution rate for active members to the level applicable to State miscellaneous members.

For members who are not covered by Social Security, the employee rate would become 6% of monthly earnings in excess of \$317.00 (current rate: 7% of monthly earnings). For members covered by Social Security, the employee rate would become 5% of monthly earnings in excess of \$513.00 (current rate: 7% of monthly earnings in excess of \$133.33).

**Employer Cost:** Valuation required.  
**Rough Estimate:** 1.0% to 4.0% of miscellaneous member payroll.  
**Employee Cost:** See above for reduction in employee contributions.

**10. Section 20818 Two-Years Additional Service Credit (To be repealed effective January 1, 1993)**

An agency may amend its contract to provide two years additional service credit to members who retire during a designated period if a mandatory transfer, layoff, or demotion is imminent and the following requirements are met:

- a. The member is employed in a specified job classification, department, or other organizational unit, and retires within the period designated by the governing body. The designated period must be subsequent to the amendment date and cannot be less than 90 nor more than 180 days in length. Because the Section expires on January 1, 1993, the last period designated must begin no later than October 3, 1992;
- b. The governing body must transmit an amount to the Retirement Fund that is the actuarial equivalent of the difference between the allowance the member will receive and the allowance the member would receive without this section;
- c. The governing body must certify that it is electing to be subject to the provisions of this section due to mandatory transfers, layoffs, and/or demotions that constitute at least one percent of the job classification, department, or organizational unit;
- d. The governing body must certify that any vacancies created by this section, or at least one vacancy in any position in any department or organizational unit, shall remain permanently unfilled.

To be eligible for this service, an employee must have at least five years service credit, be at least age 50, be in employment status with the providing agency for at least one day during the designated period, and retire during the designate period. A member cannot receive credit under this section if he/she receives any unemployment insurance payments during the designated period. If the retired member subsequently re-enters membership, the additional service credit is forfeited.

**Employer Cost:** Payment may be remitted in a lump sum within 30 days of billing, or a payment schedule including interest will be established.  
**Employee Cost:** None.

### Cost Estimate Factors Two-Years Additional Service Credit

Following is a chart which may be used to estimate the cost of providing the two-years additional service credit benefit. Simply multiply the total annual compensation for each person by the corresponding factor. The answer is the approximate cost of the benefit.

Ages	Miscellaneous Members (2% @ 60 Formula)				Safety Members	
	With Social Security Coverage		Without Social Security Coverage		2% @ 55% Formula	2 @ 50 Formula
	Males	Females	Males	Females	All	All
50-54	0.31	0.33	0.32	0.34	0.41	0.56
55-59	0.39	0.43	0.41	0.45	0.46	0.62
60-64	0.49	0.54	0.52	0.56	0.42	0.57
65-69	0.45	0.51	0.49	0.53	0.38	0.51

NOTE: In addition, there is a \$10.00 valuation fee for each member who retires during the designated period and receives the additional service credit.

#### 11. Section 20834.12 *Prior Service Credit for Employees of an Assumed Agency or Function*

An agency may provide prior service for employees of an agency, or a function of an agency, that is or was assumed by a contracting agency.

The cost of prior service is the liability of the contracting agency.

**Employer Cost:** Valuation required.  
**Employee Cost:** None.

#### 12. Section 20835.1 *Limit Prior Service to Members Employed on Contract Date*

A contracting agency may limit prior service (service rendered to the agency prior to its contract date with PERS) to persons in employment with the agency on the effective date of its PERS contract, or amendment to contract.

This benefit can be provided in the initial contract or by amendment for agencies who provide 0% prior service and now wish to provide all or a portion of prior service credit to current employees only. This option may also be applied upon the removal of an exclusion of a member group or classification.

**Employer Cost:** Valuation required.  
**Employee Cost:** None.

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**13. Section 20862.8 Credit for Unused Sick Leave**

Unused accumulated sick leave at time of retirement may be converted to additional service credit at the rate of 0.004 year of service credit for each day of unused sick leave (i.e., 250 days of sick leave equals additional year of service credit). The employer must certify the number of days creditable.

Most safety member formulas limit the member benefits to a maximum of 75% of final compensation. The addition of credit for unused sick leave does not increase the maximum percentage allowable.

This section shall apply to members whose effective date of retirement is within four month of separation from employment and who retire after the effective date of this benefit in the agency's contract.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 0.1% to 0.6 % of payroll.  
**Employee Cost:** None.

**14. Section 20894.3 Military Service Credit as Prior Service**

Employees who are/were on a military leave at the time your agency contracts for PERS coverage and return(ed) to employment with your agency within six months after discharge from active military duty, can receive prior service credit for the period of their absence. If your agency provides this benefit, former employees employed by other PERS employers would also be eligible to claim service credit. The agency would be liable for the cost.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 1.0% of payroll for miscellaneous groups; 2.0% of payroll for safety groups. Actual costs will emerge in future valuations.  
**Employee Cost:** No cost.

**15. Section 20899.1 Credit for War Relocation Leave**

This option allows a member to purchase all the time he/she was absent from service due to war relocation leave. The member must have been in employment status with the contracting agency on March 5, 1942, and returned to such employment by July 1, 1947. "War Relocation Leave" is defined as the period of absence from service occasioned by the evacuation and relocation of a local member of Japanese descent pursuant to orders issued by the Western Defense Command.

**Employer Cost:** No valuation required. Actual cost will emerge in future valuations.  
**Employee Cost:** The amount required to purchase the credit would be determined in accordance with Section 20932.

**16. Section 20899.5 War Relocation Contribution Refund**

A refund of all or a portion of the employer contributions that were made by members or retired persons in order to receive credit for war relocation may be made to the member, retired person or the spouse of such persons during the 12 months following the date that this section is made applicable to the employees of a contracting agency. The refund shall be a charge against the agency's current service reserve account.

**Employer Cost:** Valuation required.  
**Employee Cost:** None.

**17. Section 20930.11 Public Service Credit for Periods of Layoff**

This provides up to one year of public service credit for periods of layoff from employment on or after January 1, 1981. Public service is granted upon individual election by the member (Section 20932).

To be eligible to receive the service credit, the member must meet the following conditions:

- a. The member must have been a full-time employee and must return to full-time employment within 12 months of the date of layoff.

- b. The member must be returned to employment under the "procedures of the employer for returning laid off employees to work". (A certification will be supplied to the employer to ensure compliance with this provision.)
- c. The member must elect to receive this credit within 3 years of returning to work.
- d. The member must redeposit any PERS contributions withdrawn after layoff date.

**Employer Cost:** No valuation. Actual cost will emerge in future valuations.  
**Employee Cost:** Individual calculation required.

**18. Section 20930.3 Military Service Credit as Public Service**

An agency may amend its contract to permit its employees to purchase up to four years of service credit for any continuous active military or merchant marine service prior to employment. The member must contribute an amount equal to the contribution for current and prior service that the employee and the employer would have made with respect to that period of service.

The member's payment will be calculated by PERS based upon the employer's contribution rate at the time of the member's election, and the member's compensation and contribution rate at the first period of service with the employer after the military service. Interest on both employer and employee contributions will be calculated from the date of membership with the current employer to date of the member's election, and included in the member cost.

The member may pay for the service in lump sum or by monthly payments not to exceed 96 months. This benefit applies only to active members while in employment with an employer providing this benefit in its contract.

Those agencies which provided this benefit as it read prior to January 1, 1977, may amend to become subject to the provisions of Section 20930.3, Statutes of 1976, if it is agreed to by the employees or their representatives. The amendment would allow current employees to elect within 90 days after the effective date of the amendment to receive credit under the provisions of Section 20930.3 as it read prior to January 1, 1977, wherein the employer funded the entire cost for military service predating the employer's original contract date.

**Employer Cost:** No valuation required. Actual cost will emerge in future valuations.  
**Employee Cost:** It is not uncommon for the cost to the member to exceed \$5,000 for each year of military service.

**19. Section 20930.31 Public Service Credit for Employees of an Assumed Agency or Function**

This provides public service credit to the employees of an agency, or a function of an agency, that is assumed by a contracting agency. Public service is granted upon individual election by the member (Sections 20931 and 20932), and is partially funded by the member.

If an agency later amends its contract to provide Section 20834.12, the member would receive a refund of his/her public service contributions, plus interest.

**Employer Cost:** No valuation required. Actual cost will emerge in future valuations.  
**Employee Cost:** Individual calculation required.

**20. Section 20930.32 Public Service Credit for Service Rendered to a California Nonprofit Corporation**

This section permits the employees of an agency to purchase as "public service", service rendered to a California nonprofit corporation serving fire fighters employed by state and local agencies.

**Employer Cost:** No valuation required. Actual cost will emerge in future valuations.  
**Employee Cost:** Individual calculation required.

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**21. Section 20930.33 Military Service Credit for Retired Persons**

This allows a contracting agency which is subject to Section 20930.3 to amend its contract to permit certain retired persons to purchase up to four years of service credit for any continuous active military or merchant marine service prior to employment.

The former local member must have retired before the employer's contract included the provisions of Section 20930.3 and immediately following service with the employer providing this option.

The retired person must contribute an amount equal to the contributions for current and prior service that the employee and the employer would have made with respect to that period of service. The retiree must not receive credit for the same military service with another publicly funded retirement system.

The retired person's allowance would be increased only with respect to the allowance on or after the effective date of the election to purchase the service credit.

**Employer Cost:** See cost information for Section 20930.3.

**Employee Cost:** See cost information for Section 20930.3.

**22. Section 20930.90 Public Service Credit for Excluded or Limited Prior Service**

This option allows a contracting public agency, which has excluded or limited prior service in its contract, to permit its employees to purchase, as public service, that prior service which was excluded. The member is required to pay two times the normal employee contributions based on the contribution rate and compensation at the time the member elects to receive the credit.

If a contracting public agency later amends its contract to provide all or a portion of prior service, any member who has purchased the service will be reimbursed including interest, an amount proportionate to the prior service provided by such agency.

**Employer Cost:** No valuation required. Actual cost will emerge in future valuations.

**Employee Cost:** Individual calculation required.

**23. Section 20938 Cancellation of Payment for Optional Service Credit upon Retirement for Industrial Disability**

This allows members retired or retiring for Industrial Disability to cancel an election for optional service credit.

Members who retired for Industrial Disability, January 1, 1979 through January 1, 1984, who completed payment by lump sum in full within 30-days of their retirement date, may receive a refund of all payments excluding interest. Those members who elected installment payments may cancel their election prospectively from retirement date.

In addition to persons retiring between January 1, 1979, and January 1, 1984, the agency may provide this benefit for active and other retired members who retire or retired directly from service with the agency without intervening employment.

**Employer Cost:** No valuation required.

**Employee Cost:** None.

**24. Section 20980.1 Establishing Age 60 as the Mandatory Retirement Age for Local Safety Members**

An agency may specify 60 as the mandatory retirement age for local safety members providing that age has been established as "a bona fide occupational qualification". An exemption must be received from the Federal Equal Employment Opportunity Commission (EEOC) for an agency to establish 60 as the mandatory retirement age. PERS will require certification from the agency that an exemption has been received prior to finalizing the contract amendment.

**Employer Cost:** No valuation required.

**Employee Cost:** None.

**25. Sections 21022/21022.1 Industrial Disability Retirement for Local Miscellaneous Members**

This option provides that an industrially disabled member qualifies for a retirement allowance regardless of age or length of employment.

The allowance is 50% of final compensation. However, the industrial disability retirement allowance of a miscellaneous member whose membership date is after January 1, 1980, shall not exceed the service retirement allowance that would be payable if the member's service had continued until age 63. This could be less than 50% of final compensation (Government Code Section 21292.6). Outside earnings are not limited and do not affect the amount of the PERS allowance.

**Employer Cost:** 0.5% of Miscellaneous payroll. Actual cost will emerge in future valuations  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**26. Section 21222.4 One-Time 15% Increase for Certain Safety Members**

This permits an agency to provide a 15% increase in the allowance of safety members who retired or died before the agency contracted for the 2% @ 50 retirement formula. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members. The increase does not apply to those members who retired under disability retirement or to those survivors receiving the Special Death Benefit.

**Employer Cost:** Valuation required.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**27. Section 21222.5 One-Time 15% Increase for Certain Safety Members Who Retired Under Disability Retirement**

A contracting agency may provide a 15% allowance increase to Local Safety members who retired or died before the agency contracted for the 2% @ 50 retirement formula. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members. The increase does not apply to those members who retired for service retirement or to those survivors receiving a non-industrial death allowance.

**Employer Cost:** Valuation required.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**28. Section 21222.6 One-Time 15% Increase for Certain Miscellaneous Members Who Retired Prior to July 1, 1971**

This option allows a contracting agency to provide a 15% allowance increase for those local miscellaneous members who retired prior to July 1, 1971, and whose allowances were calculated on the 1/60th retirement formula. The increase also applies to beneficiaries of such retirees and to survivors of members whose death occurred prior to July 1, 1971, with the survivor allowances calculated under the 1/60th formula.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 0.25% to 1.0% of payroll.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

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**29. Section 21222.72 One-Time 4% Increase for Members Who Retired or Died Prior to January 1, 1981**

This section permits a contracting agency to provide a 4% increase to members who retired or died prior to January 1, 1981. The increase also applies to beneficiaries and survivors. The increase is retroactive to July 1, 1981, and is payable until April 1, 1982. As of April 1, 1982, the increase would become part of the base allowance for calculation of any adjustments effective on and after April 1, 1982.

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 1.5% of payroll.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**30. Section 21222.85 One-Time 3% to 15% Increase for Members Who Retired or Died Prior to January 1, 1974**

This section permits a contracting agency to provide a one-time allowance increase with respect to members who retired or died prior to January 1, 1974, the increase ranges from 3.0% to 15.0% on a graduated scale based on the member's date of retirement or death. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members.

Period during which Retirement or Death Occurred: .....	Percentage:
On or before December 31, 1965: .....	15%
12 months ending December 31, 1966 .....	14%
12 months ending December 31, 1967 .....	13%
12 months ending December 31, 1968 .....	12%
12 months ending December 31, 1969 .....	9%
12 months ending December 31, 1970 .....	6%
12 months ending December 31, 1971 .....	5%
12 months ending December 31, 1972 .....	4%
12 months ending December 31, 1973 .....	3%

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 1.5% of payroll.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**31. Section 21222.86 One-Time 1% to 7% Increase for Members Who Retired or Died Prior to July 1, 1974**

This section permits an agency to provide a one-time allowance increase with respect to members who retired or died prior to July 1, 1974. The increase ranges from 1.0% to 7.0% on a graduated scale based on the member's date of retirement or death. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members.

Period during which Retirement or Death Occurred: .....	Percentage:
On or before December 31, 1965 .....	7%
12 months ending December 31, 1966 .....	6%
12 months ending December 31, 1967 .....	5%
12 months ending December 31, 1968 .....	4%
12 months ending December 31, 1969 .....	3%
18 months ending June 30, 1971 .....	2%
36 months ending June 30, 1974 .....	1%

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 1.0% of payroll.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**32. Section 21223 One-Time Increase for Members Who Retired or Died Prior to January 1, 1975**

This section permits a contracting agency to provide a one-time allowance increase with respect to members who retired or died prior to January 1, 1975. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members. The increase is based on the member's date of retirement or death as follows:

Period during which Retirement or Death Occurred:	Percentage:
12 months ending December 31, 1967	1.51%
12 months ending December 31, 1968	1.26%
12 months ending December 31, 1969	1.86%
12 months ending December 31, 1970	2.55%
6 months ending June 30, 1971	1.91%
6 months ending December 31, 1971	7.05%
12 months ending December 31, 1972	6.76%
12 months ending December 31, 1973	4.45%
6 months ending June 30, 1974	0.47%
6 months ending December 31, 1974	1.31%

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 0.8% of payroll.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**33. Section 21230 Annual Cost-of-Living Allowance Increase**

Allowances for retired members are currently covered by an annual 2.0% maximum cost-of-living increase providing the Consumer Price Index (CPI) factor increases at least 2.0%. Section 21230, would grant a 3.0%, 4.0% or 5.0% maximum annual cost-of-living increase in lieu of the 2.0% maximum. Should the CPI factor increase less than the percentage adopted by the agency, the individual allowances would be limited to an amount equal to the base allowance increased by 3.0%, 4.0% or 5.0% per year compounded for the number of years between the end of the base year and the beginning of the calendar year in which the adjustment is made. Section 21230 permits contracting agencies to provide the increased cost-of-living allowance beginning on a date specified. This has the effect of permitting the contracting agency to provide the increase retroactive to a date specified in the contract or to any future date specified. For example, if the base year 1991 is chosen, the first cost-of-living allowance increase would be effective April 1, 1993.

**Employer Cost:** Valuation required. The valuation request should specify the base year(s) chosen.  
**Rough Estimate:** 3% - 2% to 6%\* of payroll for miscellaneous groups;  
 4% to 10% of payroll for safety groups.  
 4% - 4% to 12%\* of payroll for miscellaneous groups;  
 12% to 25% of payroll for safety groups.  
 5% - 6% to 20%\* of payroll for miscellaneous groups;  
 20% to 35% of payroll for safety groups.  
**Employee Cost:** None.

\* The high cost is attributable to the increased benefits for retirees and for members not yet retired. An agency with a large proportion of retirees and/or long service active members will have a higher cost.



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**34. Section 21251.132 2% @ 55 Full, Supplemental or Modified Formula For Local Miscellaneous Members**

A contracting agency which has local miscellaneous members covered by the 2% @ 60 formula may amend its contract to provide the 2% @ 55 formula for local miscellaneous members.

Local miscellaneous members not retired on the effective date of the contract amendment will be subject to this formula.

Local miscellaneous members subject to the 2% @ 55 Full or Supplemental formulas contribute 7% of gross earnings exclusive of overtime. Those covered by the 2% @ 55 Modified formula (coordinated with Social Security) contribute 7% of gross earnings minus \$133.33, exclusive of overtime.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 3.5% to 7.0% of miscellaneous payroll.  
**Employee Cost:** As discussed above.

**35. Section 21252.01 2% @ 50 Full, Supplemental or Modified Formula**

Any public agency which has local safety members may amend its contract to provide the 2% @ 50 formula. (A formula change requires an election of the affected members.)

Local safety members not retired at the time the agency amends its contract to provide this formula will be subject to the 2% @ 50 formula. Local safety members subject to the 2% @ 50 Full or Supplemental formulas contribute 9% of gross earnings exclusive of overtime. Those covered under the 2% @ 50 Modified formula (coordinated with Social Security) contribute 9% of gross earnings minus \$133.33, exclusive of overtime.

The total allowance for service retirement under the 2% @ 50 formula cannot exceed 75% of final compensation.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 6.0% to 14.0% of safety payroll.  
**Employee Cost:** As discussed above.

**36. Section 21252.02 2.5% @ 55 Formula**

Any public agency which has local safety members may amend its contract to provide the 2.5% @ 55 formula. (A formula change requires an election of the affected members.)

Local safety members not retired at the time the agency amends its contract to provide this formula will be subject to the 2.5% @ 55 formula. Local safety members contribute 8% of gross earnings exceeding \$238.00, exclusive of overtime. The total allowance for service retirement under the 2.5% @ 55 formula and the 2% @ 55 formula, combined, cannot exceed 75% of final compensation.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 3.0% to 10.0% of safety payroll.  
**Employee Cost:** As discussed above.

**37. Section 21252.6 2% @ 55 Full, Supplemental or Modified Formula**

Any public agency whose local safety members are now covered by the 1 1/4 @ 60 formula and/or the 1/2 @ 55 formula may amend to provide the 2% @ 55 formula. (A formula change requires an election of the affected members.)

Public agency members who are covered under the 1 1/4 @ 60 formula and/or the 1/2 @ 55 formula may choose, by individual election, to change to the new formula. All future hires will be subject to the 2% @ 55 formula.

Local safety members subject to the 2% @ 55 Full or Supplemental formula contribute 7% of gross earnings, exclusive of overtime. Those subject to the 2% @ 55 Modified formula (coordinated with Social Security), contribute 7% of gross earnings minus \$133.33, exclusive of overtime. The total allowance for service retirement under the 2.5% @ 55 formula and the 2% @ 55 formula, combined, cannot exceed 75% of final compensation.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 2.0% to 3.0% of safety payroll.  
**Employee Cost:** As discussed above.

**38. Section 21252.61 2.35% @ 56 Modified Formula For Local Safety Members**

This provides a safety retirement formula for local police members or county peace officers who are local safety members who were participating in Social Security in April, 1983.

Local safety members subject to the 2.35% @ 56 Modified formula will contribute 7% of gross earnings minus \$133.33, exclusive of overtime.

The total allowance for service under this retirement formula cannot be more than 75% of final compensation. This section shall not apply to a public agency or its employees until the public agency and the representative employee organization agree by MOU to be subject to the terms and conditions specified in this section by an amendment to the PERS contract. PERS will accept the agency's certification that it complies with the MOU requirements without question, except for obvious deficiencies.

**Employer Cost:** Valuation required.  
**Employee Cost:** As discussed above.

**39. Sections 21263, 21263.1 and 21263.3 Post-Retirement Survivor Allowance**

This benefit provides that upon the death of a member after retirement, an allowance shall be continued to the surviving spouse. A "surviving spouse" means, for service retirements subject to this section, a spouse who was married to the member at least one year prior to the member's retirement and married continuously until the retired member's death, and for disability retirements subject to this section a spouse who was married to the member on the date of retirement and continuously until the retired member's death.

If there is no surviving spouse, or if the spouse later dies or remarries, the allowance shall be continued to the eligible unmarried children collectively until all have reached age 18. Eligible children include disabled children over age 18 if the disability begins prior to age 18. If there is no eligible spouse and no eligible children, the surviving parent or parents continuously dependent upon the retired member for at least one-half of their support may receive the post-retirement survivor allowance. If at effective date of retirement the member has no eligible spouse, eligible children, or eligible dependent parents, no survivor allowance shall be paid under this benefit. The allowance payable to the survivor(s) of a member who retires after the employer includes Sections 21263, 21263.1 and 21263.3 in its contract is determined as follows:

- a. One-quarter of the retired member's unmodified allowance based on service subject to the modification for Social Security; or
- b. One-half of the retired member's unmodified allowance based on service not subject to the modification for Social Security.

In accordance with Section 21263.3, the allowance of retirees who chose Option 2, 3, or 4; or the beneficiary of such retirees, would be increased 15%. For retirees who chose the Unmodified Allowance or Option 1, there is no increase in the retirement allowance but their eligible survivor(s) would receive the survivor continuance allowance upon the retiree's death.

Sections 21263, 21263.1 and 21263.3 are available, by amendment, to contracting public agencies. Sections 21263 and 21263.1 only are available to new contracting public agencies.

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**Employer Cost:** Valuation required.  
**Rough Estimate:** 2.0% to 5.0% of payroll for miscellaneous groups; 3.0% to 6.0% of payroll for safety groups.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

**40. Section 21266 Post-Retirement Survivor Allowance to Continue after Remarriage**

This provides that if the surviving spouse remarries, the Post-Retirement Survivor Allowance will not cease. However, the surviving spouse may not add the new spouse or stepchildren as family members under any continued health benefits coverage of the surviving spouse. This section is applicable only to remarriages that occur on and after the effective date of the contract amendment.

**Employer Cost:** No valuation required. Actual costs will emerge in future valuations.  
**Employee Cost:** None.

**41. Section 21298 Improved Non-Industrial Disability Allowance**

This benefit applies to non-job-related disability retirements.

The current statutory level of disability retirement benefits for members with at least five years of credited service (1.8% of final compensation for each year of service) would be raised to a minimum benefit of 30% of final compensation for five years of service plus 1% of final compensation for each additional year of service to a maximum benefit of 50% of final compensation.

Under no circumstances may the disability retirement allowance be more than the service retirement allowance if the member were to continue in employment and retire at age 60.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 0.25% to 0.75% of payroll.  
**Employee Cost:** None.

**42. Section 21305 Increased Industrial Disability Retirement Allowance to 75% of Final Compensation**

This contract option provides that upon the retirement of a local safety or local miscellaneous\* member for industrial disability, if the member is totally disabled he/she would receive a disability retirement allowance equal to 75% of his/her final compensation in lieu of the disability retirement allowance otherwise provided.

In addition, in accordance with Section 21306, the increase is applicable to the allowances of local safety members who retired under industrial disability retirement or to the beneficiaries and survivors of such retirees had Section 21305 been in effect at the time of the member's retirement or the date the agency becomes subject to Section 21305, whichever is the latter.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 2.0% to 6.0% of payroll.  
**Employee Cost:** None.

\* In order for a local miscellaneous member to be eligible for this option, the agency must first amend their contract to provide Sections 21022/21022.1.

**43. Section 21307 Improved Industrial Disability Allowance for Safety Members.**

If the Worker's Compensation Appeals Board permanent disability rating percentage is greater than 50%, the same percentage (up to a maximum of 90%) will be used as the percentage of final compensation to calculate the PERS industrial disability retirement allowance.

**Employer Cost:** Valuation required.  
**Rough Estimate:** 2.0% to 6.0% of payroll.  
**Employee Cost:** None.

**44. Section 21361.5 Local System Service Credit Included in Basic Death Benefit**

This benefit permits the use of local system service credit in the computation of benefits payable under the basic death benefit for all local members (miscellaneous and safety) who were members of a local retirement system at the time the local system was discontinued.

**Employer Cost:** Minimal, no valuation required.  
**Employee Cost:** None.

**45. Section 21365.6 Pre-Retirement Optional Settlement 2 Death Benefit**

This allows the spouse of a deceased member, who was eligible to retire for service at the time of death, to elect to receive the Pre-Retirement Optional Settlement 2 Death Benefit in lieu of the lump sum Basic Death Benefit.

The benefit is a monthly allowance equal to the amount the member would have received if he/she had retired for service on the date of death and elected Optional Settlement 2, the highest monthly allowance a member can leave a spouse.

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 0.8% of payroll.  
**Employee Cost:** None.

**46. Section 21367.53 \$600 Retired Death Benefit**

This section provides that the lump sum death benefit paid to beneficiaries of retired members will be \$600 instead of the statutory \$500. This section is applicable only to deaths which occur after the effective date of the contract amendment.

**Employer Cost:** Valuation required.  
**Rough Estimate:** Up to 0.05% for miscellaneous and safety groups.  
**Employee Cost:** None.

**47. Section 21373 Continuation of Death Benefits After Remarriage of Survivor**

Death Benefits being paid to a spouse of a member who died prior to retirement shall be continued in full if the spouse of the deceased member remarries. Surviving spouses who elected the reduction specified in Section 21372 shall have their allowance restored to the lifetime allowance to which he or she was originally entitled for all benefits payable on or after the date this section becomes operative for the agency.

If the spouse is entitled to continued health benefits coverage and remarries, he or she may *not* add the new spouse or stepchildren as family members under the continued health benefits coverage.

**Employer Cost:** No valuation required. Actual costs will emerge in future valuations.  
**Employee Cost:** None.

An operative date for this benefit is established at the time of amendment.

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**48. Sections 21380-21387 1959 Survivor Benefits**

This benefit provides the below-listed monthly allowances to survivors of a member who dies prior to retirement. This benefit is in addition to the Basic Death Benefit or the 1957 Survivor Benefit or, if applicable, the Pre-Retirement Optional Settlement 2 Death Benefit but would be reduced by the amount of the Industrial Death Benefit, if payable.

Spouse with two or more children; or three or more dependent children, alone .....	\$430
Spouse with one dependent child; or two dependent children alone .....	\$360
Widow or widower, alone, age 62 or over; dependent mother and dependent father, age 62 or over; or one dependent child .....	\$180

The surviving spouse may elect (within 24 months of the date of the member's death) a 25% reduction to the monthly allowance in lieu of cessation of the allowance in the event of remarriage.

Concurrent coverage under this program and Social Security is prohibited by law (Section 21385), but an agency may provide the benefit for the full formula members of a divided miscellaneous member group. (The miscellaneous rate increase will be applied against the total miscellaneous payroll.) Members in employment prior to amendment date may elect not to be covered; however, participation is required for all future hires who are not covered under Social Security (Section 21385).

**Employer Cost:** Although rates will be adjusted on subsequent valuations, the following close approximations of costs are used initially: 0.15% of payroll for miscellaneous and 0.075% of payroll for safety.

**Employee Cost:** \$2.00 monthly (non-refundable).

**49. Section 21382.2 Increased Level of 1959 Survivor Benefits**

This option allows a public agency to provide 25% higher levels of 1959 survivor benefits than the levels provided under Sections 21380-21387. The benefit levels become \$538.00, \$450.00 and \$225.00 respectively. The increased benefit level would apply to current and future survivors, and could be provided any time after, or simultaneously with, providing Sections 21380-21387 in the contract.

**Employer Cost:** Simultaneous with providing Sections 21380-21387: same as regular provisions. After providing Sections 21380-21387: valuation required; increase of up to 0.2% in current 1959 Survivor Benefit rate.

**Employee Cost:** There is no increase in the \$2.00 monthly charge required by Sections 21380-21387, 1959 Survivor Benefits.

An operative date for this benefit is established at the time of amendment.

**50. Section 21382.4 Third Level of 1959 Survivor Benefit**

An agency may provide a higher level of 1959 survivor benefits than the levels provided under Sections 21380-21387 and the Increased Level provided by Section 21382.2. Monthly allowances under this section will be increased to \$840.00, \$700.00, and \$350.00 respectively.

**Employer Cost:** The cost to the employer for each employee covered under the 1959 Survivor Program is \$2.50 per month. Each agency not having sufficient 1959 Survivor Benefit Surplus to prefund the cost for two years of coverage will be billed annually following each completed fiscal year of coverage. Payment will vary, depending on each agency's funding reserve level.

**Employee Cost:** There is no increase in the \$2.00 monthly charge required by the basic 1959 Survivor Benefit, Sections 21380-21387.

Public agencies contracting or amending to the Third Level will receive a single employer rate based on term insurance rates. This rate will be calculated on the pooled experience rather than individual employer experience.

Employer costs for agencies currently participating in the 1959 Survivor Benefit program who amend to the Third Level will vary depending upon each agency's 1959 Survivor Funding level. If there is a deficit in an agency's 1959 Survivor Funding, or less than a two years prefunding, a transfer will be made from the agency's current service reserve and the \$2.50 payment per employee is required. (The transfer may cause a slight increase in the current service portion of the total employer rate).

An operative date for this benefit is established at the time of amendment.

## **B. MISCELLANEOUS MEMBER CLASSES OPTIONALLY RECLASSIFIED TO SAFETY BY INCLUSION OF APPLICABLE SECTION IN CONTRACT**

Employees in the following miscellaneous classes must meet the safety definition of the applicable section, and any past "qualifying service" is reclassified when these employees are transferred into the safety group:

1. Ocean beach lifeguards of a city as "Local Safety Members" (Section 20019.3). This section is only applicable by amendment to public agencies whose contract effective date is prior to January 1, 1960.
2. Paramedics designated as Emergency Medical Technician I, II or Emergency Medical Technician-Paramedic as "Local Safety Members" (Section 20019.35).
3. Harbor or Port Police Officers as "Local Safety Members" (Section 20019.37).
4. Persons employed by a city police department, performing identification and communication duties who were in employment on August 4, 1972, as "Local Police Officers" (Section 20020).
5. Juvenile bureau officers or employees as "Local Police Officers" (Section 20020.5).
6. Any officers or employees who are Peace Officers, as defined in the Penal Code, of a public agency other than a city or a county as a "Local Police Officers" (Section 20020.7).
7. City jail, detention or correctional facility employees as "Local Police Officers" (Section 20020.9).
8. Any officer or employee of a fire department employed to perform duties of firefighting, fire prevention, fire training, hazardous materials, emergency medical services, or fire or arson investigation services as "Local Firefighters" (Section 20021.01).
9. Any officer or employee of a contracting agency performing a fire training function as "Local Firefighter" (Section 20021.1).
10. Persons employed by a county, performing identification and communication duties on or prior to August 4, 1972, as "County Peace Officers" by individual election (Section 20021.5).
11. Constables, deputy constables, marshals and deputy marshals as "County Peace Officers" (Section 20021.6).
12. Probation officers, deputy probation officers, assistant probation officers and juvenile hall employees as "County Peace Officers" (Section 20021.8).
13. County jail, detention or correctional facility employees as "County Peace Officers" (Section 20021.9).
14. Bailiffs as "County Peace Officers" (Section 20021.10).

### ***Reclassifications***

An individual member election is provided when an agency reclassifies a group of miscellaneous employees to a safety formula other than the 2% @ 50 formula (Section 20019.52). The members affected by such reclassification may elect to remain covered by the miscellaneous formula (2% @ 60) by making an irrevocable election in writing no later than 90 days after notification by this system. If such an election is made, the miscellaneous formula is retained and those members are also eligible for all safety industrial benefits.

<b><i>Employer Cost:</i></b>	Valuations required for miscellaneous group and the safety group.
<b><i>Rough Estimate:</i></b>	Up to 3.5%* of safety payroll. The miscellaneous payroll may be affected.
<b><i>Employee Cost:</i></b>	See cost information under the appropriate formula.

\* Does not include up to 3.5% impact of added safety payroll.

### C. SPECIAL ITEM - HEALTH INSURANCE PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE PROGRAM

Public agencies which contract with PERS for retirement benefits may also elect to participate in the Public Employees' Medical and Hospital Care Program. Participation is by resolution and that resolution is completely separate from the agency's contract for retirement purposes.

The Public Employees' Medical and Hospital Care Act (PEMHCA) was enacted in 1962 for active and retired employees of the State of California. The Act was amended in 1967 to permit a public agency that was participating in the PERS retirement system to elect participation in the health benefits program. The definitions of a contracting agency and an employee have been amended to include employers whose employees are members of the State Teachers' Retirement System, a public body or agency within California with its own retirement system, counties or special districts subject to the County Employees' Retirement Law of 1937, and non-PERS special districts that meet the definition of a public agency. As of July 1, 1986, contracting agencies may elect to contract for participation for all the agency's eligible employees and annuitants, or may contract for the members of one or more individual employee organizations.

A wide variety of approved health plans have been developed, offering many different philosophies of health care delivery. The types of health plans being offered include a self-insured fee-for-service health plan (PERS-CARE), numerous health maintenance organizations (HMO), four association plans. All plans provide both Basic and Supplemental coverages.

#### Health plans available during the 1992/93 contract year are:

Aetna of Southern California (formerly Partners) . . . . .	(HMO)	Kaiser North . . . . .	(HMO)
Aetna of Northern California (formerly Bay Pacific Health Plan) . . . . .	(HMO)	Kaiser South . . . . .	(HMO)
Blue Shield . . . . .	(HMO)	Lifeguard, Inc. . . . .	(HMO)
Bridgeway Plan for Health . . . . .	(HMO)	Lincoln National Health Plan . . . . .	(HMO)
Calif. Professional Firefighters Assoc. (CPFA). . . . .	(Association Plan)	Maxicare . . . . .	(HMO)
CIGNA Medical Group Healthplan (formerly Ross-Loos Medical Group) . . . . .	(HMO)	PCA Health Plans of California . . . . .	(HMO)
FHP, Inc. . . . .	(HMO)	PERS-CARE . . . . .	(Fee-For-Service Plan)
Foundation Health Plan . . . . .	(HMO)	PacifiCare . . . . .	(HMO)
Health Net . . . . .	(HMO)	Peace Officers Research Assoc. of Calif. (PORAC) . . . . .	(Association Plan)
Health Plan of America . . . . .	(HMO)	Qual-Med California (formerly Heals Health Plan) . . . . .	(HMO)
Health Plan of the Redwoods . . . . .	(HMO)	St. Joseph's Omni Health Plan . . . . .	(HMO)
		TakeCare, Inc. . . . .	(HMO)
		Travelers Health Network . . . . .	(HMO)
		ValuCare . . . . .	(HMO)

The rights and responsibilities of all employers are uniform under the Act. In general, a public agency electing to participate in the program must:

- A. Offer all eligible active and retired employees an opportunity to enroll in a PERS plan of their choice. All plans must be offered.



Coverage  
Health Insurance

- B. Contribute toward the cost of both the active and the retired employees' premium. Agencies may elect to participate with an equal contribution for active and retired employees, contributing at least \$16.00 per month. Agencies joining the program after January 1, 1986, have the option to elect to contribute differently toward the health insurance contribution for active and retired employees. The contribution established for retirees under the unequal contribution option cannot be less than \$1.00 per month and must be increased annually by at least 5% of the employer contribution for the active employees until such time the active and retired employees' contribution is equal. Effective January 1, 1989, school districts under the unequal contribution option are no longer required to establish an initial payment ratio of retiree contribution to employee contribution at least equal to the corresponding ratio of amounts paid when electing to participate in the PERS health benefits program.
- C. Contribute a percent (0.0% (zero) for the 1991/92 contract year) of the total gross monthly premium of employees (active and retired) to the Public Employees' Contingency Reserve Fund. The Reserve Fund is variable but by law cannot exceed 4% of the total monthly premium. The Reserve Fund is used to reduce premiums, improve benefits or offset the higher cost of providing equal benefits and premiums to all enrolled members. The primary use is to offset the costs of retired employees enrolled in the basic plans.
- D. Contribute a percent (0.5% for the 1991/92 contract year) of the total gross monthly premium to the administrative cost of providing the program to the agency. The administrative fee cannot by statute exceed 2% of the total monthly premium.
- E. Not maintain another health benefits plan for the employees and annuitants who are participating in the PERS health benefits program, unless such other plan complies with the requirements of the Act. Alternative plans must be equally available to its active and retired employees, and their family members, without discrimination as to benefits, premiums, or employer contributions.

Complete information regarding this program may be obtained from:

Public Employees' Retirement System  
Health Benefits Services Division — Public Agency Unit  
Post Office Box 942714  
Sacramento, CA 94229-2714  
(916) 326-3604  
326-3557 (Telecommunications Device for the Deaf)

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## MEMBER SERVICES DIVISION TELEPHONE AND SECTION DIRECTORY

	<i>Telephone Number</i>	<i>Section Code*</i>
<b>Member Records Section</b>		
Membership Status .....	(916) 326-3141	841
New Members and Membership Qualifications .....	326-3141	841
Reciprocity .....	326-3141	841
<b>Service Credit Section</b> .....	(916) 326-3141	832
<b><i>Subject</i></b>		
Arrears and Adjustments of Member Contributions		
Birthdate Discrepancies		
Compensation Insurance Leaves		
Employee/Employer Additional Contributions		
Leaves of Absence		
Military Service Claims		
Optional Elective Officers—Membership		
Prior Service Claims		
Redeposit of Withdrawn Contributions		
Service Prior to Membership		
<b>Service Payment Unit</b> .....	(916) 326-3141	835
<b>Refunds</b>		
(Benefit Application Services Division) .....	(916) 326-3232	445

\* For better service when writing to the Member Services Division, include the Section Code on all correspondence.

See Appendix for the System's mailing addresses.



## DETERMINING MEMBERSHIP ELIGIBILITY

The following chart is a general guide for determining when and if your employee qualifies for PERS membership. For situations not covered in the chart, contact PERS, Membership Review Unit (Section 841).

PERS MEMBERSHIP STATUS	APPOINTMENT TYPES	MEMBER AT APPOINTMENT	MONITOR	EXCLUDED	OPTIONAL MEMBER	
<b>CURRENT MEMBER</b>  (has funds on deposit or service credit)	(1) Appointed to a position excluded by your PERS contract— <i>public agencies only</i>			X		
	(2) Teacher Assistant— <i>schools only</i> (Education Code Section 22609)			X		
	(3) Student in a Student position— <i>schools only</i>			X		
	(4) Elected Official (as defined by Government Code Section 20361)				X	
	(5) All others, regardless of length of appointment or hours worked	X				
<b>NOT CURRENT MEMBER</b>  (has had contributions re- funded or was never a member)	(6) Appointed to a position excluded by your PERS contract— <i>public agencies only</i>			X		
	(7) Teacher Assistant— <i>schools only</i> (Education Code Section 22609)			X		
	(8) Student in a Student position— <i>schools only</i>			X		
	(9) Elected Official (as defined by Government Code Section 20361)				X	
	(10) Full-time appointment for more than 6 months (Government Code Section 20336)	X				
	(11) Full-time appointment for less than one year but unspecified duration (less than academic year for schools)		X *			
	(12) Full-time appointment for 6 months or less			X **		
	(13) Works an average of 20 hours or more per week, appointment is one year or longer (academic year or longer for schools (Government Code Section 20334),	X				
	(14) Works less than 20 hours per week			X **		
	(15) Irregular basis appointment (seasonal, limited-term, on-call, emergency, intermittent, substitute, etc.)		X **			

\* Employee is excluded from PERS membership for the first six months. Membership is effective not later than the first day of the seventh month of employment.

\*\* Employee is excluded until he/she works 1,000 hours or 125 days (if paid on a per diem basis) of a fiscal year (July 1 through June 30). Membership is effective not later than the first of the month following the month in which 1,000 hours or 125 days are completed. Overtime worked is included when counting hours or days for purposes of qualifying for membership. (Government Code Section 20336) Effective January 1, 1989, part-time employees who work less than 20 hours a week have the option to elect to be members of PERS provided that their contracting agency employer amends its contract or their school employer adopts a resolution to permit such an election. (Government Code Section 20365)

NOTE: This chart does not apply to a PERS retiree. Please refer to Employment of a Retiree.



## NOTICE OF EXCLUSION FROM PERS MEMBERSHIP

### PERS-MEM-139

#### PURPOSE

The Notice of Exclusion Form (MEM-139) is used to notify employees excluded from PERS membership of the reason for exclusion.

#### WHEN TO COMPLETE

Complete the MEM-139 at the time of appointment.

#### SPECIAL INSTRUCTIONS

- 1) Every employee is a member of PERS unless excluded by one of the exclusions on this form.
  - a. If you determine the employee is excluded complete a MEM-139.
  - b. If the employee is a mandatory member complete a Membership Form MEM-1.
- 2) Give a copy to the employee for notification of exclusion from PERS membership.
- 3) Keep a copy of the form on file as a record of excluded employees and the reason for the exclusion.
- 4) Do NOT send a copy to PERS.







**California Public Employees' Retirement System**

P.O. Box 942704

Sacramento, CA 94229-2704

**NOTICE OF EXCLUSION FROM PERS MEMBERSHIP**

PERS-MEM-139 (Rev. 6/89)

**Your employer has contracted with the Public Employees' Retirement System (PERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.**

1. SOCIAL SECURITY NUMBER		
2. CURRENT NAME (LAST)	(FIRST)	(MIDDLE)
3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT NAME	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT	7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXCEPTED TO LAST.	8. APPOINTMENT DATE
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY _____ MONTHS		_____ MM    _____ DD    _____ YY
9. TIME BASE	IF PART TIME, ENTER THE FRACTION OF FULL TIME →	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE	_____ / _____	

**In your present position with this agency, you are excluded from PERS membership because:**

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by PERS contract agreement which excludes:

Enter contract exclusion. (For Public Agencies Only)

- 5. You are employed to render professional legal service to a city.  
 Exceptions: City attorneys are optional members.  
 Deputy city attorneys are mandatory members.
- 6. You are an independent contractor.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district. (For County Schools Only.)

**NOTE:** If you are a member of PERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Membership Form (PERS-MEM-1) to report your employment to PERS.

**If you believe that your employment does qualify you for PERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to PERS by sending a letter to the Member Services Division, at the address shown above, stating the reasons why you feel you should be a member.**

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

**NOTE:** Benefits provided by PERS are described in the "PERS BENEFITS" information booklet available from your employer.





**California Public Employees' Retirement System**

P.O. Box 942704

Sacramento, CA 94229-2704

**NOTICE OF EXCLUSION FROM PERS MEMBERSHIP**

PERS-MEM-139 (Rev. 6/89)

**Your employer has contracted with the Public Employees' Retirement System (PERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.**

1. SOCIAL SECURITY NUMBER		
2. CURRENT NAME (LAST)		(FIRST) (MIDDLE)
3. NAME OF PUBLIC AGENCY		4. DEPARTMENT OR SCHOOL DISTRICT NAME
5. JOB OR POSITION TITLE		
6. TERM OF APPOINTMENT		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="text"/> <input type="text"/> MONTHS
8. APPOINTMENT DATE		
		<input type="text"/> MM <input type="text"/> DD <input type="text"/> YY
9. TIME BASE		
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE		
IF PART TIME, ENTER THE FRACTION OF FULL TIME. <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

ITEM	BLOCK	INSTRUCTIONS
1	Social Security Number	Enter employee's Social Security number. Verify with Social Security card.
2	Current Name	Enter employee's full name.
3	Name of Public Agency	Enter agency's name.
4	Department or School District Name	Self-explanatory.
5	Job or Position Title	Self-explanatory.
6	Term of Appointment	Check the appropriate box.
7	If Temporary	For limited-term appointments enter the number of months the appointment is expected to last.
8	Appointment Date	Enter the date when compensation for employment begins.
9	Time Base	Enter "X" in the box that identifies the time schedule this employee will work. If PART TIME is selected, enter the fraction of FULL TIME in the boxes provided at the far right of this line. This fraction <i>must</i> be expressed as a 3-digit numerator over a 3-digit denominator, whether you use hours, percentage or a fraction in figuring PART TIME earnings for your employee. When either the numerator or denominator is not a 3-digit number, be sure to enter zeros to the left so that all the boxes are filled. Do not use decimal points in the blocks.

Membership  
 MEM-139

1. SOCIAL SECURITY NUMBER			
2. CURRENT NAME (LAST)		3. FIRST	
4. NAME OF PUBLIC AGENCY		5. DEPARTMENT OR SCHOOL DISTRICT NAME	
6. TERM OF APPOINTMENT		7. IF TEMPORARY, ENTER NEAREST NUMBER OF MONTHS THE APPOINTMENT IS EXPECTED TO LAST	
<input type="checkbox"/> PERMANENT	<input type="checkbox"/> TEMPORARY	MONTHS	YR. MO. DAY
8. TIME BASE			
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	<input type="checkbox"/> INDETERMINATE	IF PART TIME, ENTER THE FRACTION OF FULL TIME →

9 (cont'd) Time Base

Examples:

1) a. Number of hours per week to be worked — 30 hours

Number of hours per week considered FULL TIME — 40 hours

Enter Fraction

0	3	0	/	0	4	0
---	---	---	---	---	---	---

b. Number of hours per week to be worked — 31.5

Number of hours per week considered FULL TIME — 40 hours

Enter Fraction

3	1	5	/	4	0	0
---	---	---	---	---	---	---

2) Percentage of time to be worked — 56.3%

FULL TIME — 100%

Enter Fraction

0	5	6	/	1	0	0
---	---	---	---	---	---	---

3) Fraction of time to be worked — 3/4

Enter Fraction

0	0	3	/	0	0	4
---	---	---	---	---	---	---

**In your present position with this agency, you are excluded from PERS membership because:**

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.

4. Your position is excluded by PERS contract agreement which excludes:

*Enter correct exclusion. For Public Agencies Only.*

- 5. You are employed to render professional legal service to a city.  
 exceptions: City attorneys are optional members.  
 Deputy city attorneys are mandatory members.
- 6. You are an independent contractor.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district. (For County Schools Only.)

**NOTE:** If you are a member of PERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Membership Form (PERS-MEM-1) to report your employment to PERS.

ITEM	EXCLUSIONS	INSTRUCTIONS
1	Seasonal or Limited-Term Appointment	An employee whose full-time seasonal or limited-term employment is limited to six months or less is excluded from membership.
2	Less than 20 hours per week Appointment	A part-time employee employed to work less than an average of 20 hours per week is excluded from membership. However, Government Code Section 20365, effective January 1, 1989, permits employees who work less than 20 hours a week the option to elect to be members of PERS provided that their contracting agency employer amends its contract or their school employer adopts a resolution to permit such an election.  All part-time school employees and part-time public agency employees whose employers elect this benefit and who also provide Social Security coverage will automatically be covered by Social Security even if they do not elect to be PERS members.
3	Irregular or Intermittent	An employee is excluded from membership if appointed on an on-call, intermittent, emergency, substitute, or other irregular basis until the employee has worked 1,000 hours (or 125 days if paid on a per diem basis) in the fiscal year (July 1 through June 30).

**NOTE:** Exclusions 1, 2 and 3 do not apply to persons who have funds on deposit or service credit with PERS. Check with employee for current membership status.

Membership  
 MEM-139

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by PERS contract agreement which excludes:

\_\_\_\_\_  
 Enter contract exclusion. (For Public Agencies Only)

- 5. You are employed to render professional legal service to a city.  
 Exceptions: City attorneys are optional members.  
 Deputy city attorneys are mandatory members.

- 6. You are an independent contractor.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district. (For County Schools Only)

**NOTE:** If you are a member of PERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Membership Form (PERS-MEM-1) to report your employment to PERS.

ITEM	EXCLUSIONS	INSTRUCTIONS
4	PERS Contract Exclusion (Applies to Public Agencies only)	Public Agencies by PERS contract agreement may exclude certain categories of (Applies to Public employees. The Coverage Key (Item 10) at the front of the manual will list any Agencies only) exclusions from your PERS contract. Enter the specific exclusion which applies to the employee.
5	Professional Legal Service	Persons rendering professional legal service are excluded from membership. Exceptions: 1) City Attorneys are optional members (see Election of Optional Membership). 2) Deputy Attorneys are optional members (see Election of Optional Membership). Use a Membership Form (MEM-1) to report their employment to PERS.

**In your present position with this agency, you are excluded from PERS membership because:**

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- 3. Your appointment is an on-call, intermittent, emergency, substitute, or other irregular basis which excludes you from membership until you have worked 1,000 hours (or 125 days if paid on per diem basis) this fiscal year.
- 4. Your position is excluded by PERS contract agreement which excludes:
 

\_\_\_\_\_  
 See contract exclusion. For Public Agencies Only.
- 5. You are employed to render professional legal service to a city.  
 Exceptions: City attorneys are optional members.  
 Deputy city attorneys are mandatory members.
- 6. You are an independent contractor.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district. (For County Schools Only.)

**NOTE:** If you are a member of PERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Membership Form (PERS-MEM-1) to report your employment to PERS.

**If you believe that your employment does qualify you for PERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to PERS by sending a letter to the Member Services Division, at the address shown above, stating the reasons why you feel you should be a member.**

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE	DATE	

**NOTE:** Benefits provided by PERS are described in the "PERS BENEFITS" information booklet available from your employer.

ITEM	EXCLUSIONS	INSTRUCTIONS
6	Independent Contractors	Independent contractors or employees of independent contractors who are not employees of the agency are excluded from membership.
7	Student Aide (Applies to SCHOOLS only)	Students who are employed by a school district in a position established for students only and attending school in the same district are excluded from membership. This includes students enrolled in a California teacher training institution with a temporary certificate to serve as a teacher assistant.  Non-students or students from other districts employed in student positions are not excluded from membership under this provision.
8	Signatures	Self-explanatory.





### SCHOOL EMPLOYMENT: PERS OR STRS?

Employment in the public school system is divided into two types of service -- certificated (teaching or credentialed) employment which is usually credited in the State Teachers' Retirement System, and *classified* (non-certificated) employment which is not eligible for STRS coverage and is usually credited in the Public Employees' Retirement System.

The retirement system status (i.e., PERS or STRS) of any public school employment must be determined at the time an employee is hired, and must also be redetermined each time an employee has a change of position or a change in the conditions of employment.

Use the following chart as a guide to determine the retirement system coverage for the employee.

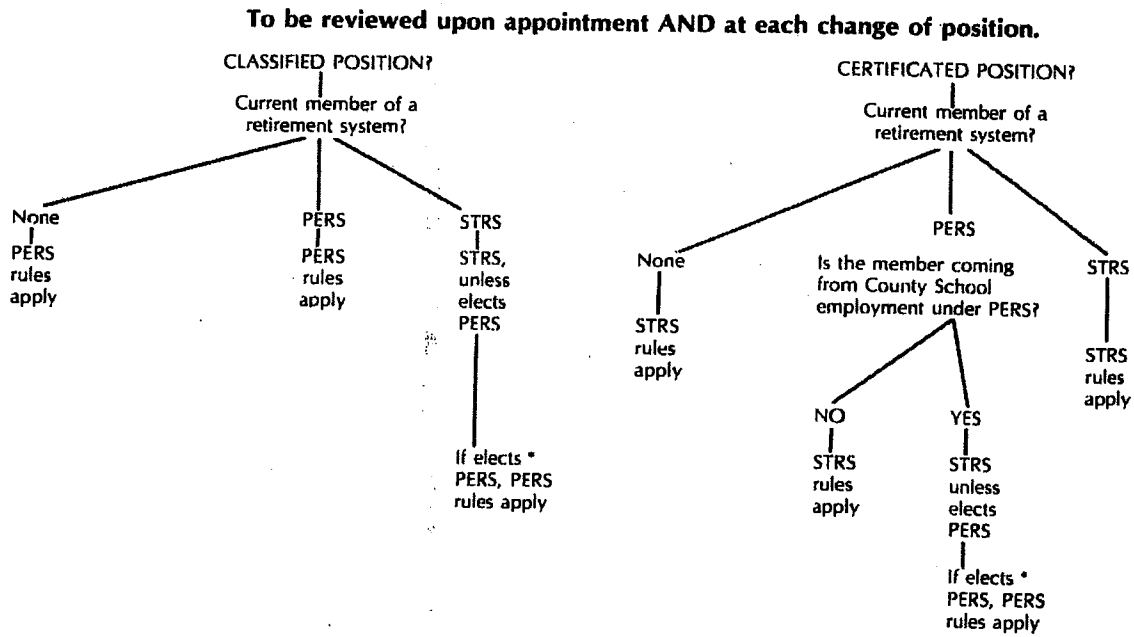
	CURRENT MEMBER OF PERS	CURRENT MEMBER OF STRS
Classified Employment (non-certificated)	Remain in PERS	Remain in STRS unless election to change to PERS is filed within 90 days (Education Code Section 22504)
Certificated Employment	Change to membership in STRS is compulsory <i>unless</i> election to remain in PERS is filed within 90 days (Education Code Section 22608)	Remain in STRS

**NOTE:**

- 1) Employee has to qualify for membership in the other system before he/she has the right to make any election.
- 2) Anyone who has contributions on deposit is a member whether or not currently employed.
- 3) If employee wishes to be a STRS member no election is required.
- 4) Situations in the chart refer to a transfer of position *within school employment*, not from State or Public Agency (non-school) employment to school employment nor from school employment to State or Public Agency employment.
- 5) An election to be covered by PERS must be sent to BOTH retirement systems. The election sent to PERS should include the date the member qualified for STRS or PERS and should be signed by both the member and the employer. Please send it to Member Services Division, Section 841.



## SHOULD A COUNTY SCHOOL EMPLOYEE BE A MEMBER OF PERS OR STRS?



\*An election to be covered by PERS is *irrevocable* and covers all future County School employment.



## MEMBERSHIP CATEGORIES

All PERS members employed in your agency or district fall into one of the following general categories:

- 1) Local Miscellaneous Members — "includes all employees of a contracting agency who have by contract been included within this System, except local safety members". (*Government Code Section 20018*)
- 2) Local Safety Members — "includes all local policemen, firemen, safety officers, and county peace officers employed by a contracting agency who have by contract been included within this System". (*Government Code Section 20019*)
- 3) School Members — "includes all employees within the jurisdiction of a school employer, other than local policemen". (*Government Code Section 20013*; "local policemen" defined in *Government Code Section 20020.8*)

Determination of an employee's membership category is based on job classification or duties as defined in the Government Code and as specified in the agency contract. Your Coverage Key (Item 9) will indicate if your agency has contracted to reclassify any positions from Miscellaneous to Safety category. If in doubt as to an employee's category, submit a job specification to PERS Member Services Division (Section 841) for review.

The following definitions for Local Safety Members will assist you in determining membership category:

### LOCAL POLICEMAN

"...any officer or employee of a police department of a contracting agency which is a city, except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise, and whose functions do not clearly fall within the scope of active law enforcement service even though the employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active law enforcement service, but not excepting persons employed and qualified as patrolmen or equal or higher rank irrespective of the duties to which they are assigned". (*Government Code Section 20020*)

### LOCAL FIREFIGHTER

"...any officer or employee of a fire department of a contracting agency, except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise, and whose functions do not clearly fall within the scope of active firefighting, fire prevention, fire training, or fire investigation service even though that employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active firefighting, or active firefighting and prevention service, active firefighting and fire training, active firefighting and hazardous materials, active firefighting and fire or arson investigation, or active firefighting and emergency medical services, but not excepting persons employed and qualifying as firefighters of equal or higher rank, irrespective of the duties to which they are assigned." (*Government Code Section 20021*)

### COUNTY PEACE OFFICER

#### *Sheriff*

"...the sheriff and any officer or employee of a sheriff's office of a contracting agency except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise, and functions do not clearly come within the scope of active law enforcement service even when such an employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active law enforcement service, but not excepting persons employed and qualifying as deputy sheriffs or equal or higher rank, irrespective of the duties to which they are assigned." (*Government Code Section 20021.5*)

Membership  
Categories

***Inspector, Investigator, Detective***

"...any inspector, investigator, detective, or person with a comparable title, in any district attorney's office of a contracting agency whose principal duties are to investigate crime and criminal cases and who receives compensation for such service." (*Government Code Section 20021.5*)

**LOCAL SAFETY OFFICER**

"...any officer or employee of a public safety department of a contracting agency, except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise and whose functions do not clearly fall within the scope of active law enforcement or firefighting and prevention service even though such an employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active law enforcement or firefighting and prevention service, but not excepting persons employed and qualifying as patrolmen or equal or higher rank, or as firemen, hosemen, or equal or higher rank, irrespective of the duties to which they are assigned". This does not include persons employed to perform identification or communication duties. (*Government Code Section 20019.4*)

**OTHER SAFETY CLASSIFICATIONS—Provided by Contract**

Other classifications can be added to your Safety categories by amending your agency's contract. The categories and classifications are listed below. If your agency has contracted for these other safety classifications, they will be listed under item 9 in your Coverage Key.

**LOCAL POLICE**

***Local Police***

If provided for by your agency contract, "... any officer or employee of a contracting agency other than a city or a county who is a peace officer as defined in the Penal Code and whose principal duties consist of active law enforcement but excluding clerical personnel or those whose principal duties are that of communication officer, identification officer, machinist, mechanic, security officer or are otherwise not clearly within the scope of active law enforcement, even though the person is subject to occasional call, or is occasionally called upon to perform duties within the scope of active law enforcement." (*Government Code Section 20020.7*)

***Juvenile Officer***

If provided for by your agency contract, "... any officer or employee of a juvenile bureau of a contracting agency whose principal duties consist of active law enforcement service except persons whose principal duties are clerical or otherwise clearly do not fall within the scope of active law enforcement, even though such a person is subject to occasional call, or is occasionally called upon to perform duties within scope of active law enforcement." (*Government Code Section 20020.5*)

***City Jailers***

If provided for by your agency contract, "... any officer of a contracting agency which is a city, who is employed in a jail or a detention or correctional facility and having as their primary duty and responsibility the supervision and custody of persons committed to the jail or facility. It shall not include persons employed as clerks, typists, teachers, instructors, or psychologists or to provide food, maintenance, health, or supporting services, even though responsibility for custody and control of persons so committed may be incident to, or imposed in connection with, that service." (*Government Code Section 20020.9*)

***Identification and/or Communication***

"A contracting agency may elect by amendment to its contract to include as 'local policeman' all persons who were employed to perform identification or communication duties on August 4, 1972, and who elect within 60 days of the effective date of such contract amendment to be local safety members. The election shall apply to the person's past as well as future service in the employment held on the effective date but shall not apply to service following any subsequent acceptance of appointment to a position other than that held on the effective date. This shall not apply to persons employed and qualified as patrolmen or equal or higher rank." (*Government Code Section 20020*)

**COUNTY PEACE OFFICER**

***Constable, Marshal***

If provided by agency contract, "... the constable and each regularly employed deputy constable, marshal and each regularly employed deputy marshal of any judicial district." (*Government Code Section 20021.6*)

***Identification and/or Communication***

"A contracting agency may elect by amendment to its contract to include as 'county peace officer' all persons who were employed to perform identification or communication duties on August 4, 1972, and who elect within 60 days of the effective date of such contract amendment to be local safety members. Such election shall apply to person's past as well as future service in the employment held on the effective date but shall not apply to service following any subsequent acceptance of appointment to a position other than that held on such effective date. This shall not apply to persons employed and qualified as deputy sheriffs or equal or higher rank." (*Government Code Section 20021.5*)

***Probation Officer—Juvenile Hall***

If provided by agency contract, "... probation officers, deputy and assistant probation officers, and persons employed in a juvenile hall or home and having as their primary duty and responsibility the counseling, supervision and custody of a group of youths assigned or committed to the hall or home. It shall also include persons employed as peace officers pursuant to Section 830.5 of the Penal Code, regardless of the administrative title of the position. It shall not include persons employed as teachers, instructors, psychologists, or to provide food, maintenance, health or other supporting services even though responsibility for custody and control of youths may be incident to or imposed in connection with such service." (*Government Code Section 20021.8*)

***Park Rangers***

"... persons employed by the county parks department whose primary responsibility is maintaining the peace and whose duties include law enforcement, emergency medical care first response, or fire suppression and prevention in the following classifications: Park Ranger I, Park Ranger II, Park Ranger III, Senior Park Ranger, and Supervising Park Ranger.

This section shall only be applicable in county of the 17th class, as defined by Sections 28020 and 28038, as amended by Chapter 1204 of the Statutes of 1971". (*Government Code Section 20021.11*)



Membership  
Categories

**County Jail—Custodial Employees**

If provided by agency contract, "... employees of the sheriff employed in a county jail, detention or correctional facility and having as their primary duty and responsibility the supervision and custody of persons committed to such jail or facility, whether or not such employees are deputized. It does not include persons employed as clerks, typists, teachers, instructors, psychologists, or to provide food, maintenance, health or supporting services, even though responsibility for custody and control of persons so committed may be incident to, or imposed in connection with, such service or the employees are deputized." (*Government Code Section 20021.9*)

**Bailiffs**

If provided by agency contract, "... employees of the sheriff employed to attend sessions of the superior or municipal courts and preserve order in the courtrooms, to guard and maintain the security of prisoners during court appearances or to summon jurors and take responsibility for them while they are deliberating or absent from the courtroom. It does not include persons employed as clerks, typists, teachers, instructors, or psychologists." (*Government Code Section 20021.10*)

**OTHER LOCAL SAFETY**

**Ocean Beach Lifeguards**

If provided by agency contract, "... all employees of a city who have by contract been included within this System and whose principal duties consist of active protection, rescue, and rendition of aid or assistance to persons injured or imperiled in water areas at ocean beaches and the recovery from such waters of submerged objects and bodies of persons drowned or believed to have drowned in such areas, or the immediate supervision thereof, including persons employed to perform the duties now performed under the titles of aquatics director, chief lifeguard, captain lifeguards, lieutenant lifeguards, beach lifeguards, but who performs additional duties, some of which (including the maintenance of peace and order and apprehension of law violators) are customarily performed by police or peace officers, and whose other duties (such as resuscitation work involving the use of special equipment in cases having no connection with their principal duties) which in other areas are customarily performed by firemen, and other and further duties which do not come directly within any of the aforesaid classifications but are essential to the safety and security of the public, excluding those whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise clearly do not fall within the scope of active lifeguarding or lifesaving service, even though such a person is subject to occasional call, or is occasionally called upon to perform duties within the scope of active lifeguarding or lifesaving service." (*Government Code Section 20019.3*)

**Emergency Medical Technician/Paramedic**

If provided by agency contract, "local safety member" includes persons employed by a public safety employer who renders prehospital emergency medical care to ill or injured persons. The affected employees are those designated as Emergency Medical Technician-I, Emergency Medical Technician-II and Emergency Medical Technician-Paramedic, as defined in Section 1797.80, 1797.82 and 1797.84 of the Health and Safety Code. (*Government Code Section 20019.35*)

### ***Harbor or Port Police Officer***

If provided by agency contract, "local safety officer" also includes any harbor or port police officer, employed by a contracting agency, who is a peace officer as defined in subdivision (h) of Section 830.31 of the Penal Code and whose principal duties consist of active law enforcement of the laws contained in Chapter 5 (commencing with Section 650) of Division 3 of the Harbors and Navigation Code, the rules and regulations of the California Department of Boating and Waterways, and Chapter 2 (commencing with Section 9850) of Division 3.5 of the Vehicle Code. (*Government Code Section 200199.37*)

## **SCHOOLS**

### ***Local Policeman***

"Any officer or employee of a school district or a community college district which has established a police department pursuant to Section 39670 or 72330 of the Education Code, whose principal duties consist of active law enforcement service, except persons whose principal duties are clerical or otherwise clearly do not fall within the scope of active law enforcement, even though such a person is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active law enforcement. This shall only apply to any school district or community college district which prior to June 30, 1982, had amended its contract to provide membership for local policemen or which, on or after January 1, 1990, elects, pursuant to Section 21252.4, to provide membership for local policemen." (*Government Code Section 20020.8*)

### ***School Safety Members***

"... includes any officer or employee of a school district or a community college district which has established a police department pursuant to Section 39670 or 72330 of the Education Code, whose principal duties consist of active law enforcement service, except persons whose principal duties are clerical or otherwise clearly do not fall within the scope of active law enforcement, even though such a person is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active law enforcement." (*Government Code Section 20019.6*)

## **LOCAL FIREFIGHTER**

### ***Local Firefighter***

"... officer or employee of a fire department of a contracting agency, except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise and whose functions do not clearly fall within the scope of active firefighting, fire prevention, fire training, hazardous materials, emergency medical services, or fire or arson investigation service, even though that employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active firefighting, fire prevention, fire training, hazardous materials, emergency medical services, or fire or arson investigation service, but not excepting persons employed and qualifying as firefighters of equal or higher rank, irrespective of the duties to which they are assigned." (*Government Code Section 20021.01*)

### ***Fire Training***

"... any officer or employee of a contracting agency performing a fire training function for a contracting agency, except one whose principal duties are those of a telephone operator, clerk, stenographer, machinist, mechanic, or otherwise and whose functions do not clearly fall within the scope of active firefighting, fire prevention, fire training, or fire investigation service even though that employee is subject to occasional call, or is occasionally called upon, to perform duties within the scope of active firefighting, fire prevention, fire training, or fire investigation service, but not excepting persons employed and qualifying as firefighters of equal or higher rank, irrespective of the duties to which they are assigned." (*Government Code Section 20021.1*)

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**CALIFORNIA**  
**PERS**  
**MEMBERSHIP FORM**  
**PERS-MEM-1**

Membership  
MEM-1

**PURPOSE**

The Membership Form (PERS-MEM-1) is used to report an employee's identification and employment information to the Public Employees' Retirement System (PERS). It must be completed by the employer, not by the employee.

**WHEN TO COMPLETE**

Complete this form at the time of hire, rehire, or change in employee information. For the specific situation and form section to complete, use the following guide:

TYPE OF ACTION	CHECK THIS BOX IN ITEM NO. 11	PARTS OF FORM TO COMPLETE
New Appointment, Election of Optional Membership, change in time base resulting in membership	Appointment	Parts I, II, III, IV
Transfer within Agency which changes Coverage Group (See No. 4 below)	Appointment	Parts I, II, III
Return From Leave	Return From Leave	Parts I and II
Change or Correction of Name	Name Change	Part I

**SPECIAL INSTRUCTIONS**

- 1) Submit only the original copy to PERS; route member copy to your employee; retain agency copy for your files.
- 2) The PERS-MEM-1 Form must be received by PERS before payroll reports are submitted for a new employee.
- 3) **DO NOT** complete a PERS-MEM-1 Form to change or correct Social Security Number (Item 1), Sex (Item 4) or Effective Date (Item 11). Notify PERS of these corrections by writing to the Member Services Division, Section 821. Include the member's name, Social Security Number as listed at PERS, and data to be corrected.
- 4) When changing the Coverage Group, you must attach a Report of Status Change or Separation Form (PERS-BAS-167) to the PERS-MEM-1 Form.
- 5) **DO NOT** complete a PERS-MEM-1 Form for a birthdate discrepancy. See the **Membership** section of your *PERS Procedures Manual* for instructions.
- 6) If the individual is a PERS retiree, any appointment is subject to the conditions specified in the **Benefits** section, Employment of a Retiree, in your *PERS Procedures Manual*.
- 7) Item 22 at the bottom of the PERS-MEM-1 Form **MUST** be completed by the person filling out the form.

For more complete instructions, refer to the **Membership** section of your *PERS Procedures Manual*.

**DETACH THIS INSTRUCTION SHEET AND USE IT AS A REFERENCE WHEN COMPLETING THE PERS-MEM-1 FORM**



**P.O. BOX 942704**  
**Sacramento, CA 94229-2704**  
**Telephone (916) 326-3122**  
**The Deaf (916) 326-3240**

Membership  
 MEM-1

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
**PERS-MEM-1 (Rev. 4/91)**

SEQ.	CORR.	SOURCE
		R   P   T
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER	<b>PART I</b>				
2. CURRENT NAME (LAST) (FIRST) (MIDDLE)			3. BIRTHDATE MM DD YY		4. SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE
5. NAME OF PUBLIC AGENCY			6. DEPARTMENT OR SCHOOL DISTRICT NAME		SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED
7. EMPLOYER CODE	8. UNIT CODE	9. COVERAGE GROUP	10. JOB OR POSITION TITLE		
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)					
1 <input type="checkbox"/> APPOINTMENT APPT. DATE MM DD YY		2 <input type="checkbox"/> RETURN FROM LEAVE RETURN DATE MM DD YY		3 <input type="checkbox"/> NAME CHANGE (complete block 12 below) EFF. DATE MM DD YY	
12. NAME CHANGE (LAST) (FIRST) (MIDDLE) ENTER PRIOR FULL NAME →					

<b>PART II</b>		
13. TERM OF APPOINTMENT 1 <input type="checkbox"/> PERMANENT (Complete 13B if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____ MONTHS
14. TIME BASE 1 <input type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE		13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input type="checkbox"/> NO		16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE, ENTER RATE → _____ . _____

<b>PART III</b>		
17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY) 1 <input type="checkbox"/> SOCIAL SECURITY 2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER		18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE: 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: _____ 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE: _____

<b>PART IV</b>		
19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____		
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____		
21. REMARKS:		

22. FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

**ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPLICATE TO MEMBER'S FILE; QUADRUPPLICATE TO MEMBER**

Membership  
MEM-1



## INFORMATION FOR THE MEMBER

You will become a member of the Public Employees' Retirement System upon the receipt in the System of this completed Membership Form submitted by your employer. All employees who meet the membership qualifications prescribed by law must be entered into membership.

Your retirement benefits are described in detail in a "PERS BENEFITS" information booklet. OBTAIN A COPY OF THIS BOOKLET FROM YOUR EMPLOYER and become familiar with your benefits.

The Information Practices Act of 1977 and the Federal Privacy Act require the Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for PERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, PERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.

**NOTE: important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		R   P   T
FOR PERS USE ONLY		

**PART I**

1. SOCIAL SECURITY NUMBER			
2. CURRENT NAME (LAST)		(FIRST) (MIDDLE)	
5. NAME OF PUBLIC AGENCY		3. BIRTHDATE MM DD YY	
7. EMPLOYER CODE		4. SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	
8. UNIT CODE		6. DEPARTMENT OR SCHOOL DISTRICT NAME	
9. COVERAGE GROUP		10. JOB OR POSITION TITLE	
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)			
1 <input type="checkbox"/> APPOINTMENT		2 <input type="checkbox"/> RETURN FROM LEAVE	
3 <input type="checkbox"/> NAME CHANGE (complete block to follow)			
APPT. DATE MM DD YY		RETURN DATE MM DD YY	
EFF. DATE MM DD YY			
12. NAME CHANGE (LAST) (FIRST) (MIDDLE)			
ENTER PRIOR FILE NAME →			

ITEM	BLOCK TITLE	INSTRUCTIONS						
1	Social Security Number	Enter the employee's 9-digit Social Security Number. Verify with the Social Security card.						
2	Current Name	Enter the employee's current full name: last name, first name or initial, then middle name or initial.						
3	Birthdate	Enter a 6-digit numerical date representing the month, day and year of employee's birth.  Example: June 5, 1952 =						
		<table border="1"> <tr> <td>Mo</td> <td>Day</td> <td>Year</td> </tr> <tr> <td>06</td> <td>05</td> <td>52</td> </tr> </table>	Mo	Day	Year	06	05	52
Mo	Day	Year						
06	05	52						
4	Sex	Self-explanatory.						
5	Name of Public Agency	Self-explanatory. In the case of SCHOOLS, enter the name of the County Superintendent's Office.						
6	Department or School District Name	Enter the name of the department. In case of SCHOOLS, enter the name of the School District or School Districts if the employee is employed in more than one.						
7	Employer Code	Enter the 4-digit employer code. This is a code PERS assigns to each employer and is found in the Coverage Key (item 1).						



Membership  
 MEM-1

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		R.P.T.
FOR PERS USE ONLY		

**PART I**

1. SOCIAL SECURITY NUMBER		2. CURRENT NAME (LAST)		3. BIRTHDATE (MM DD YY)		4. SEX (1 MALE, 2 FEMALE)	
5. NAME OF EMPLOY AGENCY		6. DEPARTMENT OR SCHOOL DISTRICT NAME		7. SCHOOL EMPLOYEE ONLY		8. EMPLOYER CODE & UNIT CODE	
9. COVERAGE GROUP		10. JOB OR POSITION TITLE		11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)		12. NAME CHANGE (Indicate Date, if (Date))	
13. APPOINTMENT (MM DD YY)		14. RETURN FROM LEAVE (MM DD YY)		15. RETIRED DATE (MM DD YY)		16. NAME CHANGE (Indicate Date, if (Date)) (MM DD YY)	
17. NAME CHANGE (LAST)		18. NAME CHANGE (FIRST)		19. NAME CHANGE (MIDDLE)			

**ITEM      BLOCK TITLE**  
 8          Unit Code

**INSTRUCTIONS**

Enter a 3-digit payroll unit code, if applicable.

**SCHOOLS**—You must enter the payroll unit code for your district found in the Coverage Key.

**OTHER AGENCIES**—If unit codes are used on your payroll report, enter the applicable payroll unit code in this block.

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		RIPIT
FOR PERS USE ONLY		

**PART I**

1. SOCIAL SECURITY NUMBER		2. PRESENT NAME (LAST)		3. BIRTHDATE		4. SEX	
				MM DD YY		M F	
5. NAME OF PUBLIC AGENCY		6. DEPARTMENT OR SCHOOL DISTRICT NAME		7. EMPLOYER CODE & UNIT CODE		8. COVERAGE GROUP	
9. EMPLOYER CODE & UNIT CODE		10. JOB OR POSITION TITLE		11. DATE OF ACTION AND EFFECTIVE DATE (MM DD YY)		12. SCHOOL EMPLOYEES ONLY:	
						<input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED	
13. TYPE OF ACTION AND EFFECTIVE DATE (MM DD YY)		14. RETURN FROM LEAVE		15. NAME CHANGE (Last, First, Middle)			
<input type="checkbox"/> APPOINTMENT APPT. DATE: MM DD YY		<input type="checkbox"/> RETURN FROM LEAVE RETURN DATE: MM DD YY		<input type="checkbox"/> NAME CHANGE (Last, First, Middle) OFF. DATE: MM DD YY			
16. FULL NAME (ENTER PERS. FULL NAME)		17. CLASS		18. GRADE			

ITEM	BLOCK TITLE
9	Coverage Group
10	Job or Position Title

**INSTRUCTIONS**

The coverage group code is assigned by PERS to identify a specific group of employees within your agency by type of retirement coverage.

Submit a BAS-167 (Report of Status Change or Separation) AND a MEM-1 when changing coverage groups.

To locate the coverage group code in the Coverage Key (Item 3):

- 1) Determine the major category or type of employment, e.g., Miscellaneous, Police, Fire, County Peace Officer, etc.
- 2) Refer to the description of the coverage group codes and find the description that best applies to the employee.

Enter the corresponding coverage group code in the MEM-1 form.

Self-explanatory.

For SCHOOL employees, be sure to note in the appropriate block whether the position is certificated or non-certificated.

Membership  
 MEM-1

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		R   P   T   I
FOR PERS USE ONLY		

**PART I**

1. SOCIAL SECURITY NUMBER													
2. CURRENT NAME (LAST)			(FIRST)			(MIDDLE)			3. BIRTHDATE MM DD YY			4. SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	
5. NAME OF PUBLIC AGENCY						6. DEPARTMENT OR SCHOOL DISTRICT NAME						7. SCHOOL EMPLOYEES ONLY <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED	
8. EMPLOYER CODE		9. UNIT CODE		10. COVERAGE GROUP		11. JOB OR POSITION TITLE							
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)													
1 <input type="checkbox"/> APPOINTMENT				2 <input type="checkbox"/> RETURN FROM LEAVE				3 <input type="checkbox"/> NAME CHANGE (complete block 12 below)					
APPT. DATE MM DD YY				RETURN DATE MM DD YY				EFF. DATE MM DD YY					
12. NAME CHANGE													
ENTER PRIOR FULL NAME →			(LAST)			(FIRST)			(MIDDLE)				

**ITEM**      **BLOCK TITLE**

11      Type of Action and Effective Date

**INSTRUCTIONS**

Enter "X" in the appropriate box. Check only one box in this item.

- 1) APPOINTMENT—enter effective date of one of the following:
  - a) A new appointment to a position which immediately qualifies for membership.
  - b) A transfer from one position to another with the same employer which changes coverage group.
  - c) A change in time base or position which qualifies an employee for membership. (Refer to Determining Membership Eligibility.)
  - d) Qualification for membership pursuant to Government Code Section 20336. (Refer to Determining Membership Eligibility.)
  - e) An optional member who elects to establish membership. (Refer to Election of Optional Membership.)

2) RETURN FROM LEAVE—enter the effective date of a return from temporary separation; i.e., regular leave of absence, sabbatical leave, Workers' Compensation leave or military leave.

3) NAME CHANGE refers to changing ONLY the employee name. Enter the effective date the name was changed. Enter the new name in Block No. 2 and the previous name in Block No. 12.

Enter employee's prior full name: last name, first name or initial, then middle name or initial.

12      Name Change

**PART II**

<b>13. TERM OF APPOINTMENT</b>  1 <input type="checkbox"/> PERMANENT      2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)	<b>13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.</b>  <input type="text"/> <input type="text"/> MONTHS	<b>13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX:</b> <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK
<b>14. TIME BASE</b> 1 <input type="checkbox"/> FULL TIME      2 <input type="checkbox"/> PART TIME      3 <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME: <input type="text"/> <input type="text"/>		
<b>15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICES? (ONE BOX MUST BE CHECKED)</b> 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM)      2 <input type="checkbox"/> NO		<b>16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE</b>  ENTER RATE → <input type="text"/> <input type="text"/> * <input type="text"/> <input type="text"/>

ITEM	BLOCK TITLE	INSTRUCTIONS
13	Term of Appointment	<p>Enter "X" in the appropriate box. For the purpose of this form, use following definitions:</p> <p><b>PERMANENT</b>—an open-ended appointment which will extend for more than 12 months, or, in the case of <b>SCHOOLS</b>, an employment contract that will last for the school year (10-12 months) or more. (If employment is permanent part-time complete 13B.)</p> <p><b>TEMPORARY</b>—an appointment with a fixed ending date of 12 months or less, or, in the case of <b>SCHOOL</b> employees, an employment contract that will last for less than the school year.</p> <p>If <b>TEMPORARY</b> is selected, Blocks 13A and 13B must be completed. In Block 13A, enter the number of months the appointment is expected to last. In Block 13B, mark whether the employee is already a PERS member, has worked 125 days or 1000 hours in the fiscal year, or is in a position that will average 20 hours a week.</p>

**NOTE:** Refer to Determining Membership Eligibility for further information.

Membership  
 MEM-1

**PART II**

13. TERM OF APPOINTMENT <input checked="" type="checkbox"/> PERMANENT (Continued 12B) <input type="checkbox"/> TEMPORARY (Continued 12B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF MONTHS NOTICES THE APPOINTMENT IS EXPECTED TO LAST: _____ MONTHS	13B. IF TEMPORARY OR PERMANENT PART-TIME, CHECK APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS RECEIVED AN OFFER OF FULL-TIME EMPLOYMENT FROM THE DISTRICT <input type="checkbox"/> EMPLOYEE HAS RECEIVED AN OFFER OF FULL-TIME EMPLOYMENT FROM ANOTHER DISTRICT
14. TIME BASE 1 <input checked="" type="checkbox"/> FULL TIME    2 <input type="checkbox"/> PART TIME    3 <input type="checkbox"/> INDETERMINATE			
15. IS THIS EMPLOYEE AN ELECTION OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, MEMBER OF THE OFFICE OF CITY ATTORNEY, OR IS SOME OTHER SPECIALIZED OFFICIAL MEMBER POSITION, AND PAID FOR THAT SERVICE? ONE BOX MUST BE CHECKED. <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS PERSONAL MEMBER'S RETURN FORM) <input type="checkbox"/> NO		16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE, ENTER RATE: _____	

**ITEM BLOCK TITLE**

**INSTRUCTIONS**

14 Time Base

Enter "X" in the box that identifies the time schedule this employee will work.

If PART TIME is selected, enter the fraction of FULL TIME in the boxes provided at the far right of this line. For School Districts, if the employee is employed in multiple districts, all district employment should be combined. This fraction *must* be expressed as a 3-digit numerator over a 3-digit denominator, whether you use hours, percentage or a fraction in figuring PART TIME earnings for your employee. When either the numerator or denominator is not a 3-digit number, be sure to enter zeros to the left so that all the boxes are filled. **Do not use decimal points in the blocks.**

Examples:

- 1) a. Number of hours per week to be worked — 30 hours  
 Number of hours per week considered FULL TIME — 40 hours  
 Enter Fraction 

0	3	0	/	0	4	0
---	---	---	---	---	---	---
- b. Number of hours per week to be worked — 31.5 hours  
 Number of hours per considered FULL TIME — 40 hours  
 Enter Fraction 

3	1	5	/	4	0	0
---	---	---	---	---	---	---
- 2) Percentage of time to be worked — 56.3%  
 FULL TIME — 100%  
 Enter Fraction 

0	5	6	/	1	0	0
---	---	---	---	---	---	---
- 3) Fraction of time to be worked — 3/4  
 Enter Fraction 

0	0	3	/	0	0	4
---	---	---	---	---	---	---

**PART II**

13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT <small>(Complete TED and Part Time)</small> 2 <input type="checkbox"/> TEMPORARY <small>(Complete PVA and TSB)</small>		13A IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____ MONTHS	13B IF TEMPORARY OR TEMPORARY PART-TIME CHECK APPROPRIATE BOX: <input type="checkbox"/> APPOINTEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED OR WOULD BE WORKING FOR THIS COUNTY THIS YEAR <input type="checkbox"/> POSITION WILL AVERAGE 90 HOURS A WEEK
14. TIME BASIS 1 <input checked="" type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE			IF PART TIME, ENTER THE FRACTION OF FULL TIME: _____ / _____
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM)		2 <input checked="" type="checkbox"/> NO	
		16. IF EMPLOYER IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE ENTER RATE: _____	

**ITEM BLOCK TITLE**

**INSTRUCTIONS**

15 Elective Official/  
 City Attorney/  
 State Legislative  
 Employee

Enter "X" in the appropriate box. If yes, an Election of Optional Membership Form (MEM-59) must be completed and attached to the MEM-1 before submitting to PERS. Refer to the MEM-59 instructions.

Elective officer includes any officer of the State Senate or Assembly who is elected by vote of the members of either, or both, houses of the Legislature; any appointive officer of a city or county occupying a fixed term of office; any person holding the office of city attorney; and any officers of the state or contracting agencies elected by the people.

If you have marked "yes" in this section, Block #14 must also be marked full-time. A person serving in such office is deemed to be serving on a full-time rather than part-time basis pursuant to Government Code Section 20814.

Membership  
 MEM-1

**PART II**

<b>13. TERM OF APPOINTMENT</b> 1 <input checked="" type="checkbox"/> PERMANENT (Complete 13a if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13b if Part Time)		<b>13a. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.</b> _____ MONTHS	<b>13b. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX.</b> <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER. <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR MORE SINCE THIS FISCAL YEAR. <input type="checkbox"/> EMPLOYEE WILL REMAIN AT LEAST 6 WEEKS.
<b>14. TIME BASE</b> 1 <input checked="" type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INTERMITTENT		IF PART TIME ENTER THE FRACTION OF FULL TIME: _____ / _____	
<b>15. IS THIS INDIVIDUAL AN ELIGIBLE OFFICER, A STATE LEGISLATIVE EMPLOYEE, MEMBER OF THE OFFICE OF ASST. ATTORNEY GENERAL, OR IN SOME OTHER QUALIFYING POSITION AND HAS HE/SHE BEEN COVERED UNDER ANOTHER PENSION PLAN?</b> 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PENSION PLAN OPTIONAL MEMBER ELECTION FORM) 2 <input checked="" type="checkbox"/> NO			<b>16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE,</b> ENTER RATE → _____ * _____

**ITEM**      **BLOCK TITLE**

16      Variable Contribution Rate

**INSTRUCTIONS**

Complete this block *ONLY* if the employee is covered by the 1/2 pay at age 55 or the 1 1/4% at age 60 safety retirement formula (see Coverage Key, Item 6). Contribution rates for these formulas above 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 one of the formulas above by using the rate charts provided in your Coverage Key. For the purpose of these charts, the age at entry to safety service 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, go to the next highest age.

**NOTE:**

- 1) If an employee is returning from an absence of less than one year, use the same rate that was used prior to the absence.
- 2) If an employee is returning from an absence of more than one year, leave block blank and enter in Remarks the dates of the absence and the rate used prior to the absence.

**PART III**

<b>17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY)</b> 1 <input type="checkbox"/> SOCIAL SECURITY      2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT      3 <input type="checkbox"/> NEITHER			<b>18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE:</b> 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE:	
--	--	--	---	--

**ITEM    BLOCK TITLE**

- 17    1) Social Security Coverage
- 2) 1959 Survivor Benefit
- 3) Neither
- 18    Federal Social Security Exclusion
- Expiration Date

**INSTRUCTIONS**

The description of the coverage group will indicate Social Security coverage. Refer to your Coverage Key (Items 3 and 5).

Coverage for any group is indicated by a date adjacent to the title "1959 Survivor Benefit" on your Coverage Key (Item 8.1).

Self-explanatory.

Enter "X" in appropriate box. LEAVE BLANK IF IT DOES NOT APPLY.

Enter a 6-digit numerical date representing the month, day and year of the VISA expiration. LEAVE BLANK IF IT DOES NOT APPLY.



Membership  
MEM-1

**PART IV**

19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW)		
1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO	IF YES, ENTER NAME OF AGENCY(IES) →
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS?		
1 <input type="checkbox"/> YES	2 <input type="checkbox"/> NO	IF YES, ENTER NAME OF AGENCY(IES) →
21. REMARKS:		

22. FORM COMPLETED BY: \_\_\_\_\_ DATE: \_\_\_\_\_ TELEPHONE: ( ) \_\_\_\_\_

**ORIGINAL TO PERS;    DUPLICATE TO EMPLOYER;    TRIPLICATE TO MEMBER'S FILE;    QUADRUPPLICATE TO MEMBER**

90 89214

ITEM	BLOCK TITLE	INSTRUCTIONS
19	Previous PERS Service	If yes, enter the agency name(s) in the space provided. Please find out if the employee used a different name during this employment and, if so, enter the full name in Remarks (Item 21).
20	Previous Public Employment	If yes, enter the agency(ies) name in the space provided.
21	Remarks	Enter any information that will clarify the transaction.
22	1) Form Completed By 2) Date 3) Public Telephone #	MUST be completed by the person filling out the form.

## Example: New Appointment of Permanent Full-Time Employee

**P.O. BOX 942704**  
**Sacramento, CA 94229-2704**  
**Telephone (916) 326-3122**  
**The Deaf (916) 326-3240**

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
R	P	I
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000				<b>PART I</b>			
2. CURRENT NAME (LAST) Sinclair		(FIRST) James		(MIDDLE) E.		3. BIRTHDATE MM   DD   YY 09   01   90	
5. NAME OF PUBLIC AGENCY City of San Luis Obispo				6. DEPARTMENT OR SCHOOL DISTRICT NAME Personnel Department		4. SEX 1 <input checked="" type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE	
7. EMPLOYER CODE 0319		8. UNIT CODE		9. COVERAGE GROUP 70001		10. JOB OR POSITION TITLE Administrative Assistant	
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)							
1 <input checked="" type="checkbox"/> APPOINTMENT		2 <input type="checkbox"/> RETURN FROM LEAVE		3 <input type="checkbox"/> NAME CHANGE (complete block 12 below)			
APPT. DATE: 06   15   92 MM DD YY		RETURN DATE: MM DD YY		EFF. DATE: MM DD YY			
12. NAME CHANGE (LAST) (FIRST) (MIDDLE) ENTER PRIOR FULL NAME →							

13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT (Complete 13B if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____ MONTHS		13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK	
14. TIME BASE 1 <input checked="" type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME: _____ / _____					
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input checked="" type="checkbox"/> NO				16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE. ENTER RATE → _____ . _____	

17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY) 1 <input type="checkbox"/> SOCIAL SECURITY 2 <input checked="" type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER			18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE: 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: _____ 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE: _____		
--	--	--	--	--	--

19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) →					
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) →					
21. REMARKS:					

22. FORM COMPLETED BY: Cathy Rogala DATE: 07/01/92 TELEPHONE: (XXX) XXX-XXXX

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPPLICATE TO MEMBER'S FILE; QUADRUPLICATE TO MEMBER

Membership  
 MEM-1

## Example: Appointment of Permanent Part-Time Employee with Previous PERS Service

**P.O. BOX 942704**  
**Sacramento, CA 94229-2704**  
**Telephone (916) 326-3122**  
**The Deaf (916) 326-3240**

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		R   P   T
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000			<b>PART I</b>		
2. CURRENT NAME (LAST) Anderson		(FIRST) Mary	(MIDDLE) J.	3. BIRTHDATE MM 07   DD 17   YY 45	4. SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE
5. NAME OF PUBLIC AGENCY Contra Costa County Schools			6. DEPARTMENT OR SCHOOL DISTRICT NAME Oakley Union Elementary		SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED <input checked="" type="checkbox"/> NON-CERTIFICATED
7. EMPLOYER CODE 0187	8. UNIT CODE 064	9. COVERAGE GROUP 60002	10. JOB OR POSITION TITLE Bus Driver		
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)					
1 <input checked="" type="checkbox"/> APPOINTMENT APPT. DATE 06   15   92 MM DD YY		2 <input type="checkbox"/> RETURN FROM LEAVE RETURN DATE _____ MM DD YY		3 <input type="checkbox"/> NAME CHANGE (complete block 12 below) EFF. DATE _____ MM DD YY	
12. NAME CHANGE ENTER PRIOR FULL NAME → (LAST) (FIRST) (MIDDLE)					

<b>PART II</b>		
13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT (Complete 13B if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. ____ MONTHS
14. TIME BASE 1 <input type="checkbox"/> FULL TIME 2 <input checked="" type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE		13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX: <input checked="" type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input checked="" type="checkbox"/> NO		16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE, ENTER RATE → _____ . _____
IF PART TIME, ENTER THE FRACTION OF FULL TIME: 0   3   8   / 0   4   0		

<b>PART III</b>		
17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY) 1 <input checked="" type="checkbox"/> SOCIAL SECURITY 2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER		18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE: 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE:

<b>PART IV</b>		
19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input checked="" type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → Tulare County Schools		
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input checked="" type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) →		
21. REMARKS:		

22. FORM COMPLETED BY: Cathy Rogala DATE: 07/01/92 TELEPHONE: (XXX) XXX-XXXX

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPLICATE TO MEMBER'S FILE; QUADRUPPLICATE TO MEMBER

### Example: Name Change

**P.O. BOX 942704**  
**Sacramento, CA 94229-2704**  
**Telephone (916) 326-3122**  
**The Deaf (916) 326-3240**

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		R: P: T: I:
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000			<b>PART I</b>		
2. CURRENT NAME (LAST) (FIRST) (MIDDLE) Martin Elizabeth R.		3. BIRTHDATE MM DD YY 11 16 54		4. SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	
5. NAME OF PUBLIC AGENCY City of Vacaville		6. DEPARTMENT OR SCHOOL DISTRICT NAME Police Department		7. EMPLOYER CODE 0728	
8. UNIT CODE		9. COVERAGE GROUP 750001		10. JOB OR POSITION TITLE Police Officer	
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)					
1 <input type="checkbox"/> APPOINTMENT APPT. DATE MM DD YY		2 <input type="checkbox"/> RETURN FROM LEAVE RETURN DATE MM DD YY		3 <input checked="" type="checkbox"/> NAME CHANGE (complete block 12 below) EFF. DATE MM DD YY 01 22 92	
12. NAME CHANGE ENTER PRIOR FULL NAME → (LAST) (FIRST) (MIDDLE) Ramirez Elizabeth R.					

<b>PART II</b>					
13. TERM OF APPOINTMENT 1 <input type="checkbox"/> PERMANENT (Complete 13B if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____ MONTHS		13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK	
14. TIME BASE 1 <input type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME: _____ / _____					
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input type="checkbox"/> NO				16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE, ENTER RATE → _____ . _____	

<b>PART III</b>			
17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY) 1 <input type="checkbox"/> SOCIAL SECURITY 2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER		18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE: 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: _____ 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE: _____	

<b>PART IV</b>		
19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____		
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____		
21. REMARKS:		

22. FORM COMPLETED BY: Cathy Rogala DATE: 01/23/92 TELEPHONE: (XXX) XXX-XXXX

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPLICATE TO MEMBER'S FILE; QUADRUPPLICATE TO MEMBER

Membership  
 MEM-1

### Example: Return from Leave with Name Change

**P.O. BOX 942704**  
**Sacramento, CA 94229-2704**  
**Telephone (916) 326-3122**  
**The Deaf (916) 326-3240**

**NOTE: Important information on back of member's copy. All information will be kept confidential.**

**PERS MEMBERSHIP FORM**  
 PERS-MEM-1 (Rev. 4/91)

SEQ.	CORR.	SOURCE
		RPTI
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000			<b>PART I</b>		
2. CURRENT NAME (LAST) Richardson		(FIRST) Donna	(MIDDLE) J.	3. BIRTHDATE MM DD YY 12   07   41	4. SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE
5. NAME OF PUBLIC AGENCY City of Sausalito			6. DEPARTMENT OR SCHOOL DISTRICT NAME Fire Department		SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED
7. EMPLOYER CODE 0426	8. UNIT CODE	9. COVERAGE GROUP 74002	10. JOB OR POSITION TITLE Fire Fighter		
11. TYPE OF ACTION AND EFFECTIVE DATE (CHECK ONE ONLY)					
1 <input type="checkbox"/> APPOINTMENT APPT. DATE MM DD YY		2 <input checked="" type="checkbox"/> RETURN FROM LEAVE RETURN DATE 06   01   92 MM DD YY		3 <input checked="" type="checkbox"/> NAME CHANGE (complete block 12 below) EFF. DATE 05   01   92 MM DD YY	
12. NAME CHANGE ENTER PRIOR FULL NAME → Jensen Donna Jean (LAST) (FIRST) (MIDDLE)					

13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT (Complete 13B if Part Time) 2 <input type="checkbox"/> TEMPORARY (Complete 13A and 13B)			13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____ MONTHS		13B. IF TEMPORARY, OR PERMANENT PART TIME CHECK APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER <input type="checkbox"/> EMPLOYEE HAS WORKED 125 DAYS OR 1,000 HOURS THIS FISCAL YEAR. <input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK	
14. TIME BASE 1 <input checked="" type="checkbox"/> FULL TIME 2 <input type="checkbox"/> PART TIME 3 <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME: _____ / _____						
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICIAL, A STATE LEGISLATIVE EMPLOYEE, HOLDER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OPTIONAL MEMBER POSITION, AND PAID FOR SUCH SERVICE? (ONE BOX MUST BE CHECKED) 1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM) 2 <input checked="" type="checkbox"/> NO				16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE, ENTER RATE → _____ . _____		

17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY) 1 <input type="checkbox"/> SOCIAL SECURITY 2 <input type="checkbox"/> 1959 SURVIVOR BENEFIT 3 <input type="checkbox"/> NEITHER			18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE: 1 <input type="checkbox"/> F-1 VISA (STUDENT VISA) EXPIRATION DATE: _____ 2 <input type="checkbox"/> J-1 VISA (EXCHANGE VISITORS) EXPIRATION DATE: _____		
---	--	--	--	--	--

19. HAS THIS EMPLOYEE EVER BEEN A MEMBER OF PERS? (IF SERVICE WAS UNDER A DIFFERENT NAME, ENTER THAT NAME IN REMARKS BELOW) 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____					
20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS? 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO IF YES, ENTER NAME OF AGENCY(IES) → _____					
21. REMARKS:					

22. FORM COMPLETED BY: Cathy Rogala DATE: 07/01/92 TELEPHONE: (XXX) XXX-XXXX

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPPLICATE TO MEMBER'S FILE; QUADRUPLICATE TO MEMBER

## ELECTION OF OPTIONAL MEMBERSHIP PERS-MEM-59

### PURPOSE

An Election of Optional Membership Form (MEM-59) qualifies an elective officer for membership with PERS.

### WHEN TO COMPLETE

The elective officer may at any time during the term of appointment elect PERS membership.

- 1) Complete a MEM-59 and a MEM-1 when an elective officer wishes to become a member of PERS.
- 2) Complete a MEM-59 and a MEM-1 when a current member of PERS assumes an elective office and wishes to remain a member of PERS.
- 3) *Do not* complete the MEM-59 as a request for retroactive membership credit. It should be used only in conjunction with the MEM-1 when membership itself is desired, regardless of past service credit or cost.

### SPECIAL INSTRUCTIONS

- 1) An "elective officer" for the purpose of this section is:
  - a. Any compensated officer of the State or a contracting agency elected by the people (reimbursement for expenses is not considered compensation); or
  - b. Any appointed officer of a city or county occupying a fixed term of office and compensated for such services; or
  - c. Any person holding the office of city attorney and compensated for such services; or
  - d. Any officer of the State Senate or Assembly who is elected by either or both such houses of the Legislature; or
  - e. Any person holding the office of assistant city attorney who is compensated and whose employer has amended its PERS contract to become subject to Government Code Section 20361.3 provisions.
- 2) An elective officer is excluded from membership in PERS unless a written election (Form MEM-59) is filed with the PERS Board of Administration.
- 3) For PERS retirement purposes, Elective Officers are considered to be full-time (Government Code Section 20814). Complete the MEM-1 indicating permanent full-time employment. Refer to Payroll Reporting procedures "Pay Rate/Earnings Relationship" for normal contribution reporting instructions.
- 4) Elective officers excluded by an agency's contract remain excluded regardless of any election filed. (See Coverage Key, item 10.) Since they are considered to be full-time employees, other exclusions such as temporary, part-time, daily-paid, etc., do not apply.
- 5) The effective date of membership may be any prospective date the applicant chooses, providing it is during the term of appointment. The applicant may request retirement credit from PERS, retroactive to the first day of the term of appointment.
- 6) Submit only the original signed Form MEM-59 to PERS.



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
**P.O. Box 942704**  
**Sacramento, CA 94229-2704**  
**(916) 326-3175**

**Reply to Section 840-OPT**

**ELECTION OF OPTIONAL MEMBERSHIP**

Government Code Section 20361 provides that an "elective officer" is excluded from membership in the Public Employees' Retirement System unless he or she files with this system an election in writing to become a member. This right of optional membership is retained while the person is in office.

"Elective officer" includes any officer of the Senate or Assembly who is elected by vote of the members of either or both of such houses of the Legislature, and any appointive officer of a city or county occupying a fixed term of office, and any person holding the office of city attorney, as well as officers of the State or contracting agencies elected by the people. An assistant city attorney may be included in this definition of elective officer if the contracting agency has included Section 20361.3 in its PERS contract. Compensation must be received by the elective officer to qualify for optional membership.

If your election for membership in PERS will result in concurrent service for different employment credited in another retirement system, please contact that system for information regarding the impact of such concurrent service. If the election will result in concurrent service under PERS, contact PERS Member Services Division before completing this election form.

Once membership is established, you may contribute and receive service credit for any previous eligible elective employment. A separate request to the Member Services Division is required to initiate credit action.

\* \* \* \* \*

*(Do Not Detach)*

I am an elective officer, being the \_\_\_\_\_ of \_\_\_\_\_  
(Title)

\_\_\_\_\_. My present term will expire on \_\_\_\_\_  
(Name of State Department or Contracting Agency)

\_\_\_\_\_, 19\_\_\_\_\_. In accordance with the provisions of the Government Code, I elect to become a member of the Retirement System, and I request that this notice be filed with the Board of Administration of the Public Employees' Retirement System as my election to become a member.

**I UNDERSTAND THIS ELECTION IS IRREVOCABLE AS LONG AS I REMAIN IN THIS POSITION.**

\_\_\_\_\_  
(Printed Name in FULL)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(City & State) (Zip Code)

\_\_\_\_\_  
(Telephone Number)



Membership  
MEM-59

## INFORMATION PRACTICES STATEMENT

The Information Practices Act of 1977 and the Federal Privacy Act require the Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: State and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare the microfiche/microfilm for PERS. Disclosure to the aforementioned entities is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, P.O. Box 942702, Sacramento, California 94229-2702.

1

## ELECTION OF OPTIONAL MEMBERSHIP

I am an elective officer, being the \_\_\_\_\_ of  
(Title)

\_\_\_\_\_. My present term will expire on  
(Name of State Department or Contracting Agency)

\_\_\_\_\_, 19\_\_\_\_\_. In accordance with the provisions of the Government Code,  
I elect to become a member of the Retirement System, and I request that this notice be filed with the  
Board of Administration of the Public Employees' Retirement System as my election to become a member.

I UNDERSTAND THIS ELECTION IS IRREVOCABLE AS LONG AS I REMAIN IN THIS POSITION.

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Title	Enter the title of the office held by the applicant.
	Name of Contracting Agency	Enter the agency name. (School Districts should include <i>both</i> district name and county school employer name.)
	My Present Term Will Expire On	Enter the date (month-day-year) on which the term will expire.

Membership  
MEM-59

2

## ELECTION OF OPTIONAL MEMBERSHIP

(Printed Name in FULL)	(Signature)
(Social Security Number)	(Address)
(Date)	(City & State) (Zip Code)
	(Telephone Number)

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
2	Member Information	Self-explanatory. Be sure applicant has entered full name in the appropriate blocks.

## BIRTHDATE DISCREPANCY PERS-MEM-12

### PURPOSE

The PERS-MEM-12 is used to certify the correct member birthdate.

### WHEN TO COMPLETE

This form will be sent to your agency if PERS discovers a birthdate discrepancy. If you receive a MEM-12, complete and return the form as soon as possible.

### SPECIAL INSTRUCTIONS

- 1) The first half of the MEM-12 will be completed by PERS.
- 2) Complete only the "Reply" section of the form.
- 3) If the agency discovers the discrepancy, please notify PERS in writing. Include the necessary documentation as listed on page 1-055 only if the discrepancy was not typographical or clerical error.  
  
If the discrepancy is a typographical or clerical error submit a signed employer statement certifying that fact and provide the correct birthdate.
- 4) If the member finds he or she has provided a birthdate which is later found to be incorrect, complete the MEM-12 and attach the necessary documentation as listed on page 1-055.





Member Services Division  
P.O. Box 942704  
Sacramento, CA 94229-2704  
Telecommunications Device For  
The Deaf - (916) 326-3240  
(916)

Reply to Section 830  
Refer to No.  
Date: \_\_\_\_\_

TO: \_\_\_\_\_ RE: \_\_\_\_\_  
(Employer Code and Name) (Member Name)

Effective Date of Retirement: \_\_\_\_\_

The birth date currently shown on our records differs from (please check one):

- The birth date submitted by your Agency.
- The above member's retirement application.
- \_\_\_\_\_

It is necessary that we determine the source of this discrepancy. Please review your records and return the completed questionnaire below.

SERVICE CREDIT SECTION  
MEMBER SERVICES DIVISION

EMPLOYER RESPONSE

The birth date given by this member is: \_\_\_\_\_

REASON FOR DISCREPANCY (please check one):

- Member has reported more than one birth date.
- Agency clerical or typographical error.
- Unknown.

MEMBER'S HOME ADDRESS		EMPLOYER CERTIFICATION	
(Street No. or P.O. Box)		(Signature of Certifying Officer)	
(City and State)	( Zip Code)	(Agency Telephone Number)	(Date)

PERS-MEM-12 (Rev. 10/90)

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



## DOCUMENTS LISTED IN THE ORDER OF PREFERENCE AND ACCEPTABILITY

The following is the list of acceptable documents to be used in resolving a birthdate discrepancy. The document submitted must not be altered. It will be returned after the correct birthdate has been established on our records.

1. *BIRTH CERTIFICATE* or *HOSPITAL BIRTH RECORD* established during first few years of life. (If you tell us the name of the state in which the member was born, we can furnish the address of that State's Bureau of Vital Statistics.)
2. *CHURCH BAPTISMAL, CRADLE* or *BLESSING RECORD* which shows a date of birth and was established during first few years of life.
3. *PRIMARY* or *SECONDARY SCHOOL RECORDS* showing age at certain year or birthdate. (Write to the Superintendent of Schools to request records.)
4. *NATURALIZATION, PASSPORT, or IMMIGRATION DOCUMENTS.*
5. Records of age or birthdate which are dated prior to 21st birthday, such as church, fraternal order, insurance, hospital, medical, adoption, guardianship, or newspaper notice of age.
6. *DELAYED BIRTH CERTIFICATE.* (If you tell us the name of the state in which the member was born, we can furnish the address of that State's Bureau of Vital Statistics.)
7. *CENSUS RECORDS* from federal or state government—preferably first two taken after date of birth. (Federal records can be requested on Form BC-600. This form will be furnished upon request.)
8. *FAMILY BIBLE* in which birthdate was recorded within reasonable period of time after birth.

In the event that none of the above listed documents are available, contact the Member Services Division, Section 830, in writing.



9/90

P.A. MANUAL 1-056

CalPERS PRA #1577 000104

**NOTICE OF CHANGE AND/OR CERTIFICATION OF CONTRIBUTION RATE  
PERS-MEM-155  
(PERS-INITIATED FORM)**

**PURPOSE**

This form is to inform Public Agencies of the following:

1. When the rate of contribution or effective date of membership must be changed or canceled.
2. To certify a rate of contribution for an employee who at the time of employment is a member of PERS through previous employment.
3. To notify your agency to correct, through payroll credit procedures, non-members or overtime earnings reported in error.
4. To notify your agency of change in Social Security or 1959 Survivor Allowance Benefit status.
5. To certify a rate of contribution due to reciprocity.
6. To notify your agency to correct the Coverage Group Code and any earnings and contributions reported in error.
7. To notify "two-tier" agencies (providing two tiers/levels of retirement benefits) when a member elects to redeposit and is eligible for benefits from earlier employment with that agency.

**SPECIAL INSTRUCTIONS**

The MEM-155 is prepared by PERS. Correct your agency records as instructed on the form.





CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

**NOTICE OF CHANGE**

Telephone (916) 326-  
 TDD 326-3240 (Telecommunications for the Deaf - No Voice)

Reply to Section:

Date:

PERS-MEM-155 (Rev. 7/90)

<b>EMPLOYER</b>		<b>EMPLOYEE</b>	
<b>EMPLOYEE RECORD SHOULD READ:</b>		<b>DELETE FROM EMPLOYEE RECORD:</b>	
<b>MEMBER RATE OF CONTRIBUTION</b>	<b>EFFECTIVE DATE</b>	<b>MEMBER RATE OF CONTRIBUTION</b>	<b>EFFECTIVE DATE</b>
<b>SOCIAL SECURITY</b>	<b>COVERAGE GROUP</b>	<b>SOCIAL SECURITY</b>	<b>COVERAGE GROUP</b>
<b>1959 SURVIVOR BENEFIT</b>	<b>ACCOUNT CODE</b>	<b>1959 SURVIVOR BENEFIT</b>	<b>ACCOUNT CODE</b>
<b>EMPLOYER ACTION:</b>			
<b>COMMENTS:</b>			





CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

### NOTICE OF CHANGE

Reply to Section:

Telephone (916) 326-  
TDD 328-3240 (Telecommunications for the Deaf - No Voice)

**1** Date:

PERS-MEM-155 (Rev. 7/90)

EMPLOYER <b>2</b>	EMPLOYEE <b>3</b>
----------------------	----------------------

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Date	Self-explanatory. To contact the unit and person who processed this form, refer to the section, initials and telephone number at the top of the form.
2	Employer	Self-explanatory.
3	Employee	Self-explanatory.

**Membership  
 MEM-155**

**4**

**5**

<b>EMPLOYEE RECORD SHOULD READ:</b>		<b>DELETE FROM EMPLOYEE RECORD:</b>	
MEMBER RATE OF CONTRIBUTION	EFFECTIVE DATE	MEMBER RATE OF CONTRIBUTION	EFFECTIVE DATE
SOCIAL SECURITY	COVERAGE GROUP	SOCIAL SECURITY	COVERAGE GROUP
1959 SURVIVOR BENEFIT	ACCOUNT CODE	1959 SURVIVOR BENEFIT	ACCOUNT CODE

<b>BLOCK NO.</b>	<b>BLOCK TITLE</b>	<b>INSTRUCTIONS</b>
4	Employee Record Should Read	Change your employee record to coincide with the information in this block.
5	Delete from Employee Record	The information in this block is incorrect and should be deleted from your employee record.

<b>EMPLOYER ACTION:</b> <b>6</b>
<b>COMMENTS:</b> <b>7</b>

<b>BLOCK NO.</b>	<b>BLOCK TITLE</b>	<b>INSTRUCTIONS</b>
6	Employer Action	Indicate necessary action by agency or PERS. Please follow the instructions given.
7	Comments	Give the reason for the change.





## RECIPROCIITY AND SIMILAR BENEFITS

### **FULL RECIPROCIITY**

"Reciprocity" has been established between the Public Employees' Retirement System (PERS) and a number of public retirement systems in California. The purpose of the reciprocity provisions is to permit movement of employees from public employer to public employer while: (1) preserving, as far as reasonably possible, valuable retirement and related benefit rights; and (2) ensuring that no retirement system will be liable for more than its financial obligation.

There is no transfer of funds or service credit between retirement systems when an employee establishes reciprocity. The employee is a member of both systems and is subject to the membership and benefit obligations and rights of each system, except as they are modified by the reciprocity agreement. Upon retirement, separate retirement allowances are received from each system.

### **PUBLIC RETIREMENT SYSTEMS THAT HAVE ESTABLISHED RECIPROCIITY WITH PERS:**

1. The following counties maintain retirement systems under the County Employees' Retirement Law of 1937:

Alameda	Los Angeles	Sacramento	Santa Barbara
Contra Costa	Marin	San Bernardino	Sonoma
Fresno	Mendocino	San Diego	Stanislaus
Imperial	Merced	San Joaquin	Tulare
Kern	Orange	San Mateo	Ventura

2. California public agency retirement systems of:

Concord, City of	Sacramento, City of
Contra Costa Water District	San Clemente, City of (miscellaneous employees only)
Costa Mesa, City of (safety employees only)	San Francisco, City and County of
East Bay Municipal Utility District	San Luis Obispo, County of
Oakland, City of (miscellaneous employees only)	Southern California Rapid Transit District

3. The University of California Retirement System (UCRS).

*NOTE: With the exception of the University of California Retirement System, all of the retirement systems noted above also have reciprocity with each other as a result of their having established reciprocity with PERS.*

### **CONDITIONS FOR ACQUIRING THE BENEFITS OF FULL RECIPROCIITY**

Where PERS rights and benefits are involved, PERS will recognize reciprocity upon movement between reciprocal retirement systems if the following requirements are met:

1. The employee voluntarily elects reciprocity and continues in membership in PERS by leaving his or her contributions (if any) on deposit; and
2. The employee enters into employment in which he or she becomes a member of the reciprocal retirement system within six months of discontinuance of employment as a member of PERS.

Eligibility for reciprocity is determined by the retirement laws in effect at the time of movement between employers and retirement systems. The information contained here expresses current PERS law.

Membership  
Reciprocity

**RIGHTS AND BENEFITS WITH FULL RECIPROCITY**

1. **Final Compensation:** Use of highest compensation earnable under both systems in computing final compensation if retirement from both systems is concurrent.
2. **Deferred Retirement:** Right to leave contributions on deposit upon going to the reciprocal system, regardless of the minimum contributions or service otherwise required.
3. **Qualification for Benefits:** Service in the other system is used to meet minimum service requirements for benefits.
4. **Disability Retirement:** Retirement for disability is on the basis of retirement for disability in the other system. The amount paid; however, may not exceed the difference between the amount which would be paid by the other system if all of the member's PERS service were under that system, and the amount actually paid under the other system, but not less than an annuity which is the actuarial equivalent of the member's contributions. When retirement under the other system is for disability arising out of and in the course of employment under the other system, PERS pays an annuity which is the actuarial equivalent of the member's contributions.
5. **Death Benefits:** Continuous liability for the basic and special death benefits while the member is in employment as a member of the other system. The amount paid; however, may not exceed that amount which, when added to the death benefit paid by the other system, exceeds the maximum payable under that system.
6. **Membership Rate Age:** Use of earlier age at entry into the other system in determining member contribution rate for a variable rate formula, if contributions were never withdrawn from the other system. (Miscellaneous members and most safety members in PERS have retirement formulas with a fixed rate of contribution and are not affected by their age at entry into the other system.)

The benefits of reciprocity apply only to a member whose termination and entry into employment resulting in a change in membership from PERS to another system or from another system to PERS occurred after the effective date that reciprocity was established between the two systems. However, the provision relating to highest final compensation will apply to any other member if the provision would have applied had the termination and entry into employment occurred after the effective date that reciprocity was established.

Members who believe this provision might apply to their situation should contact the retirement system from which the movement occurred for additional information.

## **PERS BENEFITS ARISING FROM MOVEMENT TO CERTAIN NON-RECIPROCAL PUBLIC RETIREMENT SYSTEMS**

### **FINAL COMPENSATION**

The Public Employees' Retirement Law (PERL) provides that the compensation earnable during any period of service as a member of the following retirement systems will be considered as compensation earnable as a member of PERS for purposes of computing final compensation, if the member retires concurrently from both systems:

State Teachers' Retirement System (STRS)  
Legislators' Retirement System (LRS)  
Judges' Retirement System (JRS)

There is no reciprocity established between these systems and PERS. Only STRS has a similar provision for the use of highest final compensation in its retirement law.

The PERL also provides that the average salary during any period of service as a member of UCRS will be considered as compensation earnable as a member of PERS for purposes of computing final compensation, provided the member retires concurrently from both systems. UCRS regulations do not have a similar provision except when reciprocity applies.

### **DEFERRED RETIREMENT**

A member leaving PERS-covered employment and entering into employment in which he or she will become a member of STRS, LRS, JRS, or UCRS can leave contributions on deposit in PERS and retain PERS credited service even if the years of credited service are not sufficient for vesting.

### **REDEPOSIT RIGHTS**

A member of a reciprocal retirement system, or STRS, LRS, or JRS, may redeposit in PERS previously withdrawn PERS contributions in order to reestablish service credit in this system. No reciprocity benefits accrue to a member of a reciprocal retirement system who redeposits in PERS unless the member's earlier movement from PERS to the reciprocal system satisfied the time interval stipulated in the PERL.

The right to redeposit contributions is not one of the uniform reciprocal provisions; it varies among the different public retirement systems. Contact the particular retirement system to learn of its policy regarding redepositing.

### **RESTRICTION**

A member's PERS contributions may not be withdrawn while the member is in active employment as a member of a reciprocal system or STRS, LRS, or JRS.

### **PROCEDURES FOR ESTABLISHING RECIPROACITY**

If the conditions for acquiring reciprocity are satisfied, reciprocity can be established by election when completing the separation document when separating from PERS-covered employment or by written request to either retirement system. Direct requests or inquiries to:

Public Employees' Retirement System  
Member Services Division  
Member Records Section, 841  
P.O. Box 942704  
Sacramento, CA 94229-2704

Persons retiring from STRS, LRS, or JRS who are inactive members of PERS, should note on their PERS retirement application their association with the other system, and retire concurrently, in order to obtain the benefit of highest final compensation for computing their allowance under PERS.

Membership  
Reciprocity

**GENERAL COMMENTS**

PERS is governed by the Public Employees' Retirement Law (Government Code Section 20000, et seq.); it is the basis of all of our decisions. The information presented here is general and every effort has been made to present it clearly and accurately. The retirement law is sometimes complex and subject to change. When there is a conflict, any decision will be based on the law.

PERS' authority extends only to applying and implementing the Public Employees' Retirement Law; it does not extend to applying and implementing the laws or regulations under which other public retirement systems are administered. Questions relating to rights, benefits and obligations under any of the other public retirement systems should be addressed directly to the appropriate system.

## REDEPOSIT OF WITHDRAWN CONTRIBUTIONS OR SERVICE PRIOR TO MEMBERSHIP

### ***Redeposits***

Present members of this System have the right to redeposit contributions previously withdrawn. A redeposit of contributions restores the service credit for previous employment. The member must redeposit the amount withdrawn, plus a sum equal to the interest which would have accrued had the member's funds been left on deposit. Interest will be charged from the date of withdrawal to the date of final payment. Payments may be made in one lump sum or by installment payments, or by a combination of an initial partial lump sum payment and the balance by installment payments.

(Government Code Sections 20654, 20654.3, 20685)

### ***Service Prior to Membership***

"Service prior to membership" (SPM) is service rendered *after* the date of contract between a public agency and the System, but before the employee entered Public Employees' Retirement System membership. Election to contribute for SPM may result in additional service credit. Persons who were employed under the following conditions are eligible for service prior to membership:

1. Those who worked the six months membership qualification period prior to July 18, 1961.
2. Those who worked the part-month membership qualification period between July 18, 1961, and October 1, 1963.
3. Those employed less than 87 hours per month or less than an average of 20 hours per week prior to becoming a member.
4. Those formerly employed in temporary or seasonal employment in which they were excluded from membership under Government Code Section 20336.
5. Those optional elective officers, Governor appointees and Legislative employees who are excluded because of their failure to exercise their right of election of membership under Government Code Sections 20360, 20361, or 20364.

To receive this credit, a member's election must be filed with PERS before his/her retirement is effective. (Government Code Sections 20930, 20930.4)

### ***Public Service and Leaves of Absence***

There are certain conditions in which some leaves of absence and some public employment may be creditable under PERS. Questions on these types of service credit should be referred to PERS by following the instructions noted in the Inquiries Section.

### ***Verification of Service***

Employment records may be requested for verification of service prior to membership or other "public service".

If the agency is unable to locate the member's records, records will be requested from the member for verification of employment. When the member's records are received, the agency will be notified by a letter of transmittal requesting the agency to verify or refute available records.

Membership  
Redeposit or SPM

### ***Payments For Redeposit Or Service Prior To Membership***

A member may elect at any time before retirement to make contributions for redeposit or service prior to membership. Payment may be made in a cash lump sum or by installment payments.

After a member files with the System an election to redeposit or contribute for service prior to membership or other "public service" by installment payments, the System will certify to the agency the amount and number of monthly installment payments (MEM-823C). No payroll deductions should be made until the authorizing MEM-823C is received. The agency must apply the payroll adjustments authorized after the effective date and continue until payments are completed or employee separates from employment. The member should contact PERS for information on continuing payments after separation, unless a refund of all contributions is requested. No notification is sent to the agency if payment is made in a lump sum.

At retirement, any unpaid balance may be paid by lump sum or may be continued as a deduction from the retirement allowance. (Government Code Section 20685)

### ***Inquiries***

The member may obtain detailed information concerning redeposit, service prior to membership, or other "public service" by addressing an inquiry to:

Public Employees' Retirement System  
Member Services Division—Section 830  
P.O. Box 942704  
Sacramento, CA 94229-2704

The member's inquiry should include:

Name  
Home address  
Social Security number  
Any former names  
Name of member's current employer  
Name(s) of employer(s) for which service credit is being requested  
Dates of employment  
Position(s) titles

The member should specify if the inquiry concerns redeposit, service prior to membership, leave of absence, etc.

## PRIOR SERVICE

"Prior service" is service rendered *before* the date of contract between a public agency and the System, or for service before the effective date of an exclusion being removed for those in previously excluded classes, service rendered for the State of California before January 1, 1932, or the University of California before August 27, 1937, or part-time State employment between January 1, 1932, and September 19, 1939. (Government Code Sections 20830, 20831, 20834, 20834.1 and 20867)

Prior service results in additional service credit. For information on prior service submit inquiries to the Member Services Division, Service Credit Section (830) include:

1. Member full name.
2. Member Social Security number.
3. Member current address and telephone number.
4. Prior service employer. If the agency is a school district, please give *both* the district name and the county school employer name.
5. Beginning and ending dates of employment.
6. Position held and title.
7. All other names under which previously employed.

All further correspondence will be carried on with the member.

The cost of prior service is usually an expense of the agency where the member rendered the prior service. The cost of the prior service liability is included in the employer's rate of contribution. The member is not required to contribute for prior service.

### Exceptions:

*Local System*—If the agency has a Local System, then a transfer of funds is required. If a member has withdrawn his/her funds, then a redeposit with interest is necessary. (Government Code Section 20523)

*Current Service*—If a member is eligible to redeposit for current service, then he/she must redeposit for all current service before prior service shall be credited. (Government Code Section 20834.1)





## **PRIOR SERVICE VERIFICATION PERS-MEM-17 AND PERS-MEM-17A**

### **PURPOSE**

The Prior Service Verification Form (MEM-17/MEM-17A) is used to notify PERS of compensated employment rendered for a public agency before the effective date of the agency's contract with PERS or before the date an exclusion was removed. This form will tell us how to credit service to each member's account.

### **WHEN TO COMPLETE**

#### *New Contracting Agency*

Complete this form for each person who is an employee on your agency's contract date.

#### *Removal of a Contract Exclusion*

Complete this form for each person who is employed in the excluded classification on the date of its removal.

### **SPECIAL INSTRUCTIONS**

1. All verifications must be signed by your authorized officer. The authorized officer cannot sign his/her own form.
2. Report only *compensated* service (i.e., service periods for which the member received compensation, not including reimbursement for expenses).
3. The only difference between the MEM-17 and MEM-17A is in the fiscal year column. For your convenience we have provided dates on the MEM-17. If these dates do not apply, complete the MEM-17A, including the dates on a fiscal year basis.



Membership  
Prior Service

**EXAMPLE**

AGENCY NAME / CODE	SOCIAL SECURITY NUMBER	POSITION(S) HELD — (For Service Annual Salary)	COVERAGE GRP	A/C	LS/A/C
--------------------	------------------------	--	--------------	-----	--------

FISCAL YEAR	<b>IMPORTANT INSTRUCTIONS ON BACK</b>												PERS USE ONLY	
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE		
1971-72														
1972-73														
1973-74														
1974-75														
1975-76														
1976-77														
1977-78														
1978-79														
1979-80														
1980-81														
1981-82														
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1985-86														
1986-87														
1987-88														
1988-89														
1989-90														
1990-91														
1991-92														
1992-93														

<b>CERTIFICATION OF SERVICE RECORD</b>		
I HEREBY CERTIFY that the service reported on this sheet was verified from our agency records, or, if no records exist, from affidavits that the service is accurate to the best of my knowledge; and that said service may be used in calculating the benefits for this employee under the Public Employees' Retirement System.		
TITLE OF AUTHORIZED OFFICER	OFFICER SIGNATURE	DATE

<b>FOR PERS USE ONLY</b>			
PRIOR SERVICE CREDITED	ADJUSTMENT	CALCULATED	CHECKED/POSTED
PARTIAL YEARS	WAS		
FULL YEARS	S/B	ADJUSTED CALC	
TOTAL YEARS	ADJ.	CHECKED/POSTED	
CONTRACT ALLOWS	TOTAL POSTED	REPOSTED	

REMARKS (Use this space if needed to clarify entries. Be specific and provide dates.)

PRIOR SERVICE VERIFICATION  
PERM-17(1/81)

Membership  
Prior Service

Public Employees' Retirement System  
Member Services Division, Section 830  
P.O. Box 942704  
Sacramento, CA 94229-2704  
(916) 326-3141  
(916) 326-3240 (Telecommunication Device for the Deaf)

**PRIOR SERVICE VERIFICATION**  
PERS-MEM-17 (back) (Rev. 1/91)

**"Prior Service"** — Credit granted for compensated employment rendered for a public agency before the effective date of the agency's contract with PERS or before the date an exclusion was removed.

**"Fiscal Year"** — The period beginning July 1 and ending June 30 of the following year. (For example, 1971-72 on the chart covers the period July 1, 1971 through June 30, 1972.) PERS service credit is calculated fiscal year by fiscal year.

**INSTRUCTIONS**

1. Report all of the employee's **COMPENSATED SERVICE** from appointment date to PERS contract date, and specify the compensation basis for each period. If the compensation basis changed, note the change and record the effective date (e.g., "Hourly to monthly, 7/1/71").

**MONTHLY:** Compensation for employment on a monthly-salaried basis.

- For continuous employment, enter beginning and ending dates, draw a line between the date blocks, and show the service time base (full-time, half-time, 3/4-time, etc.).
- Enter total days of compensated service when less than a full month was worked.

**DAILY:** Compensation for employment on a daily-salaried basis.

- Enter only the number of days the employee was compensated for each month (e.g., "18 days").

**HOURLY:** Compensation for employment on an hourly-rate basis.

- Enter only the number of hours the employee was compensated for each month (e.g., "30 hours").

2. Report all non-compensated **ABSENCES** in excess of a month. This includes docks, leaves without pay, no compensation on record, no pay records in existence, etc.

- Enter beginning and ending dates, and identify type of absence. If absence was for **MILITARY SERVICE**, also submit a copy of the military documents if at all possible. (Service credit may be granted for military service if the employee returned to work within 6 months of discharge date.)

3. Report all **CHANGES IN CATEGORY** and **POSITION TITLES** during the Prior Service period.

**CHANGES IN CATEGORY:** Report all changes between miscellaneous and safety categories.

- Enter titles and effective dates of change (e.g., "Mechanic to Police Officer, 1/1/73").

**ELECTED AND APPOINTED OFFICIALS:** Only officials who were compensated may receive service credit.

- Enter title and dates in office (e.g., "Councilman, 1/1/70 to 12/31/71").

4. **CERTIFICATION:** Each form must be signed by your authorized officer. The authorized officer should not sign his/her own form. Enter the telephone number of the officer or the name and phone of the person for PERS to contact should questions arise.

<b>1</b> AGENCY NAME/ CODE					
<b>2</b> NAME (Last, First, Middle)		SOCIAL SECURITY NUMBER	POSITION(S) HELD — (For Service Period Given)	COVERAGE GAP	A/C
					LS A/C

3 FISCAL YEAR	<b>PRIOR SERVICE RECORD</b>											<b>IMPORTANT INSTRUCTIONS ON BACK</b>	PERS USE ONLY
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	
1971-72													
1972-73													
1973-74													
1974-75													
1975-76													
1976-77													
1977-78													
1978-79													
1979-80													
1980-81													
1981-82													
1982-83													
1983-84													
1984-85													
1985-86													
1986-87													

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Agency Name and Code	Enter your Agency name and the 4 digit Employer Code. (Coverage Key Item 1)
2	Name	Enter member's full name; last name, first name, middle name.
	Social Security Number	Enter the member's Social Security Number.
	Position(s) Held	Enter the title(s) of position(s) held during the prior service period.  Example: Accounting Clerk Accounting Supervisor Chief Accountant
	Coverage	Enter the coverage group number for this member's position.
	A/C	Enter the account code for this member's position.
	LS A/C	If applicable, enter the "Local System" account code for this member's position.
3	Fiscal Year	"Fiscal Year" is defined as the period beginning July 1 and ending June 30 of the following year.  Note: If completing a MEM-17A, enter the fiscal years in this column.

Membership  
 Prior Service

AGENCY NAME / CODE \_\_\_\_\_

NAME (LAST, FIRST, MIDDLE) \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_ POSITIONS HELD (For Service Periods Below) \_\_\_\_\_ COVERAGE GRP \_\_\_\_\_ A/C \_\_\_\_\_  
 LS A/C \_\_\_\_\_

<b>PRIOR SERVICE RECORD</b>													<b>IMPORTANT INSTRUCTIONS ON BACK</b>
3 FISCAL YEAR	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	PERS USE ONLY
1971-72													
1972-73													
1973-74													
1974-75													
~ ~ ~ ~ ~													
1988-90													
1990-91													
1991-92													
1992-93													

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
3 (Cont'd)	Fiscal Year	<p><i>Daily</i> - enter the days for which the member was compensated during each month.</p> <p><i>Hourly</i> - enter the hours for which the member was compensated during each month.</p> <p><i>Absences</i> - indicate all non-compensated absences in excess of a month. Indicate the beginning and ending dates, and identify the type of absence.</p> <p><i>Military Service</i> - if the absence was because of military service, please submit a copy of the military documents, if available.</p> <p><i>Position Titles</i> - enter the position title and effective dates of changes from one title to another.</p> <p>Example: Accounting Clerk to Accounting Supervisor, 2/1/83            Councilwoman, 1/1/80 to 12/31/83</p>

**EXAMPLE:**

REMARKS (Use this space if needed to clarify entries. Be specific and provide dates.)

4

PRIOR SERVICE VERIFICATION  
 PERS-MEM-17 (11/81)

CERTIFICATION OF SERVICE RECORD			
I HEREBY CERTIFY that the service reported on this sheet was verified from our agency records, or, if no records exist, from affidavits that the service is accurate to the best of my knowledge; and that said service may be used in calculating the benefits for this employee under the Public Employees' Retirement System.			
TITLE OF AUTHORIZED OFFICER	OFFICER SIGNATURE	DATE	CONTACT NAME & PHONE
			( )
FOR PERS USE ONLY			
PRIOR SERVICE CREDITED	ADJUSTMENT	CALCULATED	
PARTIAL YEARS	WAS	CHECKED/POSTED	
FULL YEARS	S/B	ADJUSTED CALC	
TOTAL YEARS	ADJ	CHECKED/POSTED	
CONTRACT ALLOWS	TOTAL POSTED	REPOSTED	

**BLOCK NO.**

**BLOCK TITLE**

**INSTRUCTIONS**

4

Remarks

Certification of Service Period

To be used to clarify information listed above.

Each form must be signed by an authorized officer of your agency. Enter his/her title, date and phone number. The authorized officer should not sign his/her own form.



**Membership**  
**Prior Service**

**EXAMPLE:**

AGENCY NAME/ CODE		SOCIAL SECURITY NUMBER		POSITION(S) HELD - (For Service Periods Only)		COVERAGE GRP		A/C	
SAMPLE		SAMPLE		SAMPLE		SAMPLE		LS A/C	

FISCAL YEAR	IMPORTANT INSTRUCTIONS ON BACK												PERS USE ONLY
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	
1971-72	ALL FORMS MUST BE SIGNED (AUTHORIZED OFFICER CANNOT SIGN HIS/HER OWN FORM).												
1972-73													
1973-74		72 hrs	80	92	102	98	114	80	42				
1974-75													
1975-76													
1976-77		20 days	19	20	20	19	18	17	0	0	15	19	
1977-78													
1978-79													
1979-80													
1980-81													
1981-82													
1982-83		8/1/82											
1983-84		Military leave - US Army											
1984-85													
1985-86													
1986-87						12/1/86							6/30/87
1987-88													
1988-89		8/1/88											
1989-90													
1990-91		FULL TIME AND CONTINUOUS											
1991-92													
1992-93													

REMARKS (Use this space if needed to clarify entries. Be specific and provide dates.)

**CERTIFICATION OF SERVICE RECORD**

I HEREBY CERTIFY that the service reported on this sheet was verified from our agency records, or, if no records exist, from affidavits; that the service is accurate to the best of my knowledge; and that said service may be used in calculating the benefits for this employee under the Public Employees' Retirement System.

TITLE OF AUTHORIZED OFFICER	OFFICER SIGNATURE	DATE	CONTACT NAME & PHONE

FOR PERS USE ONLY			
PRIOR SERVICE CREDITED	ADJUSTMENT	CALCULATED	
PARTIAL YEARS	WAS	CHECKED/POSTED	
FULL YEARS	S/B	ADJUSTED CALC	
TOTAL YEARS	ADJ.	CHECKED/POSTED	
CONTRACT ALLOWS	TOTAL POSTED	REPOSTED	

**PRIOR SERVICE VERIFICATION**  
 PERS-MEM-17(1/91)

Membership  
Military

## **MILITARY SERVICE CREDIT**

### ***Credit For Absence From Employment For Military Service***

Government Code Sections 20890 through 20894.7 provide that members absent from employment for military service might be eligible to receive credit for the absence at employer cost. To be eligible for this credit the member must have:

1. Been in the employment of a PERS-covered agency prior to entering military service.
2. Been granted a military leave or have resigned from employment for the purpose of entering active duty in the armed forces.
3. Entered active duty within 90 days after leaving agency employment.
4. Returned to employment with the same agency, the State, or another agency contracting with the Public Employees' Retirement System within six months after discharge from active duty.

NOTE: To determine eligibility, a copy of discharge or other document indicating the beginning and ending dates of active duty must be submitted to the System. The employer is required to furnish information as to the salaries the member would have received if he had not been absent in military service.

### ***Military Service Credit as Prior Service***

Government Code Section 20894.3 provides employees who are/were on a military leave at the time your agency contracts for PERS coverage and return(ed) to employment with your agency within six months after discharge from active military duty, can receive prior service credit for the period of their absence. If your agency provides this benefit, former employees employed by other PERS employers would also be eligible to claim service credit. Your agency would be liable for the cost.

## **CREDIT FOR MILITARY SERVICE PRIOR TO EMPLOYMENT**

### **A. Public Agency Members**

Government Code Section 20930.3 effective 01-01-75 and amended 01-01-77 provides that public agency members may be eligible to receive military service credit, provided:

1. Public agency amends their contract accordingly.
2. Military service was rendered prior to PERS membership with contracting agency which has amended their contract.
3. Member makes contributions required. Payments may be made in one lump sum or by installment payments.
4. Member may receive credit only for one period of continuous active duty not to exceed four years.

### **B. Agency Retirees**

Government Code Section 20930.33 provides that public agency retirees may be eligible to receive credit for their military service, provided:

1. Public agency amends their contract for Government Code Section 20930.3 and for Government Code Section 20930.33.
2. Military service was rendered prior to PERS membership with contracting agency that has amended their contract accordingly.
3. Retiree retired immediately from the contracting agency and before the effective date of the agency's contract amendment for Government Code Section 20930.3.
4. Retiree may receive credit only for one period of continuous active duty not to exceed four years.
5. Retiree makes contributions required.

### **C. State and County School Members and Retirees**

Government Code Section 20930.5 provides that County School and State employees and retirees may be eligible to receive credit for their military service. To be eligible the *member or retiree* must:

1. Currently be employed with or retired directly from the State or County School. (Los Angeles and San Diego County Superintendents of Schools and policemen employed by Los Angeles Unified and Community College Districts are not eligible under this law.)
2. Must have a minimum of ten years of PERS service and one year of military service. Service is granted on a basis of one year of military service credit for each five years of credited PERS service credit; not to exceed four years.
3. Make contributions required.
4. In addition, County School/State retirees must have retired on or after December 31, 1981.
5. Public agencies *cannot* amend their contract for this law.

### ***Inquiries***

Make inquiries regarding military service credit to:

Public Employees' Retirement System  
Member Services Division - 830  
P.O. Box 942704  
Sacramento, CA 94229-2704

Member should include:

Name  
Home address  
Social Security number  
Copy of discharge papers showing date of entry into and discharge from active duty.

Membership  
MEM-823C

**AUTHORIZATION FOR CONTRIBUTION AND/OR RATE ADJUSTMENT  
PERS-MEM-823C  
(PERS-INITIATED FORM)**

**PURPOSE**

To certify the amount of contributions due from the employee for arrears, service prior to membership, redeposit, military service credit, partially compensated leave of absence, or other instances when payment is due from the member.

**SPECIAL INSTRUCTIONS**

1. The MEM-823C is prepared by PERS. It authorizes your agency to make an extra deduction each service period for contributions due PERS from the member. Report the payment as a separate line entry on your payroll listing, using a Contribution Code 04. If the individual has more than one Code 04 deduction authorized, then each deduction must be reported on a separate line entry. Report these deductions under the coverage group code specified on the authorization.
2. The amount of the payment is over and above the normal contributions being reported each pay period.
3. Do not apply the changes in contribution rate and/or extra deductions prior to the effective date shown on the MEM-823C.
4. Give a copy of the MEM-823C to the member.
5. Contribution Code 04 deductions must not be reported unless authorized by a form MEM-823C.
6. It is the agency's responsibility to take only the number of Code 04 deductions authorized. PERS will *not* notify you to stop deductions.
7. It is not necessary to return a copy of the MEM-823C to PERS to indicate deductions are being taken.

Membership  
MEM-823C



**AUTHORIZATION FOR CONTRIBUTION AND/OR RATE ADJUSTMENT**

PERS-MEM-823 C PA/UC (REV. 9/89)  
TELEPHONE: (916)

EMPLOYER CODE	EMPLOYER	AGENCY UNIT CODE	MAILING DATE		
SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP		
EFFECTIVE DATE	CONTRIBUTION TYPE	CONT. CODE	NO. OF PAYMENTS	PAYMENT AMOUNT	PAYROLL TYPE
		04			

THESE CODE 04'S ARE TO BE TAKEN CONCURRENTLY WITH ANY OTHER CODE 04 DEDUCTIONS.

**FOR  
PERS  
USE  
ONLY**

EMPLOYER COPY  
(For Personnel and Payroll Transactions)





**AUTHORIZATION FOR CONTRIBUTION AND/OR RATE ADJUSTMENT**

PERS-MEM-823 C PA/UC (REV. 8/89)

TELEPHONE: (916)

EMPLOYER CODE		EMPLOYER		AGENCY UNIT CODE		MAILING DATE	
SOCIAL SECURITY NUMBER			MEMBER NAME			COVERAGE GROUP	
EFFECTIVE DATE		CONTRIBUTION TYPE		CONTR CODE NO. OF PAYMENTS PAID (NET AMOUNT)		PAYROLL TYPE	
				04			

THESE CODE 04'S ARE TO BE TAKEN CONCURRENTLY WITH ANY OTHER CODE 04 DEDUCTIONS.

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Employer Code	A four digit code assigned to your agency by PERS.
	Employer	Self-explanatory.
	Agency Unit Code	A three digit code used for identification of different school districts.
	Mailing Date	The form was processed and mailed on this date.

**EMPLOYER COPY**  
 (For Personnel and Payroll Transactions)





**AUTHORIZATION FOR CONTRIBUTION AND/OR RATE ADJUSTMENT**

PERS-MEM-823 C PA/UC (REV. 9/89)

TELEPHONE: (916)

EMPLOYER CODE	EMPLOYER	AGENCY UNIT CODE	PAIDING DATE
SOCIAL SECURITY NUMBER		MEMBER NAME	COVERAGE GROUP
EFFECTIVE DATE	CONTRIBUTION TYPE	CODE 04	PAYROLL TYPE

THESE CODE 04'S ARE TO BE TAKEN CONCURRENTLY WITH ANY OTHER CODE 04 DEDUCTIONS.

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
2	Social Security Number	Member's Social Security Number.
	Member Name	Self-explanatory.
	Coverage Group	The Coverage Group Code is assigned to identify a specific group of employees within your agency by type of retirement coverage. Report the Code 04 deduction with the Coverage Group Code specified. (The Coverage Group Code specified may differ from the Coverage Group Code for which the member's normal contributions are reported.)



**AUTHORIZATION FOR CONTRIBUTION AND/OR RATE ADJUSTMENT**

PERS-MEM-823 C PA/UC (REV. 9/89)

TELEPHONE: (916)

EMPLOYER CODE		EMPLOYER			AGENCY UNIT CODE		MEMBERSHIP RATE		
SOCIAL SECURITY NUMBER				MEMBER NAME				EMPLOYEE STATUS	
3	EFFECTIVE DATE	CONTRIBUTION TYPE	CONT. CODE	NO. OF PAYMENTS	PAYMENT AMOUNT	PAYROLL TYPE			
			04						

THESE CODE 04'S ARE TO BE TAKEN CONCURRENTLY WITH ANY OTHER CODE 04 DEDUCTIONS.

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
3	Effective Date	Begin payroll deduction for pay period beginning on this date. (Do not begin taking deductions prior to this date.)
	Contribution Type	PERS will enter the reason for authorization to deduct contributions.
	Contribution Code	Report a Code 04 in the Contribution Code column of the payroll listing. The deduction must appear as a separate line entry.
	Number of Payments	This is the total number of payments to be deducted.
	Payment Amount	This is the payment amount due from the member each pay period.
	Payroll Type	Reporting Frequency: Monthly Semi-monthly Bi-weekly Quadri-weekly

10/91

P.A. MANUAL 1-090

CalPERS PRA #1577 000138

HHHH-138

## REPORT OF STATUS CHANGE OR SEPARATION PERS-BAS-167

### PURPOSE

This form is used to report all leaves, permanent separations, and changes in coverage group.

### WHEN TO COMPLETE

Complete this form at the time of leave, termination of employment, or transfer within agency which changes coverage group. For the specific situation and form section to complete use the following guide:

TYPE OF ACTION	CHECK THIS BOX IN "TYPE OF ACTION"	PARTS OF FORM TO COMPLETE
Termination of Employment	A	Parts I, II
Transfer Within Agency	B	Part I
Leave of Absence	C	Part I
Military Leave (See No. 4 below)	D	Part I
Sabbatical Leave	E	Part I
Workers' Compensation	F	Part I

### SPECIAL INSTRUCTIONS:

1. All refund requests must be signed by the member, member's spouse and the certifying officer. If there is no spousal signature, a Justification For Non Signature of Spouse Form (BAS-800) must be completed by the member. If the member is unavailable for signature, a BAS-167 must still be sent to PERS to report the separation. Do *not* make an election on behalf of the member.
2. Never submit a second BAS-167 or duplicate BAS-167 unless requested to do so by PERS. If the member wishes to change his/her election after the BAS-167 has been submitted to PERS, advise the member to contact the PERS Benefit Application Services Division Refunds Unit directly.
3. The member's mailing address must be provided for all permanent separations, whether or not a refund is requested. This will enable PERS to mail the Annual Member Statement.
4. A member on Military Leave is entitled to a refund upon request. If a refund is desired, have the member complete Part II.
5. To have a refund warrant mailed directly to an employer, credit union, or bank, see pages 1-107 and 1-108 for instructions.
6. Send the "original" copy to PERS, keep the "duplicate" and "triplicate" copies for your agency files, and give the "quadruplicate" copy to members. The Justification For Non Signature of Spouse Form (BAS-800) should be forwarded to PERS, when completed, along with the "original" BAS-167.
7. If a member has less than 5 years of service credit and wishes to leave his or her contributions on deposit, but boxes 2 and 3 (in Part II) do not apply, the member SHOULD NOT check any box. (Senate Bill 2470, effective 12/90).



**CALIFORNIA PERS**  
**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
		R, P, T, I

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

**PART I. EMPLOYER: EMPLOYMENT INFORMATION**

1. SOCIAL SECURITY NUMBER

2. MEMBER NAME (Last) (First) (Middle)

3. BIRTHDATE MM DD YY

4. JOB OR POSITION TITLE

5. NAME OF PUBLIC AGENCY

6. EMPLOYER CODE

7. UNIT CODE

8. COVERAGE GROUP

9. TYPE OF ACTION

A.  TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)

B.  TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)

C.  LEAVE OF ABSENCE

D.  MILITARY LEAVE

E.  SABBATICAL LEAVE

F.  WORKERS' COMPENSATION

10. EFFECTIVE DATE OF ABOVE ACTION MM DD YY

11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY

12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:

13. SIGNATURE OF CERTIFYING OFFICER

14. TITLE

15. DATE

**PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)**

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.

2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_

3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_

OR:

As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.

**WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.

**FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference.

I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

16. MEMBER SIGNATURE

17. DATE

18. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED)

BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS

STREET ADDRESS

CITY STATE ZIP CODE

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at: PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS • DUPLICATE AND TRIPLICATE TO EMPLOYER • QUADRUPPLICATE TO MEMBER

Membership  
BAS-167

### IMPORTANT INFORMATION

#### YOUR RIGHTS WHILE ON A LEAVE OF ABSENCE OR UPON TERMINATION OF PERS COVERED EMPLOYMENT AND ENTRY INTO EMPLOYMENT COVERED BY CERTAIN OTHER PUBLIC RETIREMENT SYSTEMS

##### A. TAX INFORMATION

The refund you receive from the Public Employees' Retirement System is subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding applies only to the portion of your refund that is subject to Federal income tax (i.e. interest your contributions have earned, and any employer-paid member contributions if applicable).

If you do not want any Federal income tax withheld from your refund, please check the appropriate box in Part II, Number 4 on the front of this form. Even if you elect not to have Federal income tax withheld, you are liable for payment of Federal income tax on the taxable portion of your refund. You also may be subject to tax penalties under the estimated tax payment rules if your payments of estimated tax and withholding, if any, are not adequate.

For additional information on income tax, rollovers, and excise tax, refer to form PERS-BAS-500, "IMPORTANT TAX INFORMATION REGARDING YOUR PERS REFUND".

##### B. MEMBERS WHO ARE ON AN APPROVED LEAVE OF ABSENCE

1. Your contributions will remain in the Retirement Fund during the full period of your leave of absence without action on your part; or you may request to have your accumulated contributions refunded after six months of your leave has expired by writing to the Refund Section of Public Employees' Retirement System, P.O. Box 942711, Sacramento, CA 94229-2711.
2. If you terminate your employment while on a leave of absence, you may take action as provided in Part II.

##### C. MEMBERS WHO ACCEPT EMPLOYMENT COVERED BY A RETIREMENT SYSTEM HAVING A RECIPROCAL AGREEMENT WITH PERS

1. As a member of the Public Employees' Retirement System, accepting employment covered by one of the reciprocal retirement systems listed below, you will have certain rights if:
  - a. You enter employment in which you become a member of a reciprocal system within 6 months after separating from service which is subject to the Public Employees' Retirement System, and
  - b. You elect to leave your contributions on deposit with PERS and inform PERS of the name of the public agency in which you will be or are employed.

At the present time the following are PERS reciprocal systems:

— 1937 Act County System (Inclusive of Districts affiliated with each County Retirement System)

Alameda	Imperial	Marin	Orange	San Diego	Santa Barbara	Tulare
Contra Costa	Kern	Mendocino	Sacramento	San Joaquin	Sonoma	Ventura
Fresno	Los Angeles	Merced	San Bernardino	San Mateo	Stanislaus	

— The University of California

— Other California Public Agencies—Cities of Concord, Costa Mesa, Oakland, Sacramento, San Clemente, and San Francisco; the Southern California Rapid Transit District, East Bay Municipal Utility District, Contra Costa Water District; Counties of San Luis Obispo and San Francisco.

2. The rights of such membership if continued are:
    - a. A rate of contribution to the public agency retirement system based on your age of entry into membership in PERS or another reciprocal retirement system.
    - b. Continuation of the basic death benefit and the right to disability retirement.
    - c. Your service under all reciprocal systems will be added together to determine eligibility for benefits under the several systems.
    - d. The final compensation used to determine your benefits under PERS will be the highest earned under the two systems provided you retire concurrently under both systems.
  3. Contributions you have elected to leave on deposit in PERS may not be withdrawn while you remain in employment covered by one of the reciprocal systems.
- ##### D. MEMBERS WHO ACCEPT EMPLOYMENT COVERED BY THE STATE TEACHERS' RETIREMENT SYSTEM, LEGISLATORS' RETIREMENT SYSTEM, OR JUDGES' RETIREMENT SYSTEM
1. As a member of the Public Employees' Retirement System, accepting employment covered by the State Teachers' Retirement System, Legislators' Retirement System, or Judges' Retirement System, you will have certain rights if you elect to leave your contributions on deposit with PERS and inform PERS of the name of the other retirement system.
  2. The rights of such membership if continued are:
    - a. You may leave your contributions on deposit in PERS even though you have less than five years of service credit with PERS.
    - b. The final compensation used to determine your benefits under PERS will be the highest earned under the two systems provided you retire concurrently under both systems.
  3. Contributions you have elected to leave on deposit in PERS may not be withdrawn while you remain in employment covered by one of these retirement systems.

#### COLLECTION AND ACCESS INFORMATION

Submission of the requested information is mandatory. The information is collected pursuant to Government Code (Sections 20000, et seq.) and will be used for administration of the Board's duties under The Retirement Law, Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, P.O. Box 942702, Sacramento, CA 94229-2702. (For answers to your questions concerning a refund of your contributions, please contact the Refunds Section: PERS, P.O. Box 942711, Sacramento, CA 94229-2711 (916) 326-3232.)

PERS-BAS-167

SP 68424



**Benefit Application Services Division**  
P.O. Box 942711  
Sacramento, CA 94229-2711  
Telephone: (916) 326-3232  
Telecommunications Device for the Deaf (916) 326-3240

### JUSTIFICATION FOR NON SIGNATURE OF SPOUSE

Pursuant to Government Code Section 21209, the member's current spouse must be made aware of the selection of benefits or change of beneficiary made by a member. The spouse of a PERS member must acknowledge the submission of: a request for refund of contributions; election of retirement optional settlement; and designation of beneficiary for Pre-retirement Death Benefits.

If a spouse's signature does not appear on one of the above named documents, the following information **MUST** be completed by the member and submitted with the application / form.

SOCIAL SECURITY NUMBER: 000-00-0000	NAME: JAMES SINCLAIR
APPLICATION SUBMITTED: (Form Name and Number) REPORT OF STATUS CHANGE OR SEPARATION          BAS-167	

- I am not legally married (never married, divorced, widow / er).
- I am married, but my spouse did not sign the form because either:
  - I do not know and have taken all reasonable steps to determine the whereabouts of my spouse; OR,
  - My spouse has been advised of the application and has refused to sign the written acknowledgement; OR,
  - My spouse is incapable of executing the acknowledgement because of an incapacitating mental or physical condition; OR,
  - My spouse has no identifiable community property interest in the benefit; OR,
  - My spouse and I have executed a marriage settlement agreement which makes the community property law inapplicable to the marriage.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

James Sinclair  
Signature of Member

07/06/89  
Date

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



10/91

P.A. MANUAL 1-096

CalPERS PRA #1577 000144

HHHH-144



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
		R, P, T,

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

1. SOCIAL SECURITY NUMBER				PART I. EMPLOYER: EMPLOYMENT INFORMATION					
2. MEMBER NAME (Last)		(First)		(Middle)		3. BIRTHDATE MM DD YY		4. JOB OR POSITION TITLE	
5. NAME OF PUBLIC AGENCY				6. EMPLOYER CODE		7. UNIT CODE		8. COVERAGE GROUP	
9. TYPE OF ACTION									
<input type="checkbox"/> A. TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)			<input type="checkbox"/> C. LEAVE OF ABSENCE			<input type="checkbox"/> E. SABBATICAL LEAVE			
<input type="checkbox"/> B. TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)			<input type="checkbox"/> D. MILITARY LEAVE			<input type="checkbox"/> F. WORKERS' COMPENSATION			
10. EFFECTIVE DATE OF ABOVE ACTION MM DD YY			11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY			12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME PLEASE EXPLAIN			
13. SIGNATURE OF CERTIFYING OFFICER						14. TITLE		15. DATE	

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS						
1	Social Security Number	Enter member's Social Security number. Verify the number with the Social Security number reported on the payroll report.						
2	Member Name	Enter member's full name as indicated on Form MEM-1: last name, first name or initial and middle name or initial.						
3	Birthdate	Enter a 6-digit numerical date representing the month, day, and year of employee's birth.  Example: June 5, 1952 +						
		<table border="1"> <tr> <td>MO.</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td>06</td> <td>05</td> <td>52</td> </tr> </table>	MO.	DAY	YEAR	06	05	52
MO.	DAY	YEAR						
06	05	52						
4	Job or Position	Self-explanatory.						
5	Name of Public Agency	Enter name of agency; SCHOOLS enter name of County Superintendent's Office.						
6	Employer Code	Enter your 4-digit PERS employer code. This number is found in your Coverage Key, Item 1.						
7	Unit Code	Enter a 3-digit code, if applicable.  SCHOOLS—You must enter the unit code for your district found in the Coverage Key.  OTHER AGENCIES—If unit codes are used on your payroll report, enter the applicable unit code in this block.						

Membership  
 BAS-167



SEQ.	CORR.	SOURCE
		R, P, T, I

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

1. SOCIAL SECURITY NUMBER		<b>PART I. EMPLOYER: EMPLOYMENT INFORMATION</b>					
2. MEMBER NAME (Last, First, Middle)		3. BIRTH DATE (MM, DD, YY)		4. JOB OR POSITION TITLE			
5. NAME OF PUBLIC AGENCY		6. EMPLOYER CODE		7. UNIT CODE		8. COVERAGE GROUP	
9. TYPE OF ACTION							
A. <input type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		C. <input type="checkbox"/> LEAVE OF ABSENCE		E. <input type="checkbox"/> SABBATICAL LEAVE			
B. <input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)		D. <input type="checkbox"/> MILITARY LEAVE		F. <input type="checkbox"/> WORKERS' COMPENSATION			
10. EFFECTIVE DATE OF ABOVE ACTION (MM, DD, YY)		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED (MM, DD, YY)		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME PLEASE EXPLAIN			
13. SIGNATURE OF CERTIFYING OFFICER				14. TITLE		15. DATE	

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
8	Coverage Group	Enter the 5-digit code representing the employee's coverage group (Coverage Key, Item 3).
9	Type of Action	CHECK THE BOX REPRESENTING THE SEPARATION TYPE.
	A. Termination of Employment	Check this box if the member is permanently separating from employment. If this box is checked, the member should complete Part II.
	B. Transfer Within Same Agency Changing Member's Coverage Group	Check this box if the member is transferring to another position within the same agency <i>and the change results in a different coverage group for the member</i> . A Membership Form (MEM-1) must be sent with the BAS-167 for the appointment to the new position. Part II of the BAS-167 is not completed. A BAS-167 form should not be submitted if the member's coverage group does not change.
	C. Leave of Absence	Check this box if the member is going off pay status for 6 months or more (approved leave), other than for Military, Sabbatical or Workers' Compensation leaves.

**CALIFORNIA**  
**PERS**  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

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**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

SOCIAL SECURITY NUMBER			PART I. EMPLOYER: EMPLOYMENT INFORMATION		
1. MEMBER NAME (Last) (FNU)		2. BIRTHDATE (MM) (DD)		4. JOB OR POSITION TITLE	
3. NAME OF PUBLIC AGENCY			6. EMPLOYER CODE	7. UNIT CODE	8. COVERAGE GROUP
9. TYPE OF ACTION					
A. <input type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		C. <input type="checkbox"/> LEAVE OF ABSENCE		E. <input type="checkbox"/> SABBATICAL LEAVE	
B. <input checked="" type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)		D. <input type="checkbox"/> MILITARY LEAVE		F. <input type="checkbox"/> WORKERS' COMPENSATION	
10. EFFECTIVE DATE OF ABOVE ACTION (MM) (DD) (YY)		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED (MM) (DD) (YY)		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:	
13. SIGNATURE OF CERTIFYING OFFICER			14. TITLE		15. DATE

**BLOCK NO.      BLOCK TITLE**

**INSTRUCTIONS**

9 (cont'd)      Type of Action

D. Military Leave

Check this box if the member is absent for the purpose of service in any branch of the United States Armed Forces. An employee on military leave may request a refund; in this case, the member should complete Part II.

E. Sabbatical Leave

A sabbatical leave is an approved leave during which the person receives partial compensation for the time absent from his/her duties. For instance, a college or university instructor may take a semester off from teaching duties, yet receive partial compensation while on leave. Check this box if the member is going on partially compensated leave status.

F. Workers' Compensation

Check this box if the member is absent from employment due to job-incurred illness or injury and is receiving temporary disability payments. Do not submit a BAS-167 if the disability payments are paid from funds *controlled by the employer*. Report the payments on your payroll as regular compensation.

**NOTE:** If the member is going on leave status Part II is not completed.

When a member returns from any leave, a Membership Form (MEM-1) must be sent to PERS to bring the member back to active status.

Membership  
 BAS-167



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

SEQ.	CORR.	SOURCE
		R, P, T

FOR PERS USE ONLY

**PART I. EMPLOYER: EMPLOYMENT INFORMATION**

1. SOCIAL SECURITY NUMBER			2. MEMBER NAME (Last) (First) (Middle)			3. BIRTHDATE (MM) (DD) (YY)			4. JOB OR POSITION TITLE			
5. NAME OF PUBLIC AGENCY						6. EMPLOYER CODE			7. UNIT CODE		8. COVERAGE GROUP	
9. TYPE OF ACTION												
<input type="checkbox"/> A. TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)				<input type="checkbox"/> C. LEAVE OF ABSENCE				<input type="checkbox"/> E. SABBATICAL LEAVE				
<input type="checkbox"/> B. TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-17)				<input type="checkbox"/> D. MILITARY LEAVE				<input type="checkbox"/> F. WORKERS' COMPENSATION				
10. EFFECTIVE DATE OF ABOVE ACTION (MM) (DD) (YY)				11. LAST DAY CONTRIBUTIONS WERE DEDUCTED (MM) (DD) (YY)				12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:				
13. SIGNATURE OF CERTIFYING OFFICER						14. TITLE			15. DATE			

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
10	Effective Date of Above Action	Enter a 6-digit numerical date representing the effective date of the action identified in block 9.  Example: 01-07-87
11	Last Day Contributions Were Deducted	Enter a 6-digit numerical date representing the last day contributions were deducted from the member's earnings.  Example: 01-07-87
12	If the Dates Are Not the Same, Please Explain	If the above dates are different explain the reason for the difference in this block.  Example: "Employee did not return from short leave".

**NOTE:** No other information should be entered in this space. If it is necessary to relay some information to PERS other than what is asked for on the form, a memo should be attached to the BAS-167 and should include the member's name and Social Security number.

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 P.O. Box 942704  
 Sacramento, CA 94229-2704

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**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

**PART I. EMPLOYER: EMPLOYMENT INFORMATION**

1. EMPLOYER NAME		2. EMPLOYER TYPE		3. EMPLOYER ADDRESS		4. EMPLOYER CITY		5. EMPLOYER STATE		6. EMPLOYER ZIP	
7. EMPLOYER PHONE		8. EMPLOYER FAX		9. EMPLOYER E-MAIL		10. EMPLOYER WEBSITE		11. EMPLOYER URL		12. EMPLOYER CONTACT PERSON	
13. SIGNATURE OF CERTIFYING OFFICER		14. TITLE		15. DATE		16. EMPLOYER COMMENTS		17. EMPLOYER COMMENTS		18. EMPLOYER COMMENTS	

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
13	Signature of Certifying Officer	Regardless of the action type, the form must be signed by an employee authorized to verify the the accuracy of the data being submitted.
14	Title	Enter the title of the officer.
15	Date	Enter the date of signature.

Membership  
BAS-167

**PART II. MEMBER: MEMBERSHIP IN PERS** (CHECK ONE NUMBERED BOX ONLY)

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.
  2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_
  3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_
- OR:
- As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**PART II**

Part II is completed when the member is terminating employment. The member completes Part II by checking the appropriate box and by completing blocks 16 through 18.

**BLOCK NO.**

**INSTRUCTIONS**

- 1  
This election may be chosen by a member with five or more years of service credit.  
  
A member choosing this election may at a later date apply for a retirement benefit or request a refund of contributions by writing directly to PERS.  
  
Contributions left on deposit will continue to earn interest.
- 2  
This election may be chosen by *any* member regardless of his/her years of service credit who anticipates returning to employment covered by PERS within a year of the separation. (The member should enter the name of the new employer if it is known.)
- 3  
This election may be chosen by a member who is entering employment covered by State Teachers' Retirement System, Judges' Retirement System, Legislators' Retirement System or any reciprocal retirement system (reciprocal systems are listed on the back of the employee copy).  
  
A member who is entering such employment may request a refund instead (election #4 rather than #3) and later redeposit the withdrawn contributions, including interest, once in employment covered by one of the aforementioned retirement systems. The member should enter the name of the retirement system (i.e., city, county, STRS, etc.) in the space provided. The name of a PERS-covered employer should never be entered.  
  
The member may choose election #1 instead of #3 if he/she has five or more years of PERS service credit.

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.

**WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.

**FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference:

- I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

**BLOCK NO.**

**INSTRUCTIONS**

4

By checking this box the member is electing a refund of total accumulated contributions. This should only be done if the member is permanently leaving your employment and is not accepting new employment covered by PERS.

Refunds are processed after a properly completed BAS-167 is received in PERS' Sacramento office. Refund warrants will be prepared and mailed from the State Controller's Office.

Federal taxes will be taken on that portion of the refund which is subject to Federal taxation, unless the member elects not have the taxes withheld.

The member must read and initial the "Waiver of Rights" statement.

Most refunds will be made in two payments. The first payment will include whatever is credited to the member's account when the separation document is processed. The second payment will include any additional amount credited to the member's account after all payroll reports have been updated.

For questions concerning refunds contact the Refunds Unit, Section 445 (Benefit Application Services Division).

**PLEASE ADVISE THE MEMBER THAT:**

1. The Retirement Law has been amended to allow for the payment of interest through the date in which the claim is filed with the Office of the Controller. Refunds no longer only include interest through the preceding June 30.
2. The refund will terminate the member's membership in PERS and the right to receive future retirement benefits.
3. If PERS records show that the member has returned to PERS-covered employment before the refund is made, the refund will be cancelled. A refund is considered effective when the member receives the first payment.



Membership  
BAS-167

**NOTE:** Please make sure the member checks only one of the boxes in Part II. If the member is unavailable to make an election, do *not* check any of the boxes on behalf of the member.

*Never* submit a second BAS-167 for the purpose of allowing the member to later make or change an election. Instead, please instruct the member to write directly to PERS.

16. MEMBER SIGNATURE	17. DATE	18. C/O
19. SPOUSE SIGNATURE: IMPORTANT - IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE MUST BE RETURNED.		STREET ADDRESS
BY WRITING THIS FORM, I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS.		CITY STATE ZIP CODE

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at PERS/ Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS • DUPLICATE AND TRIPPLICATE TO EMPLOYER • QUADRUPPLICATE TO MEMBER

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
16	Member Signature	This space is provided for the member's signature. The election is not valid if the member does not sign here.

NO REFUND WILL BE ISSUED WITHOUT THE MEMBER'S SIGNATURE

17	Date	Date of member's signature.
18	Address	<p>An address is required on all terminations. If the member is not available to complete Part II, enter the latest mailing address from your records. Do not place the member's name in the "c/o" block. Use the "c/o" block for a name other than the member's; i.e., relative or bank.</p> <p>A member desiring to have his/her refund check mailed to a Credit Union or employer must prepare a current dated letter (plain 8 1/2' x 11' paper, no letterhead) indicating the address to which the check is to be mailed. The home address of the member also must be provided in the letter. Attach the letter to the PERS copy of the BAS-167.</p>

NOTE: If the member is unavailable to make an election, a BAS-167 must still be sent to PERS to separate the member from employment. An employer should never make an election for the member.

**Membership  
 BAS-167**

15. MEMBER SIGNATURE	17. DATE	18. C/O
19. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED) BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS:		STREET ADDRESS
		CITY STATE ZIP CODE

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at: PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

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BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
18	Address (cont'd)	<p>A member desiring to have the refund check mailed to a bank or Savings and Loan must attach to the BAS-167 an account-numbered bank deposit slip. If the member does not have an account number, provide the name of the bank officer who knows the member or is handling the account.</p> <p>A member desiring to have the refund check mailed to a foreign country should contact the System's headquarters office for further information. International money orders may be purchased upon written authorization from the member.</p>
19	Spouse Signature	The member's spouse's signature is required. If there is no spousal signature on the BAS-167, a Justification For Non Signature of Spouse Form (BAS-800) must be completed by the member.

**NO REFUND WILL BE ISSUED WITHOUT THE SPOUSE'S SIGNATURE UNLESS A BAS-800 FORM IS RECEIVED WITH THE BAS-167.**

**NOTE:** With the exception of state and federal taxes, child and spousal support, and community property settlements, a member's retirement contributions are not subject to execution, garnishment, attachment, or any other process whatsoever, and are unassignable. (Government Code Section 21201)

**EXAMPLE: Termination**



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
P.O. Box 942704  
Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
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**REPORT OF STATUS CHANGE OR SEPARATION**  
PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

1. SOCIAL SECURITY NUMBER 000-00-0000		<b>PART I. EMPLOYER: EMPLOYMENT INFORMATION</b>		
2. MEMBER NAME (Last) SINCLAIR (First) JAMES (Middle) E.		3. BIRTHDATE MM 09 DD 01 YY 50		4. JOB OR POSITION TITLE ADMINISTRATIVE ASST.
5. NAME OF PUBLIC AGENCY CITY OF SAN LUIS OBISPO		6. EMPLOYER CODE 0319	7. UNIT CODE	8. COVERAGE GROUP 70001
9. TYPE OF ACTION				
A. <input checked="" type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		C. <input type="checkbox"/> LEAVE OF ABSENCE		E. <input type="checkbox"/> SABBATICAL LEAVE
B. <input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)		D. <input type="checkbox"/> MILITARY LEAVE		F. <input type="checkbox"/> WORKERS' COMPENSATION
10. EFFECTIVE DATE OF ABOVE ACTION MM 07 DD 06 YY 89		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM 06 DD 22 YY 89		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME PLEASE EXPLAIN EMPLOYEE DID NOT RETURN FROM ADMINISTRATIVE LEAVE
13. SIGNATURE OF CERTIFYING OFFICER <i>Jack Ryan</i>		14. TITLE PAYROLL OFFICER		15. DATE 07/07/89

**PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)**

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.
  2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_
  3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_
- OR:
- As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.
- WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions. *Initials of Member*
- FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference:

I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

16. MEMBER SIGNATURE <i>James Sinclair</i>	17. DATE 07/06/89	18. COO
19. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED) BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS:		STREET ADDRESS 3333 WEST STREET.
		CITY STATE ZIP CODE SAN LUIS OBISPO CA 93401

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at: PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS • DUPLICATE AND TRIPPLICATE TO EMPLOYER • QUADRUPLICATE TO MEMBER

Membership  
 BAS-167

### EXAMPLE: Leave of Absence

**CALIFORNIA PERS**  
**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
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**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

1. SOCIAL SECURITY NUMBER 000-00-0000		<b>PART I. EMPLOYER: EMPLOYMENT INFORMATION</b>			
2. MEMBER NAME (Last) MARENO (First) ALBERT (Middle) A.		3. BIRTHDATE MM DD YY 04 28 51		4. JOB OR POSITION TITLE CAFETERIA WORKER	
5. NAME OF PUBLIC AGENCY LOS ANGELES COUNTY SCHOOLS		6. EMPLOYER CODE 0245		7. UNIT CODE 070	
				8. COVERAGE GROUP 60002	
9. TYPE OF ACTION					
A. <input type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		C. <input checked="" type="checkbox"/> LEAVE OF ABSENCE		E. <input type="checkbox"/> SABBATICAL LEAVE	
B. <input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)		D. <input type="checkbox"/> MILITARY LEAVE		F. <input type="checkbox"/> WORKERS' COMPENSATION	
10. EFFECTIVE DATE OF ABOVE ACTION MM DD YY 01 09 90		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY 01 09 90		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:	
13. SIGNATURE OF CERTIFYING OFFICER <i>Alan Thompson</i>			14. TITLE FINANCE DIRECTOR		15. DATE 01/09/90

**PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)**

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.
  2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_
  3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_
- OR:
- As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.

**WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.

**FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference:

- I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

16. MEMBER SIGNATURE		17. DATE	
19. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED)		STREET ADDRESS	
BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS.		CITY STATE ZIP CODE	

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at: PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS      •      DUPLICATE AND TRIPPLICATE TO EMPLOYER      •      QUADRUPLICATE TO MEMBER

**EXAMPLE: Termination**

**CALIFORNIA PERS**  
**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
		R, P, T, I

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (Rev. 9-89)

FOR PERS USE ONLY

1. SOCIAL SECURITY NUMBER 000-00-0000		<b>PART I. EMPLOYER: EMPLOYMENT INFORMATION</b>		
2. MEMBER NAME (Last) (First) (Middle) SINCLAIR JAMES E.		3. BIRTHDATE MM DD YY 09 01 50	4. JOB OR POSITION TITLE ADMINISTRATIVE ASST.	
5. NAME OF PUBLIC AGENCY CITY OF SAN LUIS OBISPO		6. EMPLOYER CODE 0319	7. UNIT CODE	8. COVERAGE GROUP 70001
2. TYPE OF ACTION				
A. <input checked="" type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		C. <input type="checkbox"/> LEAVE OF ABSENCE		E. <input type="checkbox"/> SABBATICAL LEAVE
B. <input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)		D. <input type="checkbox"/> MILITARY LEAVE		F. <input type="checkbox"/> WORKERS' COMPENSATION
10. EFFECTIVE DATE OF ABOVE ACTION MM DD YY 07 06 89		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY 06 22 89		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN: EMPLOYEE DID NOT RETURN FROM ADMINISTRATIVE LEAVE
13. SIGNATURE OF CERTIFYING OFFICER <i>Jack Ryan</i>		14. TITLE PAYROLL OFFICER		15. DATE 07/07/89

**PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)**

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.
2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_
3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_  
OR:  
As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.  
**WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.  
**FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference:  
 I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

16. MEMBER SIGNATURE <i>James Sinclair</i>	17. DATE 07/06/89	18. P.C.
19. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED) BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS:		STREET ADDRESS 3333 WEST STREET
		CITY STATE ZIP CODE SAN LUIS OBISPO CA 93401

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS directly at: PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS • DUPLICATE AND TRIPPLICATE TO EMPLOYER • QUADRUPPLICATE TO MEMBER

Membership  
 BAS-167

**EXAMPLE: Leave of Absence**



**PUBLIC EMPLOYEES' RETIREMENT SYSTEM**  
 P.O. Box 942704  
 Sacramento, CA 94229-2704

SEQ.	CORR.	SOURCE
		R, P, T,

**REPORT OF STATUS CHANGE OR SEPARATION**  
 PERS-BAS-167 (REV. 9-89)

FOR PERS USE ONLY

PART I. EMPLOYER: EMPLOYMENT INFORMATION									
1. SOCIAL SECURITY NUMBER 000-00-0000									
2. MEMBER NAME (Last) MARENO		(First) ALBERT		(Middle) A.		3. BIRTHDATE MM 04   DD 28   YY 51		4. JOB OR POSITION TITLE CAFETERIA WORKER	
5. NAME OF PUBLIC AGENCY LOS ANGELES COUNTY SCHOOLS					6. EMPLOYER CODE 0245		7. UNIT CODE 070	8. COVERAGE GROUP 60002	
9. TYPE OF ACTION									
A. <input type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)				C. <input checked="" type="checkbox"/> LEAVE OF ABSENCE			E. <input type="checkbox"/> SABBATICAL LEAVE		
B. <input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-1)				D. <input type="checkbox"/> MILITARY LEAVE			F. <input type="checkbox"/> WORKERS' COMPENSATION		
10. EFFECTIVE DATE OF ABOVE ACTION MM 01   DD 09   YY 90			11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM 01   DD 09   YY 90			12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:			
13. SIGNATURE OF CERTIFYING OFFICER <i>Alan Thompson</i>					14. TITLE FINANCE DIRECTOR			15. DATE 01/09/90	

**PART II. MEMBER: MEMBERSHIP IN PERS (CHECK ONE NUMBERED BOX ONLY)**

Upon separation you may elect to terminate your membership in PERS and receive a refund of your contributions, or continue your membership and leave your contributions on deposit. To be eligible to elect a refund, you must be permanently separating from all employment covered by PERS. If you have less than 5 years of service credit with PERS and you are permanently separating, a refund is mandatory (except as explained in # 2 and 3 below). Interest will be paid through the date of refund.

**I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT BECAUSE:**

1.  My service credit with PERS equals or exceeds five years.
2.  My separation from employment covered by PERS is temporary (less than one year). If you are accepting employment with another PERS-covered employer, enter employer name: \_\_\_\_\_
3.  As explained in Section C on the back of this form, I am accepting employment with an employer covered by a retirement system having reciprocity with PERS. Enter employer name: \_\_\_\_\_

OR:

As explained in Section D on the back of this form, I am accepting employment in which I will be a member of the following statewide retirement system: \_\_\_\_\_

**I ELECT A REFUND OF MY RETIREMENT CONTRIBUTIONS. I UNDERSTAND THIS REFUND WILL TERMINATE MY MEMBERSHIP IN PERS AND I WILL NOT BE ELIGIBLE FOR ANY FUTURE RETIREMENT BENEFITS.**

4.  I elect to terminate my membership in PERS and receive a refund of my total accumulated contributions.

**WAIVER OF RIGHTS:** I am aware of my service and disability retirement rights under PERS. I have read the description of rights, and the benefits calculation formula and table, set forth in the PERS' member booklet for my classification. Despite my knowledge of these facts, I hereby WAIVE all rights to any future retirement benefits, in order to take this refund of contributions.

**FEDERAL INCOME TAX WITHHOLDING:** Your tax-deferred contributions and interest in PERS will be subject to taxes as personal income in the year you receive your refund. Therefore, you must make an election as to whether or not you want tax withheld from your refund. Please read "TAX INFORMATION" in Section A on the back of the employee copy prior to making a refund election. Place an "X" in one of the following boxes to indicate your preference:

- I ELECT TO HAVE TAX WITHHELD.       I ELECT NOT TO HAVE TAX WITHHELD.

**IMPORTANT:** Your request for a refund CANNOT be processed without your Social Security Number, your signature, and either your spouse's signature, or the completed Justification for Non Signature of Spouse form.

16. MEMBER SIGNATURE		17. DATE		[REDACTED]	
19. SPOUSE SIGNATURE (IMPORTANT—IF NO SPOUSE SIGNATURE, A JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM MUST BE RETURNED)					
BY SIGNING THIS FORM I ACKNOWLEDGE MY SPOUSE'S REQUEST FOR A REFUND OF CONTRIBUTIONS:				STREET ADDRESS	
				CITY STATE ZIP CODE	

**EMPLOYER:** An address is required whenever a member terminates employment. If the member is unavailable to complete Part II, please provide the latest mailing address you have for the member. Also, never submit a second form BAS-167 to allow a member to later make or later change an election. The member should be instructed to contact PERS/Benefit Application Services Division, P.O. Box 942711, Sacramento, CA 94229-2711, (916) 326-3232 or Telecommunications Device for the Deaf (916) 326-3240

ORIGINAL TO PERS • DUPLICATE AND TRIPPLICATE TO EMPLOYER • QUADRUPPLICATE TO MEMBER

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**NOTE: Refer to the Membership Section for the discussion on the Report of Status Change or Separation, PERS-BAS-167, and the Authorization for Contribution and/or Rate Adjustment, PERS-MEM-823C.**

## PAYROLL REPORTING TELEPHONE AND SECTION DIRECTORY

	Telephone Number	Section Code *
<b>Fiscal Services Division</b>		
Cashier .....	(916) 326-3448	130
Employer Rates .....	326-3442	130
<b>Member Services Division</b>		
Information Processing Unit:		
Delinquency Reporting .....	326-3502	863
Pre-Lists .....	326-3501	863
<b>Payroll Audits Unit:</b>		
Payroll Reporting .....	326-3141	822
<b>Contribution Adjustment Unit:</b>		
Member Annual Statement Unit .....	326-3141	823
Contribution Adjustment Unit .....	326-3141	823
<b>Benefit Application Services Division</b>		
Refund Section .....	326-3480	445
<b>Information</b> (Telephone Communications Device for the Deaf-TDD):		
Member Services Division .....	326-3240	
Benefit Application Services Division .....	326-3420	

\* For better service when writing to Fiscal Services Division, Member Services Division, or Benefit Application Services Division, include the Section Code on all correspondence.

See Appendix for the System's mailing addresses.



## GENERAL INFORMATION FOR ALL REPORTING METHODS

### REPORTABLE/NON-REPORTABLE COMPENSATION

#### Regular Compensation

##### REPORT

- normal regular earnings
- vacation/annual leave (report as if the compensation were earned during the vacation period)
- compensating time off (report as if the compensation were earned during the period the member is off work)
- sick leave payments from employer controlled funds
- payments from school district during disability or illness leave (see Education Code for various conditions)
- disability payments to safety members in accordance with Labor Code Section 4850
- tax-sheltered annuity payments\* which meet requirements of Section 403(b) of the United States Internal Revenue Code [Government Code Section 20022(a)]
- deferred compensation plan payments\* [Government Code Sections 20022, 20032 and 20809] when paid by the member

\*Report the full amount of compensation to PERS before deducting these payments.

##### DO NOT REPORT

- *lump sum* vacation or compensating time off payments
- final settlement pay, severance pay
- lump sum sick leave payments at end of year or upon termination of employment
- pay in lieu of vacation or holiday (considered overtime for retirement purposes)
- overtime

Note: Overtime is usually any service in excess of what is considered by the employer to be full-time for the position. Any overtime paid to certain classifications for working what is considered to be full-time due to the requirements of the Fair Labor Standards Act is reportable compensation. (See page 2-031).

- payments to health and welfare funds [Government Code Section 20022(b)]
- payments in lieu of unused health insurance allowance provided by employer [Government Code Section 20022(b)]
- employer's payments which are to be credited as employee contributions to PERS [Government Code Section 20022(b)]

Example: Pay Rate = \$1,000 per month  
Earnings = \$1,000 per month  
Contributions due = \$70.00

If the employer begins paying the \$70.00 contribution on behalf of the member, *do not* add the \$70.00 to the pay rate or earnings.

- employer's payments which are to be credited to employee accounts in deferred compensation plans [Government Code Section 20022(b)]
- employer's payments of the employee portion of Social Security taxes
- cafeteria style benefit plans; however, if any portion of the plan includes forms of compensation defined specifically as such by the Retirement Law, that portion must be reported

Payroll Reporting  
Compensation

### Special Compensation

REPORT	DO NOT REPORT
<ul style="list-style-type: none"><li>● special compensation for performing <i>normally required</i> duties, including:<ul style="list-style-type: none"><li>— holiday pay*</li><li>— uniform allowance**</li><li>— bonuses for normally required duties [Government Code Section 20022(a)(8)]</li><li>— educational incentive pay</li><li>— bilingual pay</li><li>— longevity pay</li><li>— out-of-class pay</li><li>— marksmanship pay</li><li>— hazard pay</li><li>— motorcycle pay</li><li>— night-time duty pay</li><li>— split-shift differential</li><li>— substitute differential (Education Code Sections 45196 and 88196)</li><li>— paramedic pay</li></ul></li></ul>	<ul style="list-style-type: none"><li>● special compensation for additional services outside regular duties, including:<ul style="list-style-type: none"><li>— stand-by pay</li><li>— call-back pay</li><li>— court duty</li><li>— auto allowances</li><li>— bonuses for duties performed after regular work shift [Government Code Section 20022(b)(11)]</li></ul></li></ul>

When special compensation is paid as a regular part of the member's salary, it should be incorporated into the base pay rate and earnings for the member. When it is paid on a different schedule than the normal salary, it should be reported separately as special compensation. Any employee hired on a *part-time basis* should *always* have special compensation reported in a separate entry.

**NOTE:** *If in doubt as to whether an item of compensation is reportable to PERS, submit a copy of the memorandum of understanding, union contract, or other supporting documentation to the Payroll Audits Unit (822) for a determination.*

*Please see circular letter number 100-274, dated January 11, 1985, for more comprehensive information regarding holiday pay and uniform allowance.*

\* Holiday pay is reported for both miscellaneous and safety members who work in positions that require scheduled staffing without regard to holidays. If the member is paid over and above the normal salary when a holiday is worked, the additional amount is reported separately to PERS as special compensation.

\*\* Uniform allowance is reported for both miscellaneous and safety members. Regardless of how the uniform is purchased, if the employer absorbs the costs of the uniform, these costs are reported as special compensation. For PERS purposes, uniforms include only those which are a ready substitute for personal attire the employees would otherwise have to acquire with their own personal resources. Rental and laundry fees are included as uniform allowance, while health and safety equipment are excluded.

**Compensation Paid to Court Reporters**

Report compensation for Court Reporters who qualify for PERS membership; i.e., those who serve half-time or more. Numerous statutes and a variety of payment methods prevent PERS from formulating standard reporting procedures for Court Reporters. Separate instructions are provided to the individual counties. Contact the Payroll Audits Unit (822) for further information.

**School Employees—Less-Than-Full Year Contract**

Report compensation school employees earn in a less-than-full year contract as it is earned, not as it is paid. (Government Code Section 20022.3) See page 2-030 for method of reporting equal payments.

*FOR ADDITIONAL INFORMATION CONTACT THE PAYROLL AUDITS UNIT (822) OF THE MEMBER SERVICES DIVISION.*



## PAYROLL REPORTING ELEMENTS

### Introduction

All elements involved in a payroll entry are identified and explained in this part. The same elements are used for all payroll reporting methods in essentially the same way.

The chart on page 2-015 shows the relationship among the payroll reporting elements based on the type of contributions being reported.

### Contribution Amount

“Contribution Amount” is the monetary amount of contributions to be posted to the member’s account for each payroll entry. (Survivor contributions are reported as a separate element.)

The element is a positive or negative numeric value up to six digits in length (e.g., \$1,350.00).

For a description of how member normal contributions are calculated, see “Basic Contribution Calculations,” page 2-027.

### Contribution Code

“Contribution Code” is a two-digit numerical code which identifies the type of contributions being reported. It is the key to each payroll transaction. Only the following codes may be used:

Member Paid	Tax Deferred Member		
01	11	—	Normal Current Contributions
02	12	—	Prior Period Contribution Adjustment
03	13	—	Prior Period Earnings Adjustment
04	—	—	Contribution Receivable
05	15	—	Retroactive Salary Adjustment
06	16	—	Special Compensation
07	—	—	Prior Period Survivor Contribution Adjustment
08	—	—	Employee-Paid Additional Contributions
09	—	—	Employer-Paid Additional Contributions

See page 2-017 for further information and examples.

Please note that only contribution codes 01, 11, 03, and 13 will generate service credit for the member.

### Contribution Rate

“Contribution Rate” is the percentage used to calculate the contribution amount (along with member earnings and a modification factor, if applicable). It is a four-digit positive numeric value (e.g., report seven percent as 0700).

Contribution rate is found in the Coverage Key, Item 6.4. If an employer pays any portion of the member’s contributions, the total percentage due, not just the amount the member pays, should be used for this element.



Payroll Reporting  
Elements

**Coverage Group**

“Coverage Group” is a five-digit numerical code which is assigned by PERS to identify a specific group of employees within an agency.

Coverage groups are uniquely assigned for each agency. Refer to Coverage Key, Item 3, for the coverage groups applicable to your agency. Only the coverage groups shown will be accepted on payroll reports to PERS.

To find the coverage group that applies to a particular member, first determine the major category or type of employment. Next, refer to the description of the coverage groups and use the one that applies.

**Member Earnings**

“Member Earnings” is the gross compensation paid in cash that a member is entitled to as payment for services during a service period. (See pages 2-005 and 2-006 for what is reportable or not reportable to PERS.)

The element is a positive (or negative) numeric value up to seven digits in length, e.g., \$10,500.00.

NOTE: School members who are employed under less-than-full year contracts should be reported no differently than members who are employed under full year contracts. All salary withheld for the purpose of continuing salary payments during periods in which the member renders no service should be reported when earned rather than when actually paid.

**Member Name**

“Member Name” identifies the member’s last name, initial of first name, and initial of middle name.

The member’s last name must be at least two alpha characters in length and cannot exceed ten characters in length. Member’s first initial must be one alpha character in length. Member’s middle initial must be either one alpha character or blank. Member’s name should be arranged in alphabetical order within each unit on your payroll.

**Pay Code**

“Pay Code” is a two-digit numeric code which designates the wage base on which a member is paid. It must be one of the following:

- 01 — Monthly Pay Rate
- 02 — Monthly Pay Rate (used only by L.A. City Unified and L.A. Community College District)
- 04 — Hourly Pay Rate
- 08 — Daily Pay Rate
- 09 — Miscellaneous Pay Rate (for reporting special compensation only)

**Pay Rate**

“Pay Rate” indicates that amount of compensation a member is paid for a full unit of time (i.e., hour, day, month).

The pay rate must be a positive numeric value and cannot exceed eight digits in length (e.g., 99999.999). PERS requires that pay rates be reported with *three places* after the decimal. For example, an hourly rate of \$5.78 1/2 would be reported as 5.785, and a daily rate of \$60.00 would be reported as 60.000.

For further information on reporting pay rates, see page 2-029.

**Service Period**

“Service Period” is a five-digit numeric code that identifies the month, year, and type of payroll period for which the transaction is being reported.

The *first two digits* of the service period identify the month in which the service period ends. (The ending date is the last date of service for which compensation was earned, regardless of the date the actual salary payment was made.)

Examples:

- a. Monthly report for April (service period ends in April)

04-89-0

- b. Bi-weekly report for period September 18 through October 1 (last day of service period determines month of the report)

10-89-3

The *third and fourth digits* identify the year in which the service period ends. (Only the last two digits of the year are used.)

Example:

- a. Monthly report for December, 1988 (service period ends in 1988)

12-88-0

The *fifth digit* indicates the frequency of the payroll report and the chronological sequence within the month. All payroll reports to PERS must be submitted under one of the following types:

Frequency	Number of Payroll Periods Per Year	Type Code
a. Monthly	12	0
b. Semi-monthly	24	1 — first half of month (1st through the 15th)
Semi-monthly		2 — second half of month (16th through the end of the month)
c. Bi-weekly	26	3 — first report in month (ending on the 1st through the 14th)
Bi-weekly		4 — second report in month (ending on the 15th through the 28th)
Bi-weekly		5 — third report in month (occurs whenever service period ending dates are 29, 30, or 31)
d. Quadri-weekly	13	6 — first report in month (ending on the 1st through the 28th)
Quadri-weekly		7 — second report in month (occurs whenever the service period ending dates are 29, 30, or 31)

**CHANGES IN THE FREQUENCY IN WHICH PAYROLL REPORTS ARE SUBMITTED MUST BE APPROVED BY PERS IN ADVANCE.**

Payroll Reporting  
Elements

**Social Security Number**

“Social Security Number” must be a positive numeric value nine digits in length. It must be present on all transactions because it is used as the major source of member identification. Verify the Social Security number with the Social Security card or the Membership Form (MEM-1). Social Security numbers beginning with 8 or 9 are invalid and will not be accepted.

In the event the Social Security number was reported incorrectly on the MEM-1 and correspondingly on the payroll reports, notify the Member Services Division, Section 821. Include in the correspondence the incorrect number, the correct number, the member’s name, and a copy of the member’s Social Security card.

If membership was established with the correct number, but an incorrect number has been reported on the payroll reports for one or more service periods, begin using the correct number on the next payroll report. Then notify the Member Services Division, Payroll Audits Unit (822), that the error was made.

**Survivor Contribution**

“Survivor Contribution” is the amount of contribution a member pays for the 1959 Survivor Benefit. Refer to the Coverage Key, Item 8.1, and the Membership Form (MEM-1), to determine if the member has this benefit. Members covered by the 1959 Survivor Benefit contribute the following amounts based on the reporting frequency.

Reporting Frequency	Contribution Each Service Period
Monthly .....	\$2.00
Semi-monthly .....	1.00
Bi-weekly .....	0.93
Quadri-weekly .....	1.86

When the member is covered, the survivor contribution should always be shown as a three-digit numeric value. It may be positive or negative depending on the circumstances.

The 1959 Survivor Benefit provides for a survivor benefit upon death of the member before retirement. A member does not have both 1959 Survivor Benefit coverage and Social Security coverage with a single employer. There are exceptions, however. Contact the Membership Review Unit (841) of the Member Services Division if you have questions.

The full amount of survivor contribution is due for a service period even if only one day’s earnings are reported. Make only one deduction each service period. The contribution is not due on retroactive or special compensation entries (Contribution Codes 05, 15, 06 or 16).

If a member does not receive any compensation for a service period because of an official leave of absence, no contribution is due for that service period.

Entries adjusting the survivor contributions should be included as part of the current entries or prior period earnings adjustment entries (Contribution Codes 01, 11, 03, and 13). If adjustments are more than \$9.99, additional adjustments may be made on a separate entry using Contribution Code 07.

The survivor contribution is *not* credited to the member’s account, and is not refundable.

**Unit Code**

"Unit Code" identifies a group or unit of employees within an employer. If used, it must be three numeric digits and must be reported consistently for a member. When a member transfers to a new unit code within an employer, begin reporting the new unit code on the next payroll report. (The unit code reported for payroll will also be used to distribute Annual Member Statements.)

This code is optional for all employers except county schools. County schools must use the unit codes found in the Coverage Key.

**Work Schedule Code**

The "Work Schedule Code" is a 3-digit numeric code. It identifies what you, the employer, consider to be full-time employment for employees in the same work group, such as by department or duties, but not by individual employee. The work schedule code typically will not vary from report to report.

The work schedule code must be reported for all payroll entries containing contribution codes 01, 11, 03 and 13.

The monthly, hourly or daily *pay code* used for the payroll entry determines how you convert full-time employment into the appropriate work schedule code.

EXAMPLES:

<b>Pay Code</b>	<b>Work Schedule Code</b>
Monthly—01	= 173

Your full-time monthly paid employees work an average of 173 hours per month

To determine the monthly average when only a weekly average is known, use the following formula:

$$\frac{\text{hours per week} \times \text{weeks per year}}{\text{months per year}} = 173$$
$$\frac{40 \text{ hours per week} \times 52 \text{ weeks per year}}{12 \text{ months per year}} = 173.33$$

NOTE: When using monthly work schedule codes always round to the nearest whole number.

Hourly—04	= 400
-----------	-------

1. Your full-time hourly paid employees work an average of 40 hours per week

2. Your full-time hourly paid employees work an average of 37.5 hours per week = 375

**Payroll Reporting  
Elements**

<b>Pay Code</b>	<b>Work Schedule Code</b>
Daily—08	
1. Your full-time daily paid employees work an average of 5 days per week	= 050
2. Your full-time daily paid employees work an average of 4.5 days per week	= 045

**NOTE:** A decimal point is implied between the second and third position of hourly and daily work schedule codes.

**Miscellaneous—09**

Work schedule code is NEVER required

A *part-time employee's* work schedule code is based on what is considered full-time employment for employees in the same work group.


















For example, your part-time hourly paid employee works an average of 20 hours per week but may work more hours as needed. If employees in the same group are allowed to work up to 40 hours per week, then the work schedule code is 400 (*not* 200).

**NOTE:** Council Members and City Attorneys would have the same work schedule code as the regular full-time employees within your agency even if their pay is based on the number of meetings they attend.

## PAYROLL REPORTING ELEMENT RELATIONSHIPS

The following chart shows the relationship among the various elements used in a payroll entry. By referring to the *Contribution Code* column, you can identify which elements are required, which elements cannot be used, which are optional, and which are restricted to certain values. See page 2-017 for examples of each type of entry.

TRANSACTION TYPE	ELEMENT NAME													
	Contribution Code	Social Security Number	Member Name	Coverage Group	Service Period	Pay Code	Pay Rate	Member Earnings	Contribution Rate	Normal Member Contribution Amount	Survivor Contribution Amount	Work Schedule Code	Unit Code	Tax Deferred Member Contribution Amount
Normal Current Contribution	01,11				A	E				J	L	M	N	O
Prior Period Contrib. Adjustment	02,12				B					J			N	O
Prior Period Earn. Adjustment	03,13				C	E				J	L	M	N	O
Contribution Receivable	04				D					J			N	O
Retroactive Salary Adjustment	05,15				C	E	G			K			N	O
Special Compensation	06,16				D	F	H	I		J			N	O
Prior Period Surv. Cont. Adjustment	07				B								N	
Employee Pd. Addl. Contribution	08				A								N	
Employer Pd. Addl. Contribution	09				A								N	

-  This element is mandatory.
-  This element must be blank or zero.
-  Agencies reporting with diskette or magnetic tape must enter the current service period. Agencies reporting by pre-list must leave service period blank.
-  All agencies, regardless of reporting media, must enter a non-current service period. The service period entered may be either the current or a previous service period depending on the circumstances.
-  All agencies, regardless of reporting media, must enter a non-current service period.
-  Agencies reporting with diskette or magnetic tape must enter either the current or a non-current service period depending upon the circumstances. Agencies reporting by pre-list must leave service period blank if the entry pertains to the current service period, and must enter any non-current service periods.
-  Pay code is required but *cannot be 09*.
-  Pay code is required and *must be 09*.
-  Pay rate is required and it must be the *new* pay rate.
-  Pay rate is required and it must equal earnings.
-  Earnings are required and must equal pay rate.
-  This element is to be used for the portion of member contributions paid by the member that is not tax deferred.\*
-  The general rule for reporting entries with contribution code 05 or 15 is that the earnings are not to be modified for Social Security coverage.
-  This element is to be used only by those employers which have the 1959 Survivor Benefit coverage contained in their contract.
-  This element is mandatory for all members when the pay code is 01, 04, or 08. When the pay code is 09, it cannot be reported.
-  This element is mandatory for all school employers and is optional for all other employers. When payroll unit codes are used by an employer, they must be used on each entry.
-  This element is to be used for the portion of member contributions paid by the employer, or for the contributions made by the member which are tax deferred.

\*Contribution amount (i.e., the total member contributions paid by the member and/or the employer) must be correct for the member's total earnings reported. This means that when a member has multiple entries for a particular service period, the earnings for all entries applicable to that service period must be added together before any modification factor is applied. For example, if an entry being made for this service period is adjusting an entry for a previous service period, 1) add earnings now being reported to earnings in the previous entry; 2) subtract the Social Security modification factor (if it applies); 3) multiply the result by the member's contribution rate; 4) report any amount of contributions due that was not reported in the previous entry in the appropriate normal member paid or tax deferred member column.



### SELECTING AND REPORTING CONTRIBUTION CODES

Contribution code is the key to identifying which payroll reporting elements are necessary for a payroll entry. This part provides definitions and examples of each contribution code to enable you to determine which contribution code to use and how to make the payroll entry for that code.

Contribution codes with "0" as the first digit designate *member normal contributions*. Codes with "1" as the first digit designate *tax deferred contributions paid by the member or the employer*.

#### Contribution Codes 01 and 11—Normal Current Contributions

Contributions paid by members on their normal regular earnings, for the current service period only.

If a person receives a salary increase or decrease during the current service period, then both pay rates must be reported. This will require two line entries, reporting the proper amount earned under each pay rate.

Example 1: Michael J. Griswold earns \$1000.00 per month. His employer pays half of his member contributions. Report his normal regular earnings as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR/TYPE	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST	F I M						RATE	CODE				TYPE	AMOUNT
	000-00-0000	Griswold	M J	70001		01	1000.000	1000.00	0700	01	35.00	173	100		35.00

**DISKETTE/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR/TYPE	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	LAST	F I M						RATE	CODE				TYPE	AMOUNT
000-00-0000	Griswold	M J	70001	07 86 0	01	1000.000	1000.00	0700	01	35.00	173	100		35.00



Payroll Reporting  
Contribution Codes

Example 2: Michael then receives a pay increase of \$200.00 effective in the middle of the next monthly service period. To ensure full crediting of service, report this mid-service period pay raise using two entries as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		F	M						RATE (9)	CODE (10)				AMOUNT (11)	CODE
	000-00-0000	M	J	70001		01	1000	500.00	0700	01	17.50	173		17.50	
	000-00-0000	M	J	70001		01	1200	600.00	0700	01	21.00	173		21.00	

**DISKETTE/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	F	M						RATE	CODE				AMOUNT	CODE
000-00-0000	M	J	70001	07 86 0	01	1000	500.00	0700	01	17.50	173		17.50	
000-00-0000	M	J	70001	07 86 0	01	1200	600.00	0700	01	21.00	173		21.00	

**Contribution Codes 02 and 12— Prior Period Contribution Adjustment**

An adjustment necessary to correct an error on a member's contribution amount when either an incorrect rate was applied or an error in calculation was made.

A single contribution code 02 or 12 entry can be used to correct contribution errors for more than one service period by entering the earliest service period being adjusted. Should PERS discover the error, the employer will be requested to make the adjustment on the next payroll report. Should the employer discover the error, the adjustment should be made on the next payroll report without waiting for notification by PERS.

Example: Karen M. Regan's contributions for the July, 1986 service period were calculated incorrectly; an overpayment of \$9.50 was made. All of the member contributions are paid by Karen and are not tax deferred. Correct this overpayment as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		F	M						RATE (9)	CODE (10)				AMOUNT (11)	CODE
	000-00-0000	K	M	70001	07 86 0				02		-9.50		100		

DISKETTE/TAPE METHOD

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD		PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	F	M		MONTH	YEAR				TYPE	RATE				CODE	AMOUNT
000-00-0000	K	M	70001	07	86	0			02	9.50			100		

**Contribution Codes 03 and 13—Prior Period Earnings Adjustment**

Member earnings reported in arrears and adjustments to correct pay rates and/or earnings previously reported in error. When contribution code 03 or 13 is used to report corrections for more than one service period, you must use a separate transaction for each service period so that PERS can properly credit service to a member's account.

A non-current service period must be entered for every code 03 or 13 transaction. Be sure to use the coverage group code that applied to the member during the service period being corrected (Coverage Key, item 3.0).

There are three ways to use contribution code 03 or 13.

**Method No. 1**—to report earnings in arrears, i.e., when a member was erroneously omitted from a previous payroll report. Enter the transaction as it should have read, using the correct previous service period and contribution code 03 or 13.

**Example:** Barry Meyers began working for your agency July 1, 1986 but was not included on the July 1986 payroll report. Barry's employer pays his entire member contributions. Report his earnings as follows:

PRE-LIST METHOD

REFERENCE NUMBER	SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD		PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
		F	M		MONTH	YEAR				TYPE	RATE				CODE	AMOUNT
	000-00-0000	B	M	70001	07	86	0	1600.000	1600.00	0700	2.00	173	200	13	112.00	

DISKETTE/TAPE METHOD

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD		PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	F	M		MONTH	YEAR				TYPE	RATE				CODE	AMOUNT
000-00-0000	B	M	70001	07	86	0	1600.000	1600.00	0700	2.00	173	200	13	112.00	

Payroll Reporting  
 Contribution Codes

Method No. 2—to correct pay rate and earnings or an entire entry that was previously reported in error.

Enter the original transaction (including the original service period) but use contribution code 03 or 13 and report member earnings, contribution amount and survivor contribution as negative amounts. This removes the incorrect entry. Now enter the correct transaction, again using the original service period and contribution code 03 or 13. If a non-member was reported in error, reverse out the original entry and stop there.

Example: Paula R. James was reported incorrectly for the January, 1986 service period as a miscellaneous member (coverage group code 70001). She became a police officer on January 1, 1986 (coverage group code 75001). Member contributions are paid by the member for miscellaneous service but paid by the employer for police officers. Correct this error as follows:

PRE-LIST METHOD

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR TYPE (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTION AMOUNT (11)	SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS AMOUNT	
		F	M											CODE	AMOUNT
	000-00-0000	P	R	70001	01/86	01	1600.000	-1600.00	0700	-112.00	2.00	173	100		
	000-00-0000	P	R	75001	01/86	01	1900.000	1900.00	0900		2.00	262	200	73	171.00

DISKETTE/TAPE METHOD

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR TYPE	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION RATE	NORMAL MEMBER CONTRIBUTION AMOUNT	SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS AMOUNT	
	F	M											CODE	AMOUNT
000-00-0000	P	R	70001	01/86	01	1600.000	-1600.00	0700	-112.00	2.00	173	100		
000-00-0000	P	R	75001	01/86	01	1900.000	1900.00	0900		2.00	262	200	73	171.00

Method No. 3—to increase or decrease the amount of earnings previously reported. This method is used to correct earnings and contribution amount only. If the pay rates, service period and/or coverage group code needs to be corrected, use Method No. 2.

Make an entry which includes the original service period, coverage group code, and pay rate; report the difference in earnings and contributions using contribution code 03 or 13. Multiply earnings by contribution rate to get the correct contribution amount, modifying for Social Security if it applies.

Example: Jane Brown was reported with her full salary of \$1,000.00 for July 1986. In August it was discovered that she was docked and her earnings for July should have been \$900.00. Jane's employer pays half of her member contributions. The payroll entry for July was:

PRE-LIST METHOD

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (13)	WORK SCHEDULE CODE (15)	UNIT CODE (14)	TAX ORDERED MEMBER CONTRIBUTIONS	
		F	M						RATE	AMOUNT				CODE	AMOUNT
	000-00-0000	J	Brown	70001	07 86 0	01	1000.000	1000.00	0700	35.00		173	100		35.00

DISKETTE/TAPE METHOD

SOCIAL SECURITY NUMBER	MEMBER NAME		SERVICE PERIOD MONTH/YEAR	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX ORDERED MEMBER CONTRIBUTIONS	
	F	M				RATE	AMOUNT				CODE	AMOUNT
000-00-0000	J	Brown	07 86 0	1000.000	1000.00	0700	35.00		173	100		35.00

The correcting contribution codes 03 and 13 entry on the August payroll should be:

PRE-LIST METHOD

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (13)	WORK SCHEDULE CODE (15)	UNIT CODE (14)	TAX ORDERED MEMBER CONTRIBUTIONS	
		F	M						RATE	AMOUNT				CODE	AMOUNT
	000-00-0000	J	Brown	70001	07 86 0	01	1000.000	-100.00	0700	03	-3.50	173	100		-3.50

DISKETTE/TAPE METHOD

SOCIAL SECURITY NUMBER	MEMBER NAME		SERVICE PERIOD MONTH/YEAR	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX ORDERED MEMBER CONTRIBUTIONS	
	F	M				RATE	AMOUNT				CODE	AMOUNT
000-00-0000	J	Brown	07 86 0	1000.000	-100.00	0700	03	-3.50	173	100		-3.50

**Payroll Reporting  
 Contribution Codes**

**Contribution Code 04—Contribution Receivable**

Contributions a member makes for redepositing contributions previously withdrawn, contributions for purchasing service credit, or other special instances where a receivable is necessary.

A contribution code 04 entry may ONLY be used after PERS has established the receivable and has sent the employer an Authorization for Contribution and/or Rate Adjustment Form PERS-MEM-823C. (See Membership Section 1-085.) The MEM-823C will identify:

- a) the member
- b) the date of the deduction should begin
- c) the amount of the deduction and
- d) the total number of payments required

Members may have more than one receivable deduction at any given time. Each MUST be reported as a separate transaction. The receivable will be included in the member normal contributions on the Payroll Listing and Summary Report (ACC-626).

Report the receivable only in the exact amount authorized by the MEM-823C. Never combine a receivable with any other type of contribution. If it becomes necessary to report a receivable retroactively, enter the applicable service period and make a separate entry for each period. Be sure to report the receivable using the coverage group code specified on the MEM-823C.

Begin the deduction on the date shown on the MEM-823C, and continue to take deductions without interruption until all of the payments have been made. Failure to do this could result in additional cost to the member.

Example: Celia B. Williams wants to redeposit previously withdrawn PERS contributions. You have received the MEM-823C form from PERS authorizing a \$13.00 monthly payment. Report the receivable as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION (9)		SURVIVOR CONTRIBUTION (10)	WORK SCHEDULE CODE (11)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS (15)	
		F	M						RATE	AMOUNT				CODE	AMOUNT
	000-00-0000	Williams	C B	70001					04	13.00			100		

**DISKETTE/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME (3)		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION (9)		SURVIVOR CONTRIBUTION (10)	WORK SCHEDULE CODE (11)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS (15)	
	F	M						RATE	AMOUNT				CODE	AMOUNT
000-00-0000	Williams	C B	70001	07 86 0				04	13.00			100		

**Contribution Codes 05 and 15—Retroactive Salary Adjustment**

An entry for reporting contributions based on earnings received because of a retroactive salary adjustment.

A single contribution code 05 or 15 entry may be used to report a retroactive salary adjustment covering previous service periods. The service period should reflect the earliest service period involved in the adjustment. The transaction should have the member's new pay rate and the total additional earnings and contributions for the period; i.e., report the *difference* in earnings and contributions. When more than one pay rate is involved in the retroactive adjustment, report a single entry for each new pay rate.

No modification factor should be applied to retroactive salary adjustments.

Example: Richard Benson was granted a retroactive salary increase effective April 1, 1986. His old pay rate was \$1500.00 monthly; his new pay rate is \$1600.00 monthly. The current service period is August 1986. Richard Benson's employer pays his entire member contributions. Report this retroactive increase with a single entry as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR/TYPE (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTION AMOUNT (10)	SURVIVOR CONTRIBUTION (11)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS AMOUNT	
		F	M											CODE	AMOUNT
	000-00-0000	Benson	R T	70001	04 86 0	01	1600 000	400 00	0700				100	28	00

**DISKETTE/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR/TYPE	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION RATE	NORMAL MEMBER CONTRIBUTION AMOUNT	SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS AMOUNT	
	F	M											CODE	AMOUNT
000-00-0000	Benson	R T	70001	04 86 0	01	1600 000	400 00	0700				100	28	00

Payroll Reporting  
 Contribution Codes

**Contribution Codes 06 and 16—Special Compensation**

Contributions members make on special compensation items, such as additional pay for hazardous duty, bonuses, incentives, or payments received for services rendered on other than a monthly, hourly, or daily basis. See page 2-006 for a list of reportable and non-reportable special compensation items.

Example: Glenn Adams received a \$25.00 uniform allowance for this service period. Glenn pays his own member contributions. Report this special compensation with pay rate equal to earnings as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR/TIME (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		F	M						RATE	CODE				AMOUNT	CODE
	000-00-0000	G	S	75001		09	25.000	25.00	0700	00	1.75		200		

**DISKETTE/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR/TIME	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	LAST	F						M	RATE				CODE	AMOUNT
000-00-0000	Adams	G	S	75001	09	25.000	25.00	0700	00	1.75		200		

**Contribution Code 07—Prior Period Survivor Contribution Adjustment**

An adjustment necessary to correct an error in the Survivor Contribution for a member. (Current Survivor Contributions should be reported with the regular line entry.)

A single contribution code 07 entry may be used to correct multiple reporting errors by accumulating the Survivor Contribution amount for each service period into one total amount (not to exceed \$9.99) and entering the earliest service period being adjusted.

Example: Bradley L. Jones' Survivor Contributions were not reported for the July and August, 1985 service periods. Report the contributions for both service periods as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR/TIME (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		F	M						RATE	CODE				AMOUNT	CODE
	000-00-0000	B	L	75001	07 85 0				07		4.00		200		

**DISKETTA/TAPE METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST	FIRST						RATE	AMOUNT				CODE	AMOUNT
	000-00-0000	Jones	B L	75001	07 86 10				07		4.00		2.00		

**Contribution Code 08\*—Employee Paid Additional Contributions**

Only applies to members who have had this payment made continuously prior to 7-18-83. It does not apply to receivables, retroactive pay increases, adjustments in contributions or special compensation.

Additional contributions are paid voluntarily by the member. No additional service is credited. These contributions cannot be tax deferred.

To make additional contributions to PERS, a member must have obtained authorization from PERS via the MEM-13 form.

Example: Laura Jensen contributes an additional \$50.00 to PERS each month. Report these additional contributions as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST	FIRST						RATE	AMOUNT				CODE	AMOUNT
	000-00-0000	Jensen	L F						07	50.00					

**DISKETTA/TAPE METHOD**

SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR	PAY CODE	PAY RATE	MEMBER EARNINGS	MEMBER PAID CONTRIBUTION		SURVIVOR CONTRIBUTION	WORK SCHEDULE CODE	UNIT CODE	TAX DEFERRED MEMBER CONTRIBUTIONS	
	LAST	FIRST						RATE	AMOUNT				CODE	AMOUNT
000-00-0000	Jensen	L F		07 86 10				07	50.00					



**Payroll Reporting  
 Contribution Codes**

**Contributions Code 09\*—Employer Paid Additional Contributions**

Only applies to members who have had this payment made continuously prior to 7-1-83. It does not apply to receivables, retroactive pay increases, adjustments in contributions or special compensation.

Additional contributions are paid into the member's account by the employer. No additional service is credited.

To make "additional contributions" to PERS, the employer must have received authorization from PERS via a resolution.

Example: Your employer pays additional contributions in the amount of \$30.00 per month for each employee. Report the employer paid additional contributions for Larry Singer as follows:

**PRE-LIST METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD MONTH/YEAR/TIME (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION		EMPLOYER CONTRIBUTION (12)	UNIT CODE (14)	WORK SCHEDULE CODE (15)	EXCESS CONTRIBUTIONS MEMBER CONTRIBUTION AMOUNT (16)
		F	M						RATE	AMOUNT				
	000-00-0000		Singer	LP					09	30.00				

**DISCLOSURE METHOD**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD MONTH/YEAR/TIME	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	UNIT CODE	WORK SCHEDULE CODE	EXCESS CONTRIBUTIONS MEMBER CONTRIBUTION AMOUNT
		F	M						RATE	AMOUNT				
	000-00-0000		Singer	LP	07 86 0				09	30.00				

\*Accounts for additional contributions, either member or employer paid, are no longer available to members unless the account was established prior to July 1, 1983. After that date, members and employers who make contributions into "additional" accounts may not change the contribution amount in any way. The only option available to them is to stop making "additional" contributions altogether.

## BASIC CONTRIBUTION CALCULATION

This part defines the basic method of calculating member normal contributions. It does not apply to receivables or additional contributions.

The method of calculating the member's normal contributions varies depending upon the member's contribution rate, provisions of the employer contract and whether or not the member has Social Security coverage. However, the following basic instructions apply for *all* members.

Step 1: Locate in the Coverage Key the coverage group which applies to the member.

Step 2: Check Coverage Key Item 6.4, Member Contribution Rate, under the proper coverage group. One of the following will be found:

- a. (percentage rate) "ALL EARNINGS"
- b. (percentage rate) "MODIFIED EARNINGS"
- c. "VRBL—SEE RATE TABLE"

NOTE: If Item 6.4 indicates 0%, report a zero contribution amount and stop here.

Step 3: If (a) applies, multiply the member earnings reported by the percentage rate indicated in Item 6.4.

If (b) applies, modify the member earnings using the OASDI Modification Chart below. Multiply the modified earnings by the percentage rate indicated in Item 6.4.\*

If (c) applies, the member earnings may or may not need to be modified. Check Coverage Key Item 6.1, Formula. Modify the earnings *only* when the retirement formula is followed by "M". Next, multiply the modified or unmodified earnings by the contribution rate. (This rate is based upon the employee's nearest age at entry into safety service covered by this retirement formula. Contact the person responsible for completing the Membership Form, MEM-1, to find the rate.)

### OASDI MODIFICATION CHART

REPORTING FREQUENCY	IF EARNINGS ARE LESS THAN	IF EARNINGS ARE MORE THAN OR EQUAL TO	MISCELLANEOUS MEMBERS REPORTED UNDER MODIFIED 1/50th FORMULA AND ALL SAFETY MEMBERS
MONTHLY	\$400.00	XXXXX	EARNINGS $\times \frac{2}{3} \times$ RATE
	XXXXX	\$400.00	EARNINGS MINUS \$133.33 $\times$ RATE
SEMI-MONTHLY	\$200.00	XXXXX	EARNINGS $\times \frac{2}{3} \times$ RATE
	XXXXX	\$200.00	EARNINGS MINUS \$66.67 $\times$ RATE
BI-WEEKLY	\$184.00	XXXXX	EARNINGS $\times \frac{2}{3} \times$ RATE
	XXXXX	\$184.00	EARNINGS MINUS \$61.00 $\times$ RATE
QUADRI-WEEKLY	\$369.00	XXXXX	EARNINGS $\times \frac{2}{3} \times$ RATE
	XXXXX	\$369.00	EARNINGS MINUS \$123.00 $\times$ RATE

See examples on following pages.

NOTE: CSUC Auxiliary Organizations which contract for the same contribution rate and modification factors as State Miscellaneous members will calculate contributions according to the formula applicable. (Government Code Section 20603.03) The Coverage Key will indicate this option by listing *Item 8.2*. It also provides the modification table to be used.

\*Employees working in two or more units will have a Social Security modification factor applied *only once* for the total earnings in the service period. For example, it is the County Superintendent's responsibility to ensure that the factor is applied *only once*.

## OASDI Modification Chart Examples

### Monthly Reporting Frequency

"F" (Full) or "S" (Supplemental)      Earnings x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	ADAMS	B	C	70001	05	91	0	01	1950.000	1950.00	0700				173		11	136.50

"M" (Modified)      Apply the following OASDI earnings modification factors:  
 Earnings \$400.00 and over — \$133.33 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	BAKER	A	D	70001	05	91	0	04	11.250	1980.00	0700	01	129.27		400			

Earnings \$399.99 and less x .66667 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	CARTER	D	E	70001	05	91	0	08	90.000	360.00	0700	01	16.80		050			

Note: Do not apply the OASDI modification factor more than once per pay period.

1959 Survivors Contributions      \$2.00 (if applicable; refer to page 2-012)

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	ADAMS	B	C	70001	05	91	0	01	1950.000	1950.00	0700		2.00	173		11	136.50	

### Semi-Monthly Reporting Frequency

"F" (Full) or "S" (Supplemental)      Earnings x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	ADAMS	B	C	70001	05	91	1	01	1950.000	975.00	0700			173		11	68.25	

"M" (Modified)      Apply the following OASDI earnings modification factors:  
 Earnings \$200.00 and over — \$66.67 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (11)	AMOUNT (11)
	000-00-0000	BAKER	C	D	70001	05	91	2	04	11.250	990.00	0700	01	64.63		400			

### OASDI Modification Chart Examples

**Semi-Monthly Reporting Frequency (cont.)**

Earnings \$199.99 and less x .66667 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (15)	WORK SCHEDULE CODE (16)	UNIT CODE (14)	PAY DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (10)	YEAR (11)	TYPE (12)					CODE (10)	AMOUNT (11)				CODE (13)	AMOUNT (13)
	000-00-0000	CARTER	D	E	70001	05	91	1	08	90.000	180.00	0700	01	8.40		050			

Note: Do not apply the OASDI modification factor more than once per pay period.

1959 Survivors Contributions \$1.00 (if applicable; refer to page 2-012)

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (15)	WORK SCHEDULE CODE (16)	UNIT CODE (14)	PAY DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (10)	YEAR (11)	TYPE (12)					CODE (10)	AMOUNT (11)				CODE (13)	AMOUNT (13)
	000-00-0000	ADAMS	B	C	70001	05	91	2	01	1950.000	975.00	0700		1.00	173		11	63.25	

**Bi-Weekly Reporting Frequency**

"F" (Full) or "S" (Supplemental) Earnings x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (15)	WORK SCHEDULE CODE (16)	UNIT CODE (14)	PAY DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (10)	YEAR (11)	TYPE (12)					CODE (10)	AMOUNT (11)				CODE (13)	AMOUNT (13)
	000-00-0000	ADAMS	B	C	70001	05	91	3	01	1950.000	900.00	0700			173		11	63.00	

"M" (Modified) Apply the following OASDI earnings modification factors:  
 Earnings \$184.00 and over — \$61.00 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (15)	WORK SCHEDULE CODE (16)	UNIT CODE (14)	PAY DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (10)	YEAR (11)	TYPE (12)					CODE (10)	AMOUNT (11)				CODE (13)	AMOUNT (13)
	000-00-0000	BAKER	C	D	70001	05	91	4	04	11.250	900.00	0700	01	58.73		400			

Earnings \$183.99 and less x .66667 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (15)	WORK SCHEDULE CODE (16)	UNIT CODE (14)	PAY DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (10)	YEAR (11)	TYPE (12)					CODE (10)	AMOUNT (11)				CODE (13)	AMOUNT (13)
	000-00-0000	CARTER	D	E	70001	05	91	5	08	90.000	180.00	0700	01	8.40		050			

Note: Do not apply the OASDI modification factor more than once per pay period.

## OASDI Modification Chart Examples

### Bi-Weekly Reporting Frequency (cont.)

1959 Survivors Contributions \$0.93 (If applicable; refer to page 2-012)

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (15)	AMOUNT (16)
	000-00-0000	ADAMS	B	C	70001	05	91	3	01	1950.000	900.00	0700			93	173		11	63.00

### Quadri-Weekly Reporting Frequency

"F" (Full) or "S" (Supplemental) Earnings x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (15)	AMOUNT (16)
	000-00-0000	ADAMS	B	C	70001	05	91	6	01	1950.000	1800.00	0700			173		11	126.00	

"M" (Modified) Apply the following OASDI earnings modification factors:  
Earnings \$369.00 and over — \$123.00 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (15)	AMOUNT (16)
	000-00-0000	BAKER	C	D	70001	05	91	7	04	11.150	1800.00	0700	01	117.39		400			

Earnings \$368.99 and less x .66667 x Member Contribution Rate = Member Contributions

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (15)	AMOUNT (16)
	000-00-0000	CARTER	D	E	70001	05	91	6	08	90.000	270.00	0700	01	12.60		150			

Note: Do not apply the OASDI modification factor more than once per pay period.

1959 Survivors Contributions \$1.86 (If applicable; refer to page 2-012)

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS		SURVIVOR CONTRIBUTION (12)	WORK SCHEDULE CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F	M		MONTH (5)	YEAR (5)	TYPE (5)					CODE (10)	AMOUNT (11)				CODE (15)	AMOUNT (16)
	000-00-0000	ADAMS	B	C	70001	05	91	7	01	1950.000	1800.00	0700			1.86	173		11	126.00

**NOTE:** CSUC Auxiliary Organizations which contract for the same contribution rate and modification factors as State Miscellaneous members will calculate contributions according to the formula applicable. (Government Code Section 20603.03) The Coverage Key will indicate this option by listing *Item 8.2*. It also provides the modification table to be used.

\* Employees working in two or more units will have a Social Security modification factor applied *only once* for the total earnings in the service period. For example, it is the County Superintendent's responsibility to ensure that the factor is applied only once.

## PAY RATE/EARNINGS RELATIONSHIP

Pay rate indicates that amount of compensation a member is paid for a unit of time (i.e., hour, day or month). The pay rate should remain stable throughout a fiscal year except for pay raises, changes of position, etc. If a member works in more than one position, has a raise in the middle of a pay period, or has a variable pay rate, report amounts earned under each pay rate separately.

An *hourly* pay rate is that rate of compensation to which an employee is entitled under an employment agreement which provides for compensation for each hour of regular time worked by the employee.

A *daily* pay rate for both a full-time and a part-time employee is that amount of compensation to which a full-time employee is entitled when the employee's services are performed under an employment agreement which provides for a daily rate of compensation.

A *monthly* pay rate for both a full-time and a part-time employee is that amount of compensation to which a full-time employee is entitled, when the employee's services are performed under an employment agreement which provides for a monthly rate of compensation.

### Impact on Final Benefits

Reporting correct pay rates for your active members is essential in calculating correct member benefits at retirement. The three critical elements used in calculating retirement benefits are:

- 1) service credit
- 2) final compensation
- 3) age at retirement

Service credit and final compensation are directly related to the pay rate and earnings reported for the member.

*Service Credit* is derived from the pay rate and earnings reported. It is based on the way a member is paid.

EARNINGS DIVIDED BY PAY RATE EQUALS SERVICE CREDIT.

Example:

1) <u>Member Earnings</u>	=	<u>\$1,200.00</u>	=	1.000 month of service credit
Monthly Pay Rate		\$1,200.000		
2) <u>Member Earnings</u>	=	<u>\$ 600.00</u>	=	.500 month of service credit
Monthly Pay Rate		\$1,200.000		
3) <u>Member Earnings</u>	=	<u>\$ 600.00</u>	=	100. hours of service credit
Hourly Pay Rate		\$ 6.000		
4) <u>Member Earnings</u>	=	<u>\$ 600.00</u>	=	15 days of service credit
Daily Pay Rate		\$ 40.000		

A member in full-time employment will be credited with one year of service for any of the following:

- a. 10 months for those paid on a monthly basis;
- b. 215 days for those paid on a daily basis; or
- c. 1,720 hours for those paid on an hourly basis.

Partial credit will be given for those working less than the full amount of a, b or c above. Service credited in hours, days or months is converted to a percentage of a year at the end of each fiscal year. Service credit for each fiscal year is combined to arrive at total service credit.

Payroll Reporting  
Pay Rate/Earnings

*Final compensation* is the average monthly full-time *pay rate* reported for the three consecutive years of employment immediately preceding the last day on the payroll, unless the member designates another three year period in which the pay rate was higher. (Some agencies contract with PERS for a one-year average instead of the three year average.)

**Full Time Service Credit**

As one of the major factors used in the retirement calculation, service credit is checked carefully for each payroll entry. PERS limits the amount of service credit for each entry to full time; if you report excess service credit on a payroll entry, PERS will send a service credit discrepancy notice. The following table provides the maximum full time service credit for each type of pay rate (monthly, hourly, daily) and each reporting frequency (monthly, semi-monthly, bi-weekly, and quadri-weekly).

MAXIMUM SERVICE CREDIT AMOUNT			REPORTING FREQUENCY
Monthly Pay Rate*	Hourly Pay Rate*	Daily Pay Rate*	
1.000 month	160 to 184 hours**	20 to 23 days**	MONTHLY (12 pay periods per year)
.500 month	80 to 96 hours**	10 to 12 days**	SEMI-MONTHLY (24 pay periods per year)
.462 month	80 hours	10 days	BI-WEEKLY (26 pay periods per year)
.923	160 hours	20 days	QUADRI-WEEKLY (13 pay periods per year)

\*Pay rate should not fluctuate, unless the member receives a pay raise or is demoted.

\*\*Since monthly and semi-monthly service periods vary, the maximum hours and days will fluctuate. The hours and days shown here represent the highest amounts which could ever be reported for that frequency.

**Full Time Service Credit  
Examples/Per Pay Period**

**Monthly Service Credit** (Earnings ÷ Payrate = Service Credit)

Payrate	Maximum Creditable Service
Monthly	= 1.000 month
Hourly	= 184 hours
Daily	= 23 days

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (9)	CONTRIBUTION RATE (10)	MEMBER CONTRIBUTIONS		EMPLOYER CONTRIBUTIONS	TOTAL CONTRIBUTIONS	
		LAST (3)	F (5)	M (6)		MONTH (11)	YEAR (12)	TYPE (13)					CODE (14)	AMOUNT (15)			
	000-00-0000	ADAMS	B	C	70001	05	91	0	01	1950.00	1950.00	0700	01	136.50		173	
	000-00-0000	BAKER	C	D	70002	05	91	0	04	11.250	2070.00	0700			400	11	135.57
	000-00-0000	CARTER	D	E	70002	05	91	0	08	90.000	2070.00	0700	01	135.57		050	

1.000 Month  
184 Hours  
23 Days

If a pay increase occurs in the same pay period, use separate payroll entries to reflect earnings based upon each payrate.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (9)	CONTRIBUTION RATE (10)	MEMBER CONTRIBUTIONS		EMPLOYER CONTRIBUTIONS	TOTAL CONTRIBUTIONS	
		LAST (3)	F (5)	M (6)		MONTH (11)	YEAR (12)	TYPE (13)					CODE (14)	AMOUNT (15)			
	000-00-0000	BAKER	C	D	70002	05	91	0	04	11.250	990.00	0700			400	11	59.97
	000-00-0000	BAKER	C	D	70002	05	91	0	04	12.000	1152.00	0700			400	11	80.64

= 88 Hours  
= 96 Hours  
184 Hours

### Full Time Service Credit Examples/Per Pay Period

**Semi-Monthly Service Credit** (Earnings ÷ Payrate = Service Credit)

Payrate            Maximum Creditable Service

Monthly            =    .500 month  
 Hourly            =    96 hours  
 Daily              =    12 days

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (6)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (9)	CONTRIBUTION RATE (10)	NORMAL MEMBER CONTRIBUTIONS		SUPPORTER CONTRIBUTION (12)	UNITS (14)	PAY OF DEFERRED MEMBER CONTRIBUTIONS			
		LAST (3)	F (4)		M (5)	MONTH (11)	YEAR (13)					TYPE (15)	CODE (16)			AMOUNT (17)	CODE (18)	AMOUNT (19)	
	000-00-0000	ADAMS	B	C	70001	05	91	2	01	1950.00	975.00	0700	01	68.25		173			= .500 Month
	000-00-0000	BAKER	C	D	70002	05	91	2	04	11,250	1080.00	0700				400	11	70.93	= 96 Hours
	000-00-0000	CARTER	D	E	70002	05	91	2	08	90.000	1080.00	0700	01	70.93		050			= 12 Days

If a pay increase occurs in the same pay period, use separate payroll entries to reflect earnings based upon each payrate.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (6)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (9)	CONTRIBUTION RATE (10)	NORMAL MEMBER CONTRIBUTIONS		SUPPORTER CONTRIBUTION (12)	UNITS (14)	PAY OF DEFERRED MEMBER CONTRIBUTIONS			
		LAST (3)	F (4)		M (5)	MONTH (11)	YEAR (13)					TYPE (15)	CODE (16)			AMOUNT (17)	CODE (18)	AMOUNT (19)	
	000-00-0000	BAKER	C	D	70002	05	91	2	04	11,250	630.00	0700				400	11	39.43	= 56 Hours
	000-00-0000	BAKER	C	D	70002	05	91	2	04	12,000	480.00	0700				400	11	33.60	= 40 Hours
																			96 Hours

Note: These examples are based upon a 40-hour work week.

A separate unit code and work schedule code should be used to report earnings for employees whose duties are based upon less than 40 hours per week. (Refer to pages 2-013 and 2-014.)

Separate unit codes and work schedule codes should also be used to report employee earnings whose normal duties are in excess of 40 hours per week. (Refer to FLSA "overtime" earnings on pages 2-037 and 2-038.)

**ALWAYS USE THE FULLTIME PAYRATE. THE PAYRATE SHOULD NOT CHANGE EXCEPT WHEN A PAY RAISE OR DEMOTION OCCURS.**



Payroll Reporting  
 Pay Rate/Earnings

### Full Time Service Credit Examples/Per Pay Period

**Bi-Weekly Service Credit** (Earnings ÷ Payrate = Service Credit)

Payrate      Maximum Creditable Service

Monthly      =    .462 month  
 Hourly       =      80 hours  
 Daily         =      20 days

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	MEMBER CONTRIBUTIONS (10)		SURPLUS CONTRIBUTION (11)	TOTAL SERVICE CREDIT (12)	UNIT CODE (13)	PAY PERIOD MEMBER CONTRIBUTIONS (14)	
		LAST (15)	F (16)	M (17)		MONTH (18)	YEAR (19)	TYPE (20)					CODE (21)	AMOUNT (22)				CODE (23)	AMOUNT (24)
	000-00-0000	ADAMS	B	C	70001	05	91	3	01	1950.000	900.00	0700	01	63.00		173			
	000-00-0000	BAKER	L	D	70002	05	91	3	04	11,250	900.00	0700		400		11	58.73		
	000-00-0000	CARTER	D	E	70002	05	91	3	08	90.000	900.00	0700	01	58.73	050				

= .462 Month  
= 80 Hours  
= 20 Days

If a pay increase occurs in the same pay period, use separate payroll entries to reflect earnings based upon each payrate.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	MEMBER CONTRIBUTIONS (10)		SURPLUS CONTRIBUTION (11)	TOTAL SERVICE CREDIT (12)	UNIT CODE (13)	PAY PERIOD MEMBER CONTRIBUTIONS (14)	
		LAST (15)	F (16)	M (17)		MONTH (18)	YEAR (19)	TYPE (20)					CODE (21)	AMOUNT (22)				CODE (23)	AMOUNT (24)
	000-00-0000	BAKER	L	D	70002	05	91	4	04	11,250	540.00	0700		400		11	33.33		
	000-00-0000	BAKER	L	D	70002	05	91	4	04	12,000	384.00	0700		400		11	26.88		

= 48 Hours  
= 32 Hours  
80 Hours

**Quadri-Weekly Service Credit** (Earnings ÷ Payrate = Service Credit)

Payrate      Maximum Creditable Service

Monthly      =    .923 month  
 Hourly       =     160 hours  
 Daily         =     20 days

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	MEMBER CONTRIBUTIONS (10)		SURPLUS CONTRIBUTION (11)	TOTAL SERVICE CREDIT (12)	UNIT CODE (13)	PAY PERIOD MEMBER CONTRIBUTIONS (14)	
		LAST (15)	F (16)	M (17)		MONTH (18)	YEAR (19)	TYPE (20)					CODE (21)	AMOUNT (22)				CODE (23)	AMOUNT (24)
	000-00-0000	ADAMS	B	C	70001	05	91	6	01	1950.000	1800.00	0700	01	126.00		173			
	000-00-0000	BAKER	L	D	70002	05	91	6	04	11,250	1800.00	0700		400		11	117.39		
	000-00-0000	CARTER	D	E	70002	05	91	6	08	90.000	1800.00	0700	01	117.39	050				

= .923 Month  
= 160 Hours  
= 20 Days

If a pay increase occurs in the same pay period, use separate payroll entries to reflect earnings based upon each payrate.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)			PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	MEMBER CONTRIBUTIONS (10)		SURPLUS CONTRIBUTION (11)	TOTAL SERVICE CREDIT (12)	UNIT CODE (13)	PAY PERIOD MEMBER CONTRIBUTIONS (14)	
		LAST (15)	F (16)	M (17)		MONTH (18)	YEAR (19)	TYPE (20)					CODE (21)	AMOUNT (22)				CODE (23)	AMOUNT (24)
	000-00-0000	BAKER	L	D	70002	05	91	7	04	11,250	1350.00	0700		400		11	85.89		
	000-00-0000	BAKER	L	D	70002	05	91	7	04	12,000	480.00	0700		400		11	39.60		

= 120 Hours  
= 40 Hours  
160 Hours

Note: These examples are based upon a 40-hour work week.

A separate unit code and work schedule code should be used to report earnings for employees whose duties are based upon less than 40 hours per week. (Refer to pages 2-013 and 2-014.)

Separate unit codes and work schedule codes should also be used to report employee earnings whose normal duties are in excess of 40 hours per week. (Refer to FLSA "overtime" earnings on pages 2-037 and 2-038.)

**ALWAYS USE THE FULLTIME PAYRATE. THE PAYRATE SHOULD NOT CHANGE EXCEPT WHEN A PAY RAISE OR DEMOTION OCCURS.**

**Full Time Service Credit—Elected Officials**

Elected/appointed officials who elect to be covered by PERS must receive full time service credit during their term of office, as provided by Government Code Section 20814. If the official receives a monthly amount of compensation but the reporting frequency is other than monthly, use the following guidelines to report the individual on your payroll:

- 1) list the person on only one report each month;
- 2) use contribution code 03 or 13; and
- 3) use service period type "0" for that entry.

**Full Time Service Credit—Elected Official  
 (Monthly Reporting)**

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

EMPLOYER CODE	SERVICE PERIOD
0000	15 91 0
OFFICE CODE	BATCH NUMBER

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY - 1ST HALF	1
SEMI-MONTHLY - 2ND HALF	2
BI-WEEKLY - 1ST PAYROLL	3
BI-WEEKLY - 2ND PAYROLL	4
QUADR-WEEKLY - 1ST PAYROLL	5
QUADR-WEEKLY - 2ND PAYROLL	7

PAY CODES	
ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	04
DAILY PAY RATE	06
WAGE PAY RATE	08
(FOR SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICE)	

CONTRIBUTION CODES		
ITEM	NORMAL COL. (10)	TAX DEFERRED COL. (11)
NORMAL CURRENT CONTR.	01	11
PRIOR PERIOD CONTR. ADJUT.	02	12
PRIOR PERIOD EARNINGS ADJ.	03	13
CONTRIBUTION RECEIVABLE	04	14
RETROACTIVE SALARY ADJ.	05	15
SPECIAL COMPENSATION	06	16
SUBSIDY CONTRIBUTION	07	17
ADDITIONAL CONTRIBUTIONS	08	18
EMPLOYEE PAID	09	19
EMPLOYER PAID	00	20

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE PAYROLL LISTING FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-430).

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS (10)		EMPLOYER CONTRIBUTION (11)	WORK SCHEDULE CODE (12)	UNIT CODE (13)	TAX DEFERRED MEMBER CONTRIBUTIONS (14)	
		LAST	F	M		MONTH	YEAR			COL.	AMOUNT				COL.	AMOUNT	
	000-00-0000	EVANS	F	M	70002	01	250,000	250.00	0700		173	001	11	11	67		

**Full Time Service Credit—Elected Official  
 (Other Than Monthly Reporting)**

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

EMPLOYER CODE	SERVICE PERIOD
0000	05 91 4
OFFICE CODE	BATCH NUMBER

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY - 1ST HALF	1
SEMI-MONTHLY - 2ND HALF	2
BI-WEEKLY - 1ST PAYROLL	3
BI-WEEKLY - 2ND PAYROLL	4
QUADR-WEEKLY - 1ST PAYROLL	5
QUADR-WEEKLY - 2ND PAYROLL	7

PAY CODES	
ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	04
DAILY PAY RATE	06
WAGE PAY RATE	08
(FOR SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICE)	

CONTRIBUTION CODES		
ITEM	NORMAL COL. (10)	TAX DEFERRED COL. (11)
NORMAL CURRENT CONTR.	01	11
PRIOR PERIOD CONTR. ADJUT.	02	12
PRIOR PERIOD EARNINGS ADJ.	03	13
CONTRIBUTION RECEIVABLE	04	14
RETROACTIVE SALARY ADJ.	05	15
SPECIAL COMPENSATION	06	16
SUBSIDY CONTRIBUTION	07	17
ADDITIONAL CONTRIBUTIONS	08	18
EMPLOYEE PAID	09	19
EMPLOYER PAID	00	20

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE PAYROLL LISTING FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-430).

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)			COVERAGE GROUP (4)	SERVICE PERIOD (5)	PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	CONTRIBUTION RATE (9)	NORMAL MEMBER CONTRIBUTIONS (10)		EMPLOYER CONTRIBUTION (11)	WORK SCHEDULE CODE (12)	UNIT CODE (13)	TAX DEFERRED MEMBER CONTRIBUTIONS (14)	
		LAST	F	M		MONTH	YEAR			COL.	AMOUNT				COL.	AMOUNT	
	000-00-0000	DAVIS	E	F	70001	01	250,000	250.00	0700	03	17	50	2	00	173	001	

Payroll Reporting  
 Pay Rate/Earnings

**Full Time Service Credit—Elected Official  
 (Other Than Monthly Reporting)**

STATE OF CALIFORNIA

EMPLOYER	SERVICE PERIOD
0000	05, 91, 4
CODE	MONTH   YEAR   TYPE

OFFICE	BATCH
CODE	NUMBER

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

SERVICE PERIOD TYPE CODES		PAY CODES		CONTRIBUTION CODES	
ITEM	CODE	ITEM	CODE	ITEM	CODE
MONTHLY	0	MONTHLY PAY RATE	01	NORMAL CURRENT CONTR.	01
SEMI-MONTHLY - 1ST HALF	1	HOURLY PAY RATE	04	PRORATED CONTRIBUTION	02
SEMI-MONTHLY - 2ND HALF	2	DAILY PAY RATE	06	PRORATED CONTRIBUTION ADJ.	03
BIWEEKLY - 1ST PERIOD	3	MISC. PAY RATE	09	CONTRIBUTION RECEIVABLE	04
BIWEEKLY - 2ND PERIOD	4			RETROACTIVE SALARY ADJ.	05
BIWEEKLY - 3RD PERIOD	5			SPECIAL CONTRIBUTION	06
QUARTERLY - 1ST PERIOD	6	FOR SPECIAL CONTRIBUTION REPRESENTING NO ADDITIONAL SERVICE		EMPLOYER CONTRIBUTION	07
QUARTERLY - 2ND PERIOD	7			ADDITIONAL CONTRIBUTIONS EMPLOYER PAID	08
				EMPLOYER PAID	09

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE PAYROLL LISTING FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-AD-00-03).

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME LAST (3)	F (4)	M (5)	COVERAGE GROUP (6)	SERVICE PERIOD MONTH (7)	YEAR (8)	TYPE (9)	PAY CODE (10)	PAY RATE (11)	MEMBER EARNINGS (12)	CONTRIBUTION RATE (13)	MEMBER CONTRIBUTIONS (14)	EMPLOYER CONTRIBUTIONS (15)	WORK SCHEDULE CODE (16)	UNIT CODE (17)	MEMBER CONTRIBUTIONS (18)	AMOUNT (19)	
	000-00-0000	FRANK	B	F	70001	05	91	0	01	250.000	250.00	0700			2.00	173	001	13	17.50

**School Member Pay Rates**

Report school members to PERS using the actual rate of pay at which they are hired, i.e., hourly, daily, monthly. *Do not* convert an hourly or daily pay rate to a monthly equivalent, as this could result in incorrect final benefits for the member.

**School Members—Reporting Equal Payments**

Some districts make equal salary payments to their employees throughout the school year. The district may report member earnings as equal payments to PERS *providing the member actually works during the month being reported*. Salary withheld during the school year to pay members during the time they are off should be reported when earned. Do not report the reduced earnings during the school year and the payments made when the members are off.

The following method is suggested for reporting equal payments for hourly paid employees to PERS:

1. Determine the total hours the employee will work during the school year.
2. Add vacation and holiday hours.
3. Multiply the total of No. 1 and No. 2 above by the hourly pay rate found in the employment agreement between the employee and the district. This determines annual salary.
4. Divide the annual salary by the number of months the member will actually render service during the school year. Count a whole month even if the member only works a partial month.
5. Report the amount calculated in No. 4 in the "Member Earnings" column of the payroll listing. Docks, terminations prior to the end of the school year, etc., would alter earnings accordingly.

**Reduced Worktime Program For Classified School Members**

Certain classified school district members may enter a reduced worktime program without loss of retirement credit, if the governing board of a school district or community college district elects to establish regulations to implement such a program. (Sections 45139 and 88038 of the Education Code and Section 20819 of the Government Code.)

The minimum requirements for such a program are:

1. Eligible employees must be at least 55 years old;
2. The employee must have 10 years full-time classified service and the immediately preceding five years must be without a break;
3. Transfer to reduced worktime is optional to the employee and termination requires employee and employer consent;
4. Salary shall be a pro rata share of the active salary and no benefit entitlements shall be lost, including health, survivor and disability benefits, and retirement;

5. The minimum part-time employment level must be 50% of the employee's previous full-time employment;
6. The part-time program shall not exceed five years nor extend beyond the end of the school year during which the employee reaches age 70.

The employer, not PERS, is required to verify the eligibility of the employee and to maintain the necessary records to identify the employees involved in the program.

*No notice is required to be sent to PERS.* The employer should report employees under the reduced worktime program as if they had worked full time; i.e., report the pay rate and earnings the employee would receive if she/he works full-time. The employee will also pay member contributions based on the full-time earnings reported. This will result in full service credit and benefits based on full salary levels. The employer contributions on the full-time pay will automatically pay for the cost of the program.

### Reporting "Overtime" under the Fair Labor Standards Act (FLSA)

The FLSA determines at what point overtime must be paid to employees. However, "overtime" under the FLSA is not the same as overtime as defined by the Retirement Law. California Government Code Section 20025.2 defines overtime for retirement purposes as "... the aggregate service performed by an employee ... in excess of the hours of work considered normal for employees on a full-time basis ...".

For reporting to PERS, keep in mind you need to report all compensation that is paid for normal full-time service. When reporting "overtime" (as defined by FLSA) care must be taken not to disturb the pay rate/earnings relationship so the member will receive the correct service credit.

If the member is being reported with a monthly pay rate, the member should continue to be reported with the regular monthly pay rate and earnings. The additional earnings the member receives, the "overtime" should be reported as special compensation.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)		COVERAGE GROUP (4)	SERVICE PERIOD (5)		PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION (9)		SUPERVISOR CONTRIBUTION (10)	WORK SCHEDULE CODE (12)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS (15)		
		F	M		MONTH	YEAR				RATE (9)	AMOUNT (11)				CODE (13)	AMOUNT (16)	
	000-00-0000	Golden	A B	74001	05	86	0	01	2650.000	2650.00	0900	01	238.50				
	000-00-0000	Golden	R B	74001	05	86	0	01	98.100	98.10	0900	01	8.82				

If the member is being reported with an hourly pay rate, the member can be reported in one of two ways:

Report the regular hourly pay rate for all hours worked and the corresponding earnings in one entry and the additional earnings, the overtime, in another entry as special compensation.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)		COVERAGE GROUP (4)	SERVICE PERIOD (5)		PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION (9)		SUPERVISOR CONTRIBUTION (10)	WORK SCHEDULE CODE (12)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS (15)		
		F	M		MONTH	YEAR				RATE (9)	AMOUNT (11)				CODE (13)	AMOUNT (16)	
	000-00-0000	COOK	B C	74001	05	86	4	01	9.140	1022.68	0900	01	92.13				
	000-00-0000	COOK	B C	74001	05	86	4	09	27.420	27.42	0900	01	2.47				

Report the regular hourly pay rate for only the hours worked at the regular rate and the corresponding earnings in one entry and the "overtime" hourly pay rate and the corresponding earnings in another entry.

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME (3)		COVERAGE GROUP (4)	SERVICE PERIOD (5)		PAY CODE (6)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION (9)		SUPERVISOR CONTRIBUTION (10)	WORK SCHEDULE CODE (12)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS (15)		
		F	M		MONTH	YEAR				RATE (9)	AMOUNT (11)				CODE (13)	AMOUNT (16)	
	000-00-0000	COOK	B C	74001	05	86	4	01	9.140	948.84	0900	01	81.20				
	000-00-0000	COOK	B C	74001	05	86	4	09	13.700	82.24	0900	01	7.40				



## PAYROLL REPORTING METHODS AND FORMS

This part describes the four basic methods of reporting payroll to PERS—*pre-list*, *Payroll Reporting System (Personal Computer)*, *diskette (format 1 only)*, and *magnetic tape*—and explains how to complete the various forms involved in the reporting process.

### Changing Reporting Method

Should you wish to change your reporting method, provide written notice for approval to the Information Processing Unit (863) at least 30 days prior to the change. Study the method and specifications carefully to be sure that your employer can comply with the standards.

When your agency converts to the IBM Diskette or magnetic tape reporting method, parallel reports are required until you are notified that the computer-generated reports are correct and compatible with PERS equipment. The first report using the new method should have a note enclosed indicating "first run".

**AGENCIES REPORTING VIA COMPUTER METHODS MUST HAVE THE CAPACITY TO RETAIN A BACK-UP FILE OF EACH PAYROLL FOR AT LEAST 3 MONTHS AFTER THE PAYROLL IS SUBMITTED TO PERS.**

Frequency of reporting to PERS should always coincide with your payroll periods. If you wish to change your frequency, please provide written notice to the Information Processing Unit (863) at least 30 days prior to the change.

### Submitting Multiple Reports

Should you wish to begin submitting multiple payrolls for the same service period (same employer code and service period type code), or if you wish to increase the number of multiple payrolls to be submitted each period, contact the Information Processing Unit (863) *prior* to sending the first reports. PERS will assign a 3-digit office code to each report. Office codes must be used on all subsequent payrolls so that PERS may separately identify them each service period.

### Changing Reports to Include Employer Paid Member Contributions or Tax Deferred Member Contributions

Effective July, 1983 it became mandatory for agencies who pay any portion of member contributions under Government Code Section 20615 to designate those contributions separately on PERS reports. This way of reporting is also to be used by those employers who implement a program of deferring taxes on employee contributions to PERS.

Agencies who report via pre-list method will see two columns on the Payroll Listing (MEM-625A) to be used for this purpose. Agencies who report via computerized methods will see the fields in the record formats, page 2-073, and columns on the hardcopy payroll listing, page 2-077, to be used for this purpose.

Payroll Reporting  
Pre-List Method

## PRE-LIST METHOD

The pre-list method is a manual method of reporting payroll to PERS for employers who do not have access to data processing equipment. With this method, PERS stores the latest payroll transactions received from an employer and prepares a detailed list of the information on a Payroll Listing, form PERS-MEM-625A. This pre-list is mailed to the employer for use in preparing the payroll for the next service period.

The updated pre-list is combined with a completed Summary Report, Member and Employer Contributions (ACC-626) and the remittance, and mailed to PERS (P.O. BOX 1982).

The components of the pre-list method are:

1. Payroll Listing—PERS-MEM-625A (pre-list).
2. Summary Report, Member and Employer Contributions—PERS-ACC-626.
3. Remittance payable to PERS.

## REPORTING DEADLINES, ADMINISTRATIVE AND DELINQUENCY CHARGES

Pre-list payroll reports must be *received* in the PERS Sacramento office within 30 calendar days after the close of a service period, or 20 calendar days after PERS mails the pre-list for that service period, whichever is later. If an employer fails to file a payroll report on time, PERS will assess a minimum "administrative" charge of \$200 for every report that is late. This charge will cover the added costs of follow-up and special handling.

PERS will only consider a payroll report "received" if the report is *complete* and *correct* according to the requirements set forth in this manual. Payroll reports that cannot be processed routinely will be returned to the employer for correction. These payrolls shall be resubmitted within 20 calendar days or a minimum administrative charge will be levied.

Member and employer contributions must be *received* in the PERS Sacramento office within 15 calendar days after the close of a service period, regardless of when PERS mails the pre-list to the agency. If an employer fails to pay at least 90 percent of the contributions on time, PERS will assess a "delinquency" charge (interest on late monies) on the amount outstanding from the date the contributions were due to the date they were actually received. The interest rate used will be the rate PERS earns on short term investments.

To avoid being delinquent, an employer may need to submit the contributions in advance of the pre-list. This "advance payment" is explained on page 2-108 and illustrated on page 2-112. The amount of the advance payment may be based on either the current payroll due or the last payroll submitted to PERS. Making an advance payment will enable the agency to avoid delinquency (interest) charges, but administrative charges may still be levied.

IF THE LAST PAYROLL WAS SUBMITTED LATE AND THE AGENCY DOES NOT HAVE A PRE-LIST TO SEND, IT IS THE AGENCY'S RESPONSIBILITY TO REQUEST A PRE-LIST SO THAT THE CURRENT PAYROLL MAY BE FILED.

NOTE: PERS may grant time extensions and/or waive delinquency or administrative charges under certain conditions. See page 2-097 for information.

## PAYROLL LISTING—PRE-LIST (PERS-MEM-625A)

### PURPOSE:

The Payroll Listing (PERS-MEM-625A) provides employers who report by the pre-list method with the latest payroll information in PERS files. The employer manually updates the data on the listing and returns it to PERS as the payroll report for the current service period.

### WHEN TO COMPLETE:

Update and return the pre-list Payroll Listing to PERS each service period. Failure to comply within the specified time period will result in administrative and/or delinquency charges.

### SPECIAL INSTRUCTIONS:

1. Return the original MEM-625A, including the Summary Worksheet page, and keep the yellow copy for your records.
2. The office code and batch number in the upper left hand corner of the Payroll Listing are assigned by PERS for identification purposes. Please do not change either of these items or combine pages of listings with different batch numbers or office codes in a single report.
3. The reference number which appears in the first column of the Payroll Listing is assigned by PERS as an aid in referencing the record. *Do not* change or add a reference number for any transaction.
4. Use the Summary Worksheet page of the Payroll Listing as a tool for completing the Summary Report, Member and Employer Contributions (ACC-626) by transferring Summary Worksheet totals directly onto the Summary Report.
5. If payroll reporting is not current, request one or more duplicate copies of the Payroll Listing so that your payroll reporting will once again be current. Since the duplicate Payroll Listings were developed from the same service period, any additions, deletions or changes must be carried forward to each report until the data is submitted and PERS updates the files. *Request duplicate copies by phoning or writing to our Delinquency Control Unit, Section 863.* Photocopies of previous listings will be accepted *only under unusual circumstances, with prior approval.*
6. PERS prints the Payroll Listing for each employer in sequence by unit code (if applicable) and surname (alphabetically).
7. For basic information on each item used in a payroll entry, see pages 2-009 through 2-015, "Payroll Reporting Elements".
8. BURST THE PAYROLL REPORT, AND SUBMIT THE PAGES IN NUMERICAL ORDER WITH THE SUMMARY WORKSHEET PAGE LAST. The Summary Report (ACC-626) is attached to the front of the entire payroll.



Payroll Reporting  
Pre-List Method

PRE-LIST

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

FOR INSTRUCTIONS IN COMPLETING THIS FORM  
REFER TO THE MATERIAL ON THE REVERSE LISTING  
FOUND IN THE PAYROLL REPORTING SECTION OF  
THE PROCEDURE MANUAL (PERSFORM 0045)

EMPLOYER		SERVICE PERIOD	
0000	01 88 0		
CODE	MONTH YEAR TYPE		

OFFICE	BATCH
000	14939
CODE	NUMBER

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY - 1ST HALF	1
2ND HALF - 1ST HALF	2
2ND HALF - 2ND HALF	3
3RD HALF - 1ST HALF	4
3RD HALF - 2ND HALF	5
3RD HALF - 3RD HALF	6
4TH QUARTER - 1ST QUARTER	7
4TH QUARTER - 2ND QUARTER	8
4TH QUARTER - 3RD QUARTER	9
4TH QUARTER - 4TH QUARTER	0

PAY CODES	
ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	02
DAILY PAY RATE	03
WAGE PAY RATE	04
FOR SPECIAL COMPENSATION	05
REPRESENTING NO ADDITIONAL SERVICE	06

CONTRIBUTION CODES		
ITEM	EMPLOYER PAID	EMPLOYER PAID
	CODE	CODE
NORMAL CURRENT CONTR	01	001 (10)
PROR PERIOD CONTR ADJUST	02	01
PROR PERIOD CONTR ADJUST	03	02
CONTRIBUTION ON RECEIVABLES	04	03
REPRODUCTION ADJUST	05	04
SPECIAL CONTRIBUTION	06	05
EMPLOYEE CONTRIBUTION	07	06
EMPLOYEE CONTRIBUTION	08	07
EMPLOYEE CONTRIBUTION	09	08
EMPLOYEE CONTRIBUTION	10	09

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME		COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (5)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION (12)	UNITS CODE (13)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS	
		LAST (3)	F (3)		M (3)	MONTH (10)	YEAR (11)				TYPE (12)	RATE (9)	CODE (10)				AMOUNT (11)	LOOK (15)
0001	000-00-0000	ANDERSON	V A	70001				01	1250.000	1250.00	0700	01	43.75	2.00	173	100	11	43.75
0002	000-00-0000	BATLEY	C B	70001				04	6.500	1144.00	0700	01	40.04	2.00	400	100	11	40.04
0003	000-00-0000	BATLEY	C B	70001								04	40.00					
0004	000-00-0000	MC CULLEY	M M	70001				01	1482.000	1482.00	0700	01	51.87	2.00	173	100	11	51.87
0005	000-00-0000	OCONNOR	P A	70001				01	2100.000	2100.00	0700	01	73.50	2.00	173	100	11	73.50
0006	000-00-0000	OWEN	T	70001				01	1950.000	1950.00	0700	01	68.25	2.00	173	100	11	68.25
0007	000-00-0000	RICHARDSON	D	70001				01	875.000	875.00	0700	01	30.62	2.00	173	100	11	30.63
0008	000-00-0000	RICHARDSON	D	70001				09	25.000	25.00	0700	06	87				100	16
0009	000-00-0000	RICHARDSON	D									08	20.00				100	
				EARNINGS						MEMBER NORMAL CONTRIBUTIONS		ADDITIONAL CONTRIBUTIONS		SURVIVOR CONTRIBUTIONS		TAX DEF. MEM CONTRIBUTIONS		
UNIT 100 TOTAL				8826.00						348.90		20.00		12.00		508.52		
0010	000-00-0000	ACKERMAN	T C	75001				01	1380.000	1380.00	0900	01	62.10	2.00	173	200	11	62.10
0011	000-00-0000	ESTES	R P	75001				01	1310.000	1310.00	0900	01	58.95	2.00	173	200	11	58.95
0012	000-00-0000	SETZER	A T	75001				01	1380.000	1380.00	0900	01	62.10	2.00	173	200	11	62.10
				EARNINGS						MEMBER NORMAL CONTRIBUTIONS		ADDITIONAL CONTRIBUTIONS		SURVIVOR CONTRIBUTIONS		TAX DEF. MEM CONTRIBUTIONS		
UNIT 200 TOTAL				4070.00						183.15				6.00		183.15		

PAGE NUMBER	EMPLOYER CODE	EMPLOYER NAME
001	0000	CITY OF SAN RAUL

PAGE TOTALS				
12896.00	532.05	20.00	18.00	492.07
MEMBER EARNINGS	MEMBER PAID NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	EMPLOYER PAID WAGE CONTR.

# PRE-LIST—SUMMARY WORKSHEET

STATE OF CALIFORNIA

FOR INSTRUCTIONS ON COMPLETING THIS FORM  
 REFER TO THE MATERIAL ON THE PAYROLL LISTING  
 FOUND IN THE PAYROLL REPORTING SECTION OF  
 THE PROCEEDURES MANUAL (PERS ADM 2042)

EMPLOYER		SERVICE PERIOD		
0000		MONTH	YEAR	TYPE
CODE				
OFFICE		BATCH		
000				
CODE		NUMBER		

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

SERVICE PERIOD TYPE CODES		PAY CODES	
ITEM	CODE	ITEM	CODE
MONTHLY	1	MONTHLY PAY RATE	01
SEMI-MONTHLY - 1ST HALF	2	MONTHLY PAY RATE	04
SEMI-MONTHLY - 2ND HALF	3	DAILY PAY RATE	08
BI-WEEKLY - 1ST PAYROLL	4	DAILY PAY RATE	09
BI-WEEKLY - 2ND PAYROLL	5	MISC PAY RATE	09
QUAD-WEEKLY - 1ST PAYROLL	6	(FOR SPECIAL COMPENSATION FE PRESENTING NO ADDITIONAL SERVICE)	
QUAD-WEEKLY - 2ND PAYROLL	7		

CONTRIBUTION CODES		MEMBER	EMPLOYER
ITEM	CODE	PERC	PERC
NORMAL CURRENT CONTR	01	COL 1%	COL 1%
PROR PERIOD CONTR ADJUST	02		
PROR PERIOD EARNINGS ADJ	03		
CONTRIBUTION RECEIVABLE	04		
REFRACTIVE SALARY ADJ	05		
SPECIAL CONTRIBUTION	06		
SURVIVOR CONTRIBUTIONS	07		
ADDITIONAL CONTRIBUTIONS	08		
EMPLOYEE AND EMPLOYER	09		

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD		PAY CODE (5)	PAY RATE (7)	MEMBER EARNINGS (8)	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION (12)	ADDITIONAL CONTRIBUTION (13)	TOTAL CONTRIBUTIONS (14)	TOTAL MEMBER CONTRIBUTIONS (15)
		LAST	F	IA		MONTH	YEAR				RATE	CODE	AMOUNT				
SUMMARY WORKSHEET																	
COV GROUP	EMPLOYER RATE	MEMBER EARNINGS			EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS								
70001	13.583	8826.00			1198.84				NORMAL	532.05							
75001	26.826	4070.00			1091.82				TIME	492.07							
									ADDITIONAL	20.00							
									SUB-TOTAL	1044.12							
									SURVIVOR	18.00							
TOTALS		12896.00			2290.66					1062.12							
TOTAL EMPLOYER AND MEMBER CONTRIBUTIONS - 3,352.78																	
RETURN PAYROLL LISTING, REMITTANCE FORM ACC-526 SUMMARY AND ANY ATTACHMENTS TO:																	
PUBLIC EMPLOYEES' RETIREMENT SYSTEM																	
P O Box 11982																	
SACRAMENTO, CA 95809-1982																	

PAGE	EMPLOYER	EMPLOYER
002	0000	CITY OF SAN RAUL
NUMBER	CODE	NAME

PERS ACC-526 (17-83)

PAGE TOTALS				
MEMBER EARNINGS	MEMBER AND NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	EMPLOYER AND MEMBER CONTRIBUTIONS

Payroll Reporting  
 Pre-List—MEM-625A

### PAYROLL LISTING—PRE-LIST

#### Instructions for Completion

1. Enter the current service period on every page in the "Service Period" block, upper left-hand corner.

EMPLOYER		SERVICE PERIOD		
0000		08	86	0
CODE		MONTH	YEAR	TYPE

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY - 1ST HALF	1
SEMI-MONTHLY - 2ND HALF	2
BIWEEKLY - 1ST PAYROLL	3
BIWEEKLY - 2ND PAYROLL	4
QUARTERLY - 1ST PAYROLL	5
QUARTERLY - 2ND PAYROLL	6

2. Add those payroll entries which apply to the current service period being reported and are not included on the Payroll Listing supplied by PERS. Make an addition by entering all the necessary data on the line following the last payroll entry on the Payroll Listing, or on a blank MEM-625A. DO NOT enter additions BETWEEN lines of the pre-printed data. (see page 2-046 for item-by-item instructions.) Do not make additions on the Summary Worksheet (final page) of the Payroll Listing. Arrange the additions in member surname alphabetical sequence, or, if unit codes are used, arrange the additions alphabetically within unit groupings.

Do not assign a reference number.

#### EXAMPLE ADDITION:

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (6)	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION (13)	NON-SPECIAL CODE (12)	UNIT CODE (14)	EMPLOYER AND MEMBER CONTRIBUTIONS	
		LAST (3)	F (5)	IA (6)		MONTH (10)	YEAR (11)	TYPE (15)				RATE (9)	CODE (10)	AMOUNT (11)				CODE (16)	AMOUNT (17)
	000-00-0000	Griswold	M	J	70001				01	1350 000	1350 00	0700	01	47 25	2 00	173	100	11	47 25

3. Change any information (such as earnings, contributions, Social Security number, etc.) that is shown incorrectly on the Payroll Listing. Make a change by drawing a single line through the incorrect information (the entire field, not just the incorrect digit or letter), entering the new data immediately above, and circling the reference number on the line being changed. Do not line out too heavily as the data must be visible for modification by PERS.

#### EXAMPLE CHANGE:

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (6)	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION (13)	NON-SPECIAL CODE (12)	UNIT CODE (14)	EMPLOYER AND MEMBER CONTRIBUTIONS	
		LAST (3)	F (5)	IA (6)		MONTH (10)	YEAR (11)	TYPE (15)				RATE (9)	CODE (10)	AMOUNT (11)				CODE (16)	AMOUNT (17)
0010	000-00-0000	ACKERMAN	T	C	75001				01	1380 000	1380 00	0900	01	62 10	2 00	173	200	11	62 10
0011	000-00-0000	ESTES	R	P	75001				01	<del>1310 000</del>	<del>1310 00</del>	0900	01	<del>58 95</del>	2 00	173	200	11	<del>58 95</del>
0012	000-00-0000	SETZER	A	T	75001				01	1380 000	1380 00	0900	01	62 10	2 00	173	200	11	62 10

- Delete payroll entries which do not apply to the current service period. Make a deletion by drawing a single line through all the printed data. Do not line out too heavily as the data must be visible for deletion by PERS.

**EXAMPLE DELETION:**

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (7)	MEMBER EARNINGS (9)	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION (12)	UNIT CODE (14)	TAX DEFERRED MEMBER CONTRIBUTIONS		
		LAST	F	JA		MONTH	YEAR	TYPE				RATE (9)	CODE (10)			AMOUNT (11)	CODE (15)	AMOUNT (16)
0004	000-00-0000	MC CULLEY	M	M	70001				01	1482.000	1482.00	0700	01	51.87	2.00	173.100	11	51.87
0005	000-00-0000	OCONNOR	P	A	70001				01	2100.000	2100.00	0700	01	73.50	2.00	173.100	11	73.50
0006	000-00-0000	OWEN	T		70001				01	1950.000	1950.00	0700	01	68.25	2.00	173.100	11	68.25

- If additions, changes or deletions occur on the Payroll Listing, new totals will need to be calculated. If unit codes are used, recalculate unit totals and enter the new amounts at each unit break. Recalculate page totals and enter the new amounts at the bottom of each page.

**EXAMPLE:**

	EARNINGS	MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	TAX DEFERRED CONTRIBUTIONS
UNIT 200 TOTAL	4160.00	187.20	183.15	6.00	187.30

**NOTE:** "Earnings" is the total of column 8 (by unit or page).  
 "Normal Member Contributions" is the total of column 11 entries that use contribution codes 01, 02, 03, 04, 05, and 06.  
 "Additional Contributions" is the total of column 11 entries that use contribution codes 08 and 09.  
 "Survivor Contributions" is the total of column 12.  
 "Tax Deferred Member Contributions" is the total of all column 16 entries.

- When totals are changed on the Payroll Listing, totals on the Summary Worksheet page of the listing must also be adjusted. Using page totals, recalculate Member Normal, Additional, Survivor and Total Member Contributions. Enter the new totals. Recalculate Total Earnings by coverage group, multiply by the appropriate employer rate to arrive at employer contributions for each coverage group. Recalculate Total Earnings, Total Employer Contributions and Total Employer and Member Contributions. Enter the new amounts.

**EXAMPLE:**

SUMMARY WORKSHEET					
COV GROUP	EMPL RATE	EARNINGS	CONTRIBUTIONS	MEMBER CONTRIBUTIONS	
20001	13.583	4160.00	187.20	NORMAL	183.15
75001	26.826	4160.00	187.20	TOTAL	370.30
				ADDITIONAL	20.00
				SUB-TOTAL	390.30
				SURVIVOR	18.00
TOTALS		4160.00	375.20	408.30	390.30
				TOTAL EMPLOYER AND MEMBER CONTRIBUTIONS	798.60

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY - 1ST PAYROLL	1
SEMI-MONTHLY - 2ND PAYROLL	2
QUARTERLY - 1ST PAYROLL	3
QUARTERLY - 2ND PAYROLL	4
SEMI-ANNUAL - 1ST PAYROLL	5
SEMI-ANNUAL - 2ND PAYROLL	6
ANNUAL - 1ST PAYROLL	7
ANNUAL - 2ND PAYROLL	8

CONTRIBUTION CODES	
ITEM	CODE
CONTRIBUTION CODE 01	01
CONTRIBUTION CODE 02	02
CONTRIBUTION CODE 03	03
CONTRIBUTION CODE 04	04
CONTRIBUTION CODE 05	05
CONTRIBUTION CODE 06	06
CONTRIBUTION CODE 07	07
CONTRIBUTION CODE 08	08
CONTRIBUTION CODE 09	09

MEMBER STATUS CODES	
ITEM	CODE
MEMBER STATUS CODE 01	01
MEMBER STATUS CODE 02	02
MEMBER STATUS CODE 03	03
MEMBER STATUS CODE 04	04
MEMBER STATUS CODE 05	05
MEMBER STATUS CODE 06	06
MEMBER STATUS CODE 07	07
MEMBER STATUS CODE 08	08
MEMBER STATUS CODE 09	09
MEMBER STATUS CODE 10	10
MEMBER STATUS CODE 11	11
MEMBER STATUS CODE 12	12
MEMBER STATUS CODE 13	13
MEMBER STATUS CODE 14	14
MEMBER STATUS CODE 15	15
MEMBER STATUS CODE 16	16
MEMBER STATUS CODE 17	17
MEMBER STATUS CODE 18	18
MEMBER STATUS CODE 19	19
MEMBER STATUS CODE 20	20

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PRE CODE (8)	PRE RATE (7)	MEMBER EXPERIENCE (10)	CONTRIBUTION CODES			MEMBER STATUS CODE (15)	LINE CODE (14)	LINES TOTAL	LINES CONTROL
		LAST	F	M		MONTH	YEAR	TYPE				01	02	03				

**PRE-LIST ADDITION**

See pages 2-017 through 2-026 to determine the Contribution Code (Item No. 10 or 15) before making the pre-list addition.

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Reference Number	Leave this item blank. PERS will assign a reference number to this entry.
2	Social Security Number	Enter the member's 9-digit Social Security number. Verify the number with the Membership Form (MEM-1) when reporting a member for the first time.
3	Member Name	Enter the member's last name, up to 10 characters, and first initial. Enter the middle initial when applicable.
4	Coverage Group	Enter the member's 5-digit coverage group. If it is not known, see your Coverage Key, Item 3.0.  Coverage group is not used with Contribution Codes 08 and 09.
5	Service Period	Enter this item only when reporting a <i>non-current entry</i> . When applicable, enter the 5-digit service period for which the entry is being reported—2-digit month, last 2 digits of year, and 1-digit type code.



Payroll Reporting  
 Pre-List Addition

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

ITEM	MEMBER PAID	EMPLOYER PAID
NORMAL CURRENT CONTR	01	11
PROR PERIOD CONTR ADJUST	02	12
PROR PERIOD EMPLOYEE ADV	03	13
CONTRIBUTION DEFERRABLE	04	14
RETROACTIVE SALARY ADJ	05	15
SPECIAL CONTRIBUTION	06	16
CUMULON CONTRIBUTION	07	17
ADDITIONAL CONTRIBUTIONS	08	18
EMPLOYEE PAID	09	19
EMPLOYER PAID	10	20

EMPLOYEE NUMBER	EMPLOYEE NAME	EMPLOYER NAME	EMPLOYEE ADDRESS	EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP	EMPLOYEE PHONE	EMPLOYEE FAX	EMPLOYEE EMAIL	EMPLOYEE TITLE	EMPLOYEE STATUS	EMPLOYEE CLASS	EMPLOYEE GRADE	EMPLOYEE PAY PLAN	EMPLOYEE PAY RATE	EMPLOYEE PAY PERIOD	EMPLOYEE PAY DATE	EMPLOYEE PAY AMOUNT	EMPLOYEE TAX AMOUNT	EMPLOYEE CONTRIBUTION AMOUNT	EMPLOYER CONTRIBUTION AMOUNT	EMPLOYER TAX AMOUNT	EMPLOYER PAY AMOUNT

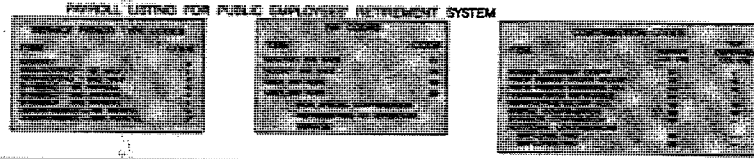
- | BLOCK NO. | BLOCK TITLE                       | INSTRUCTIONS  |
|-----------|-----------------------------------|---|
| 8         | Member Earnings                   | <p>Enter the member's earnings for this entry. To report a <i>negative</i> amount, enter a minus sign (-) to the left of the earnings or brackets ( [ ] ) around the earnings.</p> <p>Example:</p> <p><input type="text" value="-"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/>      or      <input type="text" value="["/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="5"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="]"/></p> |
| 9         | Contribution Rate                 | <p>Enter the member's contribution rate. This is the rate found in Item 6.4 of the Coverage Key, under the member's coverage group. Enter 4 digits as shown:</p> <p>Contribution rate = 7%</p> <p>ENTER: <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="0"/> <input type="text" value="0"/></p>  |
| 10        | Normal Member Contribution Code   | <p>Enter the appropriate 2-digit code for the entry if the <i>employee</i> is paying any portion of the contributions and the contributions are not tax deferred. The contribution codes are shown on the top of the form and explained in detail beginning on page 2-017.</p>  |
| 11        | Normal Member Contribution Amount | <p>Enter the amount of member contributions for this entry which the employee is paying and the contributions are not tax deferred. Refer to page 2-027 for instructions on how to calculate contribution amount.</p> <p>To report a negative amount, enter the minus sign (-) to the left of contribution amount or brackets ( [ ] ) around contribution amount.</p>   |

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS										
12	Survivor Contribution	<p>Enter the appropriate amount, when the member is covered by the 1959 Survivor Benefit.</p> <table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Reporting Frequency</th> <th style="text-align: right;">Contribution Each Service Period</th> </tr> </thead> <tbody> <tr> <td>Monthly .....</td> <td style="text-align: right;">\$2.00</td> </tr> <tr> <td>Semi-monthly .....</td> <td style="text-align: right;">1.00</td> </tr> <tr> <td>Bi-monthly .....</td> <td style="text-align: right;">.93</td> </tr> <tr> <td>Quadri-weekly .....</td> <td style="text-align: right;">1.86</td> </tr> </tbody> </table> <p>To report a <i>negative</i> amount, enter a minus sign (-) to the left of survivor contribution or brackets ([ ]) around survivor contribution.</p> <p>NOTE: When using Contribution Codes 02, 12, 04, 05, 15, 06, 16, 08, and 09, the survivor contribution must be blank or zero.</p>	Reporting Frequency	Contribution Each Service Period	Monthly .....	\$2.00	Semi-monthly .....	1.00	Bi-monthly .....	.93	Quadri-weekly .....	1.86
Reporting Frequency	Contribution Each Service Period											
Monthly .....	\$2.00											
Semi-monthly .....	1.00											
Bi-monthly .....	.93											
Quadri-weekly .....	1.86											



Payroll Reporting  
 Pre-List Addition



EMPLOYEE NUMBER	EMPLOYEE NAME	EMPLOYEE ADDRESS	EMPLOYEE CITY	EMPLOYEE STATE	EMPLOYEE ZIP	EMPLOYEE PHONE	EMPLOYEE FAX	EMPLOYEE EMAIL	EMPLOYEE TITLE	EMPLOYEE STATUS	EMPLOYEE CLASSIFICATION	EMPLOYEE GRADE	EMPLOYEE PAY PLAN	EMPLOYEE PAY RATE	EMPLOYEE PAY PERIOD	EMPLOYEE PAY DATE	EMPLOYEE PAY TYPE	EMPLOYEE PAY AMOUNT	EMPLOYEE PAY DEDUCTIONS	EMPLOYEE PAY BALANCE	

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
13	Work Schedule Code	<p>Enter the 3-digit code which identifies the work base the employer considers to be average full-time employment for employees in the same group.</p> <p>When the pay code is 01, report the number of hours per month.</p> <p>Example: <span style="float: right;">ENTER: 1 7 3</span></p> <p>173 hours per month—</p> <p>When the pay code is 04, report the number of hours per week.</p> <p>Example: <span style="float: right;">ENTER: 3 7 5</span></p> <p>37.5 hours per week—</p> <p>When the pay code is 08, report the number of days per week.</p> <p>Example: <span style="float: right;">ENTER: 0 4 5</span></p> <p>4.5 days per week—</p> <p>Work schedule code should only be present with Contribution Codes 01, 11, 03, or 13.</p> <p>See page 2-013 for further information on work schedule code.</p>
14	Unit Code	<p>Unit codes are used by the employer to identify employees within payroll units or employee groups. This 3-digit code is optional for all employers except county schools. <i>County schools must use the 3-digit code found in the Coverage Key.</i></p>



Payroll Reporting  
Modified Pre-List

## PAYROLL LISTING—MODIFIED PRE-LIST (PERS-MEM-625A)

### PURPOSE:

A modified pre-list should be requested anytime 75% or more of the member earnings, contribution amounts and/or pay rate entries will be changed for a service period. The modified pre-list is a Payroll Listing (MEM-625A) with certain columns left blank to accommodate those changes.

### WHEN TO COMPLETE:

The "Modified A" should be used only when 75% or more of the pay rate, earnings, and contributions will change. The "Modified B" should be used only when 75% or more of the earnings and contributions will change.

### SPECIAL INSTRUCTIONS:

1. Request the appropriate version by phoning or writing to the Information Processing Unit, Section 863.
2. The pay rate (Modified A only), earnings and contributions must be entered for every transaction being reported even if there was no change from the previous service period.
3. The instructions which apply to *adding, changing, or deleting* a payroll transaction and *accumulating totals* for the regular Payroll Listing apply to the modified listings as well (see pages 2-044 and 2-045). However, when changing an entry it is not necessary to circle the reference number.
4. Return the original MEM-625A, including the Summary Worksheet page, and keep the yellow copy for your records.
5. Burst the payroll report and submit the pages in numerical order with the summary worksheet page last. The Summary Report (ACC-626) is attached to the front of the entire payroll.

PRE-LIST—MODIFIED TYPE A

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

FOR INSTRUCTIONS ON COMPLETING THIS FORM REFER TO THE MATERIAL ON THE PAYROLL LISTING FOUND IN THE PAYROLL REPORTING SECTION OF THE EMPLOYER'S MANUAL, YEARS 80W 000 000

EMPLOYER		SERVICE PERIOD	
0000			
CODE	MONTH	YEAR	TYPE
OFFICE		BATCH	
000		14919	
CODE		NUMBER	

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	01
SEMI-MONTHLY	02
QUARTERLY	03
BI-MONTHLY	04
BI-WEEKLY	05
WEEKLY	06
QUARTERLY	07
BI-MONTHLY	08
BI-WEEKLY	09

PAY CODES	
ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	02
DAILY PAY RATE	03
WEEKLY PAY RATE	04
ITEM SPECIAL COMPENSATION REPRESENTING AN ADDITIONAL SERVICE	05

CONTRIBUTION CODES		
ITEM	MEMBER CODE	EMPLOYER CODE
NORMAL CURRENT CONTR	01	01
ANNUAL PERIOD CONTR ADJUST	02	02
PRORATA PERIOD CONTR ADJUST	03	03
CONTRIBUTION RECEIVABLE	04	04
RETROACTIVE CONTR ADJUST	05	05
SPECIAL COMPENSATION	06	06
SURVIVOR CONTRIBUTIONS	07	07
ADDITIONAL CONTRIBUTIONS	08	08
EMPLOYEE PAID	09	09
EMPLOYER PAID	10	10

REFERENCE NUMBER	SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION		SURVIVOR CONTRIBUTION	MEMBER SOCIAL SECURITY CODE	UNIT CODE	MEMBER CONTRIBUTION AMOUNT	TAX DEF MEM CONTRIBUTION	
		LAST	FP						RATE	CODE						AMOUNT
0001	000-00-0000	ANDERSON	V A	70001		01			0700	01			2.00	173	100	11
0002	000-00-0000	BAILEY	C B	70001		04			0700	01			2.00	400	100	11
0003	000-00-0000	BAILEY	C B	70001						04					100	
0004	000-00-0000	MC CULLEY	M M	70001		01			0700	01			2.00	173	100	11
0005	000-00-0000	OCONNOR	P A	70001		01			0700	01			2.00	173	100	11
0006	000-00-0000	OWEN	T	70001		01			0700	01			2.00	173	100	11
0007	000-00-0000	RICHARDSON	D	70001		01			0700	01			2.00	173	100	11
0008	000-00-0000	RICHARDSON	D	70001		09			0700	06					100	16
0009	000-00-0000	RICHARDSON	D							08					100	
				EARNINGS			MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS			TAX DEF MEM CONTRIBUTIONS				
UNIT 100 TOTAL																
0010	000-00-0000	ACKERMAN	T C	75001		01			0900	01			2.00	173	200	11
0011	000-00-0000	ESTES	R P	75001		01			0900	01			2.00	173	200	11
0012	000-00-0000	SETZER	A T	75001		01			0900	01			2.00	173	200	11
				EARNINGS			MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS			TAX DEF MEM CONTRIBUTIONS				
UNIT 200 TOTAL																

PAGE NUMBER	EMPLOYER CODE	EMPLOYER NAME
1	0000	CITY OF SAN RAUL

PAGE TOTALS				
MEMBER EARNINGS	MEMBER PAID NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	EMPLOYEE PAID MEM CONTR

Payroll Reporting  
Modified Pre-List

**PRE-LIST—MODIFIED TYPE B**

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

FOR INSTRUCTIONS ON COMPLETING THIS FORM  
REFER TO THE MATERIAL ON THE PAYROLL LISTING  
FORMS IN THE PAYROLL REPORTING SECTION OF  
THE PROCEDURE MANUAL (PPS-ADM 60-40)

EMPLOYER		SERVICE PERIOD		
0000		MONTH	YEAR	TYPE
CODE				

OFFICE		BATCH	
000		14919	
CODE		NUMBER	

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY - 1ST HALF	1
2ND MONTHLY - 2ND HALF	2
BIWEEKLY - 1ST PAYROLL	3
BIWEEKLY - 2ND PAYROLL	4
QUARTERLY - 1ST PAYROLL	5
QUARTERLY - 2ND PAYROLL	6

PAY CODES	
ITEM	CODE
WEEKLY PAY RATE	01
MONTHLY PAY RATE	04
DAILY PAY RATE	06
WEEKLY PAY RATE	08
FOR SPECIAL COMPENSATION	09
REPRESENTING AN ADDITIONAL	08
SERVICE	08

CONTRIBUTION CODES	
ITEM	MEMBER PAID EMPLOYER PAID
NORMAL CURRENT CONTR.	01 01
PROG PERIOD CONTR ADJUST	02 02
PROG PERIOD EARNINGS ADJ	03 03
CONTRIBUTION RECEIVABLE	04 04
RETROACTIVE SALARY ADJ	05 05
SPECIAL COMPENSATION	06 06
SURVIVOR CONTRIBUTION	07 07
ADDITIONAL CONTRIBUTIONS	08 08
EMPLOYEE PAID	09 09
EMPLOYER PAID	10 10

REFERENCE NUMBER	SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP	SERVICE PERIOD	PAY CODE	PAY RATE	MEMBER EARNINGS	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION	UNITS	MEMBER CONTRIBUTIONS		
		LAST	F						MEMBER PAID	EMPLOYER PAID	MEMBER PAID			EMPLOYER PAID		
					MONTH	YEAR	TYPE		MEMBER PAID	EMPLOYER PAID	MEMBER PAID	EMPLOYER PAID		MEMBER PAID	EMPLOYER PAID	
0001	000-00-0000	ANDERSON	V A	70001			01	1250 000	0700 01		2 00	173	100	11		
0002	000-00-0000	BATLEY	C B	70001			04	6 500	0700 01		2 00	400	100	11		
0003	000-00-0000	BATLEY	C B	70001					04				100			
0004	000-00-0000	MC CULLEY	M M	70001			01	1482 000	0700 01		2 00	173	100	11		
0005	000-00-0000	OCONNOR	P A	70001			01	2100 000	0700 01		2 00	173	100	11		
0006	000-00-0000	OWEN	T	70001			01	1950 000	0700 01		2 00	173	100	11		
0007	000-00-0000	RICHARDSON	D	70001			01	875 000	0700 01		2 00	173	100	11		
0008	000-00-0000	RICHARDSON	D	70001			09	25 000	0700 06				100	16		
0009	000-00-0000	RICHARDSON	D						08				100			
									MEMBER NORMAL		ADDITIONAL		SURVIVOR		TAX DEF MEM	
									EARNINGS		CONTRIBUTIONS		CONTRIBUTIONS		CONTRIBUTIONS	
UNIT 100 TOTAL																
0010	000-00-0000	ACKERMAN	T C	75001			01	1380 000	0900 01		2 00	173	200	11		
0011	000-00-0000	ESTES	R P	75001			01	1310 000	0900 01		2 00	173	200	11		
0012	000-00-0000	SETZER	A T	75001			01	1380 000	0900 01		2 00	173	200	11		
									MEMBER NORMAL		ADDITIONAL		SURVIVOR		TAX DEF MEM	
									EARNINGS		CONTRIBUTIONS		CONTRIBUTIONS		CONTRIBUTIONS	
UNIT 200 TOTAL																

PAGE NUMBER	EMPLOYER CODE	EMPLOYER NAME
1	0000	CITY OF SAN RAUL

PAGE TOTALS				
MEMBER EARNINGS	MEMBER PAID NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	EMPLOYEE PAID MEM CONTRIBUTIONS

**PRE-LIST—MODIFIED A AND B—SUMMARY WORKSHEET**

STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

FOR INSTRUCTIONS ON COMPLETING THIS FORM REFER TO THE MATERIAL ON THE BACK OF LISTING FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURE MANUAL (PERS-ADM 10.42C)

EMPLOYER		SERVICE PERIOD		
0000		MONTH	YEAR	TYPE
CODE				
OFFICE		BATCH		
000				
CODE		NUMBER		

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BIWEEKLY—1ST PAYROLL	3
BIWEEKLY—2ND PAYROLL	4
QUARTERLY—1ST PAYROLL	5
QUARTERLY—2ND PAYROLL	6
QUARTERLY—3RD PAYROLL	7

PAY CODES	
ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	04
DAILY PAY RATE	06
WEEKLY PAY RATE	08
(FOR SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICE)	

CONTRIBUTION CODES	
ITEM	CODE
NORMAL CURRENT CONTR.	01
PROG PERIOD CONTR ADJUST	02
PROG PERIOD EARNINGS ADJ	03
CONTRIBUTION RECEIVABLE	04
RETROACTIVE SALARY ADJ	05
SPECIAL CONTRIBUTIONS	06
SURVIVOR CONTRIBUTIONS	07
EMPLOYEE PAID	08
EMPLOYER PAID	09

REFERENCE NUMBER (1)	SOCIAL SECURITY NUMBER (2)	MEMBER NAME			COVERAGE GROUP (4)	SERVICE PERIOD			PAY CODE (8)	PAY RATE (11)	MEMBER EARNINGS (9)	NORMAL MEMBER CONTRIBUTION			SURVIVOR CONTRIBUTION (13)	WORK SHARE CONTRIBUTION (14)	UNIT CODE (15)	PARTICIPATED MEMBER CONTRIBUTIONS	
		LAST (10)	F	M		MONTH (12)	YEAR (12)	TYPE (12)				RATE (16)	CODE (17)	AMOUNT (18)				TOTAL (19)	AMOUNT (20)
SUMMARY WORKSHEET																			
COV GROUP	EMPLOYER RATE	MEMBER EARNINGS			EMPLOYER CONTRIBUTIONS						MEMBER CONTRIBUTIONS								
70001	13.583										NORMAL								
75001	26.826										TDMC								
												ADDITIONAL							
												SUB-TOTAL							
												SURVIVOR							
TOTALS																			
TOTAL EMPLOYER AND MEMBER CONTRIBUTIONS:																			
RETURN PAYROLL LISTING, REMITTANCE FOR ACT-626 SUMMARY AND ANY ATTACHMENTS TO:																			
PUBLIC EMPLOYEES' RETIREMENT SYSTEM P.O. Box 1982 SACRAMENTO, CA 95809-1982																			

PAGE	EMPLOYER	EMPLOYER
2	0000	CITY OF SAN RAUL
NUMBER	CODE	NAME

PAGE TOTALS				
MEMBER EARNINGS	MEMBER PAID NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTIONS	SURVIVOR CONTRIBUTIONS	EMPLOYER PAID MEM CONTR

Payroll Reporting  
Personal Computer Method

## PAYROLL REPORTING SYSTEM — PERSONAL COMPUTER METHOD

The PERS Payroll Reporting System is a software package developed by PERS designed to replace the Pre-list reporting method. The same restrictions apply concerning what data must be given and what must be left blank for the different contribution codes (see page 2-015). The only difference is that you will now be entering the data on your PC instead of paper, allowing certain error checks to be done at the time the data is entered. Information on installing this system on your PC is available from PERS. Contact the Information Processing Unit by phone or mail. You will be sent a more comprehensive package explaining the system in greater detail.

### INSTRUCTIONS FOR COMPLETION

Each time you access the Payroll Reporting System, you will be prompted as follows:

Are you beginning a new payroll? (Y/N)

(If so, all one-time records will now be deleted;  
all other records will be given the current period.)

If you are continuing work on a payroll report that was begun earlier, respond with a "N" for "No". All records will be kept intact and you will then be taken straight to the Payroll Reporting System menu.

However, if you are about to begin a new payroll report, answer the prompt:

Is this a Special Payroll?

with a "Y" for "Yes" if it is a special payroll report or a "N" for "No" if it is a regular payroll report.

The following will then appear on your screen:

Please enter the  
new service period - Month: Year: Type:

The system will check for a valid month and period type. It will then compare the data you have entered for the new payroll report against the report already on file to make sure that you have entered a new service period. If your new entry matches the period already on file and neither report is a special payroll, a message will inform you of this and you will again be prompted as to whether you are beginning a new payroll report. If your entry does not match the period on file or one of the reports is a special payroll, the data will be accepted; all one-time records will then be deleted and all remaining records will receive the new service period. The date that you begin the new payroll report will also be entered into the control record.

## YOUR FIRST TIME THROUGH

Your first time into the system you will respond that you are beginning a new payroll by pressing "Y"; answer the special payroll prompt by pressing either "Y" or "N". Enter the service period month, year and type for the payroll you are about to prepare.

The service period type must be between 0 and 7 inclusive.

The system menu will now appear on your screen.

<b>PERS Payroll Reporting System</b> Release 2.0
<b>Control Information</b> Add Edit/Delete Mass Update Pack File Output Listing Diskette for PERS Quit
Edit the first control record

You can select items from this menu in two ways. You can either press the first letter of the task you wish to perform or you can use the up/down arrow keys to highlight the option and press "Enter". As you highlight each option, the bottom line of the menu gives you a brief description of that task.

Your first time into the system you must enter the control data before you can add any records to the payroll file, so choose the first item either by pressing "C" or by highlighting it and pressing "Enter".



Payroll Reporting  
Personal Computer Method

## EDITING THE CONTROL RECORD

The control record appears in two screens. The first screen contains the employer name and code, unit code, current service period, file creation date, and office code.

FIRST CONTROL RECORD			
Employer Name:			
Employer Code:			
Unit Code:	000		
Current Service Period - Month:	12	Year:	87 Type: 1
Creation Date (MMDDY):	01158		
Office Code:	000		

Notice that the service period and file creation date have already been entered; they were stored here when you answered that you were beginning a new payroll. The employer name and code must be filled in before you can enter any employee records. If you do not use unit codes, enter 000 in that field. If you do use unit codes, enter the first unit code only.

When you press "Enter" on the last field or press "PgDn" from any field, the second screen of the control record will appear as shown on the following page.

Coverage Groups:	Employer Rates:
1.	1. 0.00000
2.	2. 0.00000
3.	3. 0.00000
4.	4. 0.00000
5.	5. 0.00000
6.	6. 0.00000
7.	7. 0.00000
8.	8. 0.00000
9.	9. 0.00000
10.	10. 0.00000

Here you enter the applicable coverage groups and the employer rate for each (See your Coverage Key). You can enter as many as ten coverage groups. Employer rates must be converted from percentage to decimal form before they are entered; for example, 7.5% would be entered as 0.07500. When you have finished with this screen press "PgDn".

You will then be asked to verify that all the data in the control record is correct. If it is, press "Y"; the data will be stored in the file and the system menu will return. If you press "N" the first control screen will appear again and you will be allowed to change anything on it or the second screen. If you want to clear the data you just entered and quit back to the menu, press "Q".

Hereafter, you will probably only need to edit the control record when the coverage groups and/or employer rates change.

Payroll Reporting  
Personal Computer Method

## ADDING RECORDS—CREATING A PAYROLL

To build your data file choose item "Add" from the system menu; a blank record will appear on the screen for you to fill in. At the top you will see the number of the record you are adding.

Adding Record No. 1

Employer Code: 1450	Social Security #: - -		
Last Name:	First Init.:	Middle Init.:	
Coverage Group:	Service Period - Month: 12	Yr.: 87	Type: 1
Pay Code:	Pay Rate: 0.000	Member Earnings: 0.00	
Member Contribution - Code:	Rate: .	Amount: 0.00	
Survivor Contribution: 0.00			
Work Schedule Code:	Unit Code: 000		
Tax-Deferred Member Contributions - Code:	Amount: 0.00		

The same reporting requirements and relationships apply here as for a Pre-list. Refer to pages 2-009 through 2-015, and 2-040 through 2-055.

After you have entered the data it will be put through a series of error checks to make sure it meets reporting requirements. If there is an error, a message will display telling you what it is, along with a prompt to "Press Q to quit or any other letter to continue. . .". If you press "Q" the data will be cleared and you will return to the payroll system menu; any other letter or number will hold the data and let you go back and change the field in question.

When the data passes the error checks, you will be asked to verify that the record is correct. If you respond with an "N" (No), the cursor will move to the beginning of the record and you will be allowed to change any of the fields; if you respond with "Q" (Quit) the data will be cleared and you will return to the menu.

If you press "Y" (Yes), you will be asked whether this is a one-time record. Most of your records will probably be for normal current contributions (codes 01 and 11 or 06 and 16) which will be used every period; these would not be one-time records. All other codes will probably be one-time records; i.e., you will not need them the next payroll period. These one-time records will be deleted when you begin a payroll report for a new service period.

After you answer this prompt, the record will be written to the file and you will be asked whether you want to add another record. If you press "Y" another blank record will be displayed. If you press "N" you will return to the menu.

## UPDATING THE FILE

Once you have done the initial building of your file, most of your use of this system will probably be with the editing functions. There are now two ways to edit the payroll file.

### *Editing Specific Members*

From the main menu select the "Edit/Delete" function. You will then be prompted for the last name and then the social security number of the member whose records you want to edit.

The system will search through the index for the first record for that member. If it does not find one it will tell you that no such record exists, and to press any key to continue. You will then be given the choice of whether to edit another member's record(s) or return to the main menu.

When the system does find the member you specify, it will display the first record for that person. At the bottom of the screen will be displayed the options of "Editing", "Deleting", "Undeleting" or "Skipping" this record, or "Quitting" back to the menu. Select by pressing the first letter of the option you want or by using the arrow keys to highlight the option and pressing Enter.

**EDIT:** This will display the record on the screen and allow you to change any of the fields. All of the data will then be run through the error checks. After you verify that the data is correct, the next record for this member (if there is another one) will be displayed, giving you the same options.

**DELETE:** Choosing this option will mark the record for deletion, and an indicator will appear at the top of the screen.

**UNDELETE:** This lets you unmark a record that may have been incorrectly marked for deletion. This can only be used before the file is packed and the records are permanently removed.

**SKIP:** This will bring up the next record for this same member, if another record exists. Otherwise you will be asked if you would like to edit another member's records. If so you will be prompted for another last name and social security number otherwise, you will return to the main menu.

### *Performing a Mass Update on the File*

The "Mass Update" option on the main menu allows you to scroll through the entire file and make any desired changes as you go. This is for those times when you might need to change everyone's pay rate, for example. After choosing this option, the first record in the index is displayed on the screen. At the bottom you are given the options of "Adding", "Editing", "Deleting", "Undeleting" or "Skipping" a record, or "Quitting" the update function and returning to the main menu.

The "Add" function works the same as explained above, except that the new record will pull in the name, social security number, and coverage group of the last record displayed on the screen, along with the current service period.

In addition to using "Skip" to scroll through the file, your "PgUp" and "PgDn" keys will allow you to move backward and forward through the records.

All of the other options work the same here as explained above. The only difference is that there you can quickly scroll through the entire file, without having to perform a search for each member's records.

### *Packing the File*

When you delete records through the "Edit" and "Mass Update" functions, those records are only **marked** for deletion. They do not actually get deleted until you pack the file. This gives you the chance to go back in and undelete records you realize later were mistakenly marked. Be sure to perform this function before you prepare the final output for PERS.

Payroll Reporting  
Personal Computer Method

## PRINTING A LISTING

When you think you have the file updated and you want a listing to proofread or you are ready to print a final listing to be sent to PERS, select the "Output Listing" option from the main menu. You will be prompted to put wide paper in your printer and set it to top of form, then press a key when you are ready to print. If you have a narrow carriage printer, you can set it to condensed print before printing and the report will then fit on 8.5" paper. This is all you have to do; the report will be printed with a summary page at the end. You will then be returned to the menu.

If any records on the listing are preceded by "<D>", this means that the record is marked for deletion and the file should be packed before preparing the final listing and diskette for PERS.

## PREPARING PERS' FINAL LISTING AND DISKETTE

When you proofread the draft listing and made any final changes to the payroll file, you will be ready to submit the file and listing to PERS. If you made any changes to the file since the last printing, be sure to print an updated listing for us to accompany the diskette. To prepare the diskette, select the "Diskette for PERS" option from the main menu. The file will be checked to make sure there are no records that are marked for deletion.

If there are, the following message will appear:

File contains records marked for deletion.

These records will now be deleted.

Press Enter to continue or Esc to quit.

If you press Esc you will be returned to the main menu without deleting the marked records. If you press Enter, the marked records will be deleted and you will continue with the process of creating the PERS file.

You will be prompted to insert a blank formatted diskette in drive A (or drive B if you are running the floppy-disk version) and press a key to continue. The diskette will be checked to verify that it is blank. If a PERS file already exists on the diskette, you will be prompted as to whether you want to overwrite it or not. If you say "No" or if the diskette contains any other type of file, you will be prompted to replace the diskette in drive A (or drive B for floppy versions) with another one and press any key to continue. The file will then be copied onto the diskette in the format needed by the PERS system. When this is complete you will be returned to the main menu.

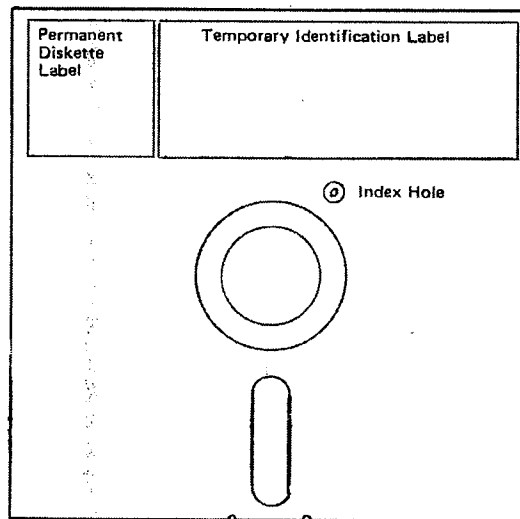
The totals on the summary page of the final listing can be copied onto your summary form. The diskette should be labeled with the employer name and code, the service period, and the file creation date. This data can be obtained by selecting the "Control Information" option from the menu. The diskette, final listing, summary form and check should then be sent to PERS. Be sure to use a proper mailer for the diskette so it does not get folded or destroyed in the mail.

## QUITTING THE PAYROLL REPORTING SYSTEM

When you select "Quit" from the main menu, you will be asked whether you want to back up the payroll database before you exit the system. If you do (and it is strongly recommended that you do so), insert a blank formatted diskette in drive A (or drive B for the floppy-disk version) and press any key to begin. The system will copy the payroll file and the index onto the diskette, then quit to DOS.

## EXTERNAL DISKETTE LABEL

An external diskette label is required so that PERS can identify and properly handle your agency's diskette. For external labeling use the temporary identification labels that are designed for diskettes. The external label may be placed either on the diskette or on the protective envelope. If you choose to put the external label on the diskette, please affix it *next to the permanent label* as shown below, being careful not to cover the index hole.



If you use the protective envelope for external labeling, *be sure the permanent label on the diskette has identification* (i.e., employer code) so that the diskette will be placed in the proper envelope and returned to your agency.

Payroll Reporting  
Personal Computer Method

**EXTERNAL DISKETTE LABEL**

EMPLOYER CODE	<u>  A  </u>	OFFICE CODE	<u>    B    </u>
SERVICE PERIOD	<u>  C  </u>		
FILE CREATION DATE	<u>  D  </u>		
PREPARED BY	<u>  E  </u>		

ITEM	TITLE	INSTRUCTIONS
A	Employer Code	Enter the 4-digit employer code that PERS has assigned to your agency.  If reporting multiple agencies on one diskette, enter each employer code.
B	Office Code	Enter the 3-digit office code only if your agency submits multiple payrolls (same employer code) for the same service period (same type code). The office code is assigned by PERS to differentiate these multiple reports.
C	Service Period (MMYYT)	Enter the 5-digit service period for which the diskette is being submitted, 2-digit month, last 2 digits of year, and 1-digit type code.  Example: Bi-weekly report, service period ends August 1, 1990. Enter "08903".
D	File Creation Date	Enter the date the file was created (the date is on the control record).
E	Prepared By	Enter the initials of the person responsible for external labeling.

## DISKETTE/MAGNETIC TAPE METHODS

Diskette (format 1 only) and magnetic tape methods are the preferred way of reporting payroll to PERS. Employers using these methods submit their own diskette or magnetic tape each service period with payroll data written in the prescribed format (page 2-073). PERS will return the diskette or tape to the employer after the information is processed.

A hard copy list (printed payroll listing) of the diskette or tape report is also required. This list must reflect the *same* data that is reported on the diskette or magnetic tape. When last-minute changes to the payroll report must be made that cannot be included on the diskette or tape, they are shown on a Supplemental Payroll Reporting Form (MEM-624), not on the hard copy payroll list.

The diskette or magnetic tape, hard copy list and Supplemental Forms are combined with a Summary Report, Member and Employer Contributions (ACC-626) and the remittance, and mailed to PERS (P.O. BOX 1982). If the diskette or magnetic tape is packaged and mailed separately from the remittance, use P.O. BOX 942703.

**NOTE:** To ensure the readability of data on diskettes, follow your diskette handling instructions including use of the recommended protective shipping carton. Diskettes that are damaged or unreadable because of improper handling or mailing by the agency may not be accepted and will need to be resubmitted.

The components of the diskette and magnetic tape methods are:

1. Diskette or magnetic tape
2. Hard copy list of diskette or tape report
3. Supplemental Payroll Reporting Form—PERS-MEM-624 (when necessary)
4. Summary Report, Member and Employer Contributions—PERS-ACC-626
5. Remittance made payable to PERS

## REPORTING DEADLINES, ADMINISTRATIVE AND DELINQUENCY CHARGES

Payroll reports must be *received* in the PERS Sacramento office within 30 calendar days after the close of a service period. If an employer fails to file a payroll report on time, PERS will assess a minimum "administrative" charge of \$200 for each report that is late. This charge will cover the added costs of follow-up and special handling.

PERS will only consider a payroll report received if the report is *complete* and *correct* according to the requirements set forth in this manual. Payroll reports that cannot be processed routinely will be returned to the employer for correction. These payrolls shall be resubmitted within 20 calendar days or a minimum administrative charge will be levied.

Sometimes correcting a returned payroll requires the agency to make program changes. When this happens, PERS will retain the hard copy payroll list. If a corrected tape or diskette is not returned within the allotted time, PERS will key enter the information from the payroll hard copy and charge \$ .60 per line. Timely processing will help ensure that members receive proper service credit and interest at the time it is earned.



**Payroll Reporting**  
**Diskette/Magnetic Tape Methods**

Member and employer contributions must be *received* in the PERS Sacramento office within 15 calendar days after the close of a service period. If an employer fails to pay at least 90 percent of the contributions within the prescribed time frame, a "delinquency" charge (interest on late monies) will be assessed on the amount outstanding from the date the contributions were due to the date they were actually received. The interest rate used will be the rate PERS earns on short term investments.

To avoid being delinquent, an employer may find it necessary to submit the contributions in advance of the payroll. This is called "advance payment" and is explained on page 2-106. Making an advance payment will enable the agency to avoid delinquency charges, but administrative charges may still be levied.

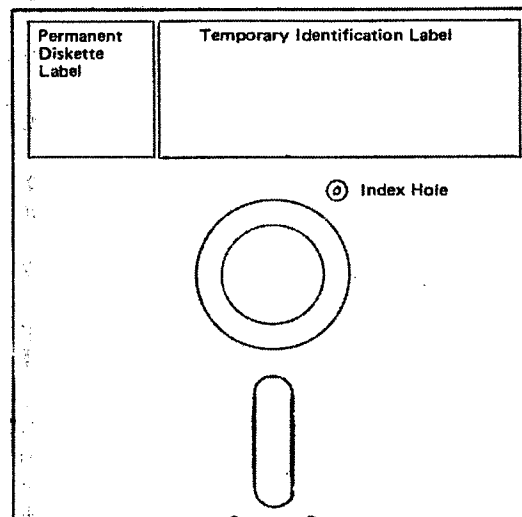
**NOTE:** PERS may grant time extensions and/or waive delinquency charges under certain conditions. See page 2-095 for information.

## DATA PROCESSING SPECIFICATIONS—DISKETTE 5¼" AND 3½"

- Diskettes must be in ASCII format.
- Files must be named "PERSFILE.TXT".
- Record length must be 96 characters, with a carriage return and line feed at the end of each record.
- A control record is required at the beginning of the detail and at the end.
- The record formats are shown on page 2-075. The print layout for the payroll listing is shown on page 2-078.

## DATA PROCESSING SPECIFICATIONS—DISKETTE 8"

- Diskettes must be in the Basic Data Exchange format.
- There must be 128 Byte Sectors.
- Diskettes must be Format 1 (single-sided/single density).
- A Data Set Label is necessary for PERS to process diskettes. It must meet the following requirements:
  - Data Set Identifier—Volume = "PERS"; File = "PERS"
  - Block Length = 96
  - Record Attribute b (unblocked, unspanned)
  - Physical Record Length = 128
  - Write Protect = P (Protected)
  - Exchange Type Indicator = b (Basic Data Exchange)
  - Record Length = 96
- The maximum number of records per diskette is 1898 (cylinders 1-73)
- Multi-volume files are acceptable.



If you use the protective envelope for external labeling, *be sure the permanent label on the diskette has identification (i.e., employer code) so that the diskette will be placed in the proper envelope and returned to your agency.*

Payroll Reporting  
 Diskette/Magnetic Tape Methods

**DATA PROCESSING SPECIFICATIONS--DISKETTE (Continued)**

The external diskette label should appear as follows:

**EXTERNAL DISKETTE LABEL**

EMPLOYER CODE	<u>    A    </u>	OFFICE	<u>    B    </u>
SERVICE PERIOD	<u>    C    </u>		
RECORD COUNT	<u>    D    </u>		
PREPARED BY	<u>    E    </u>		

ITEM	TITLE	INSTRUCTIONS
A	Employer Code	Enter the 4-digit employer code that PERS has assigned to your agency.  If reporting multiple agencies on one diskette, enter each employer code.
B	Office Code	Enter the 3-digit office code only if your agency submits multiple payrolls (same employer code) for the same service period (same type code). The office code is assigned by PERS to differentiate these multiple reports.
C	Service Period (MMYYT)	Enter the 5-digit service period for which the diskette is being submitted, 2-digit month, 2-digit year (last 2 digits of year), and 1-digit type code.  <i>Example:</i> Bi-weekly report, service period ends August 1, 1990. Enter "08903"
D	Record Count	Enter the total count of records on the diskette. This count should equal the total record count on your final control record (trailer record), see page 2-076. This count enables PERS to verify that all records have been read.
E	Prepared By	Enter the initials of the person responsible for external labeling.

## DATA PROCESSING SPECIFICATIONS—MAGNETIC TAPE

- Submit nine-track tape or 3480 cartridge.
- Preferred tape density is 6250 BPI.
- EBCDIC must be the recording mode.
- Record length must be 96 characters.
- Block size is 10 records per block. Other block sizes are acceptable, provided the block size information is on file with PERS. (PERS will not attempt to process tapes with unknown block sizes.)
- The tape should contain no internal label.
- A control record is required at the beginning of the contribution detail and at the end.
- If the final control record does not fill the block, complete the block with records containing all nines (9).
- A terminating tape mark (TM) is required as the final item on the tape.
- The record formats for the tape are shown on pages 2-075 and 2-076. The print layout for the payroll listing is shown on pages 2-078 and 2-079.

Payroll Reporting  
 Diskette/Magnetic Tape Methods

*External Tape Label*

An external tape label is required so that PERS can identify and properly process your agency's magnetic tape. The external label should appear as follows:

**EXTERNAL TAPE LABEL**

EMPLOYER CODE   A  

OFFICE CODE   B  

DEN   C        BLOCKSIZE   D  

RECORD COUNT   E  

SERVICE PERIOD   F  

CREATION DATE   G        PREPARED BY   H  

COMMENTS   I  

ITEM	TITLE	INSTRUCTIONS
A	Employer Code	Enter the 4-digit employer code that PERS has assigned to your agency.
B	Office Code	Enter a 3-digit office code only if your agency submits multiple payrolls (same employer code) for the same service period (same type code). The office code is assigned by PERS to differentiate these multiple reports.
C	Density	Enter the appropriate density.
D	Block Size	Block size is 10 records per block. Enter "10".  Exceptions to 10 records per block are <i>only</i> acceptable after written approval from PERS. (PERS will not attempt to process tapes with unknown block sizes.)
E	Record Count	Enter the total count of records on the tape. This count should equal the total record count on your final control record (trailer record), see page 2-076. This count enables PERS to verify that all records have been read.
F	Service Period (MMYYT)	Enter the 5-digit service period for which the tape is being submitted; 2-digit month, last 2 digits of year, and 1-digit type code.  <i>Example:</i> Bi-weekly report, service period ends August 1, 1990. Enter "08903"
G	Creation Date (MMDDY)	Enter the date the tape was created; 2-digit month, 2-digit day, last digit of the year.  <i>Example:</i> Tape was created on August 6, 1990. Enter "08060".
H	Prepared By	Enter the initials of the person responsible for external labeling.
I	Comments	Left blank for your use.

### DATA PROCESSING SPECIFICATIONS—DISKETTE AND TAPE METHODS

— All monetary fields except pay rate may be reported as negative values. The values for minus zero through nine in the right-most (low-order) position of the negative field are shown in the table below:

#### NEGATIVE VALUES FOR DISKETTE OR MAGNETIC TAPE

VALUE	EBCDIC CHARACTER	DISKETTE OR 9-TRACK TAPE	
		BINARY	HEX
— 0	}	1101 0000	D0
— 1	J	1101 0001	D1
— 2	K	1101 0010	D2
— 3	L	1101 0011	D3
— 4	M	1101 0100	D4
— 5	N	1101 0101	D5
— 6	O	1101 0110	D6
— 7	P	1101 0111	D7
— 8	Q	1101 1000	D8
— 9	R	1101 1001	D9

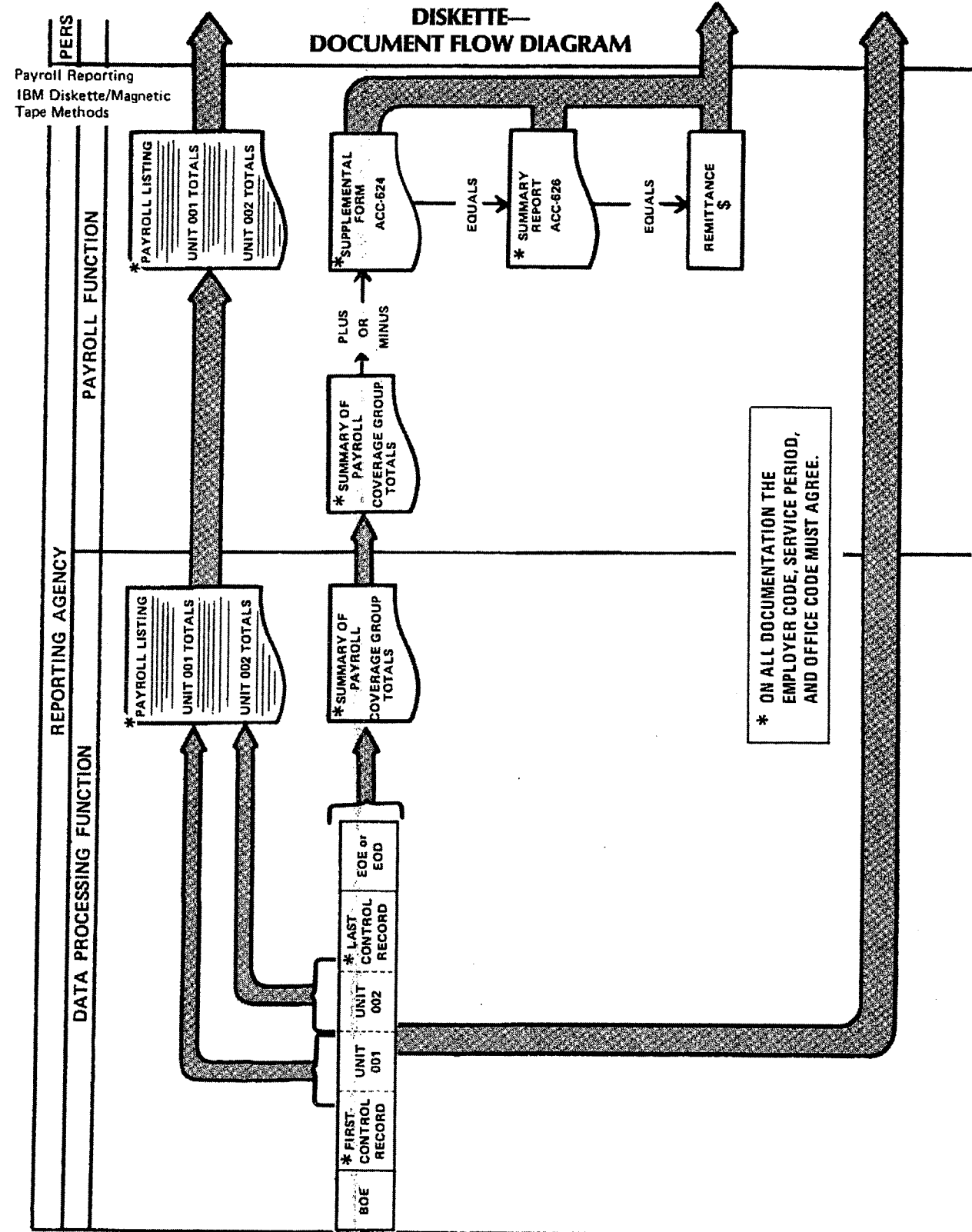
— All monetary fields in the report must be zero-filled. For example, to report member earnings (positions 50-56) of \$1,250.00, position 50 must contain a zero to fill the entire field:

0	1	2	5	0	0	0
50	51	52	53	54	55	56

Monetary fields are:

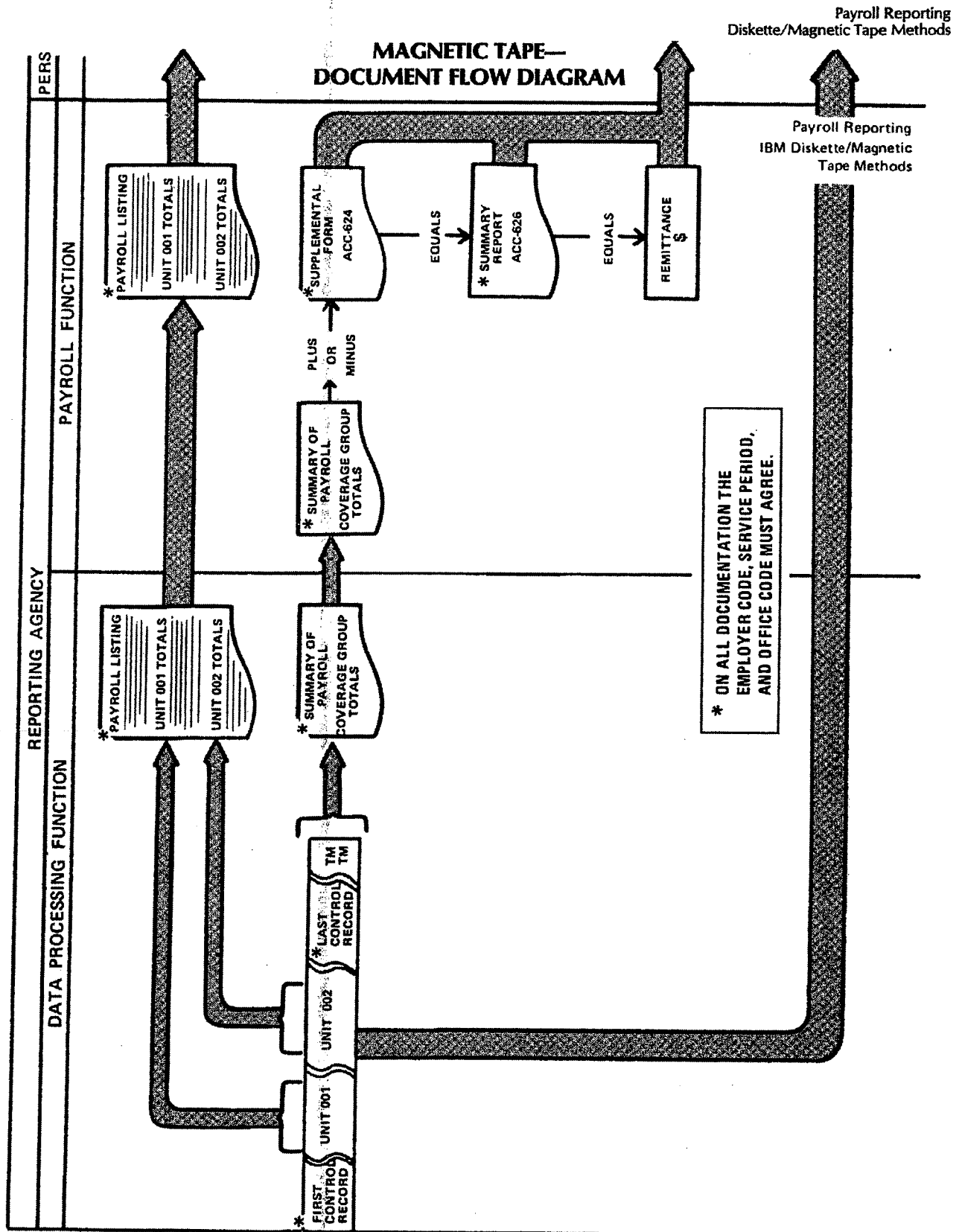
Field	Position
Pay Rate .....	42-49
Member Earnings .....	50-56
Member Normal Contribution Amount .....	57-62
Survivor Contribution .....	69-71
Tax Deferred Member Contribution .....	75-80

Payroll Reporting  
 Diskette/Magnetic Tape Methods



9/90

P.A. MANUAL 2-072





Payroll Reporting  
Diskette/Magnetic Tape Methods

## REPORTING ADDRESSES BY MAGNETIC TAPE FOR ANNUAL STATEMENTS

Agencies with electronic data processing equipment with a tape installation can have their members' annual statements addressed with individual member addresses by sending an address tape to the System.

In order to have the addresses printed on statements, the address tape should reach the System prior to **August 1st**. The tape label should state that it is an address tape. Mail the tape to Information Processing Unit, P.O. Box 942704, Sacramento, CA 94229-2704.

### Address Record

- 1 - 9 Social Security Number
- 10 - 13 Employer Code
- 14 - 19 Employee Number
- 20 - 31 Name (optional)
- 32 - 61 Address—line 1
- 62 - 91 Address—line 2
- 92 - 121 Address—line 3
- 122 - 150 Address—line 4
- 151 - 152 152nd position of record must be blank

Address records must be blocked twenty (20) records per block (3,040 characters). The last block of address records may be less than twenty (20) records, or the balance of the block must be padded 9's. The last address block should be followed by an inter-record gap, followed by a tape mark.

**NOTE:** This tape must not have a tape header label nor a tape trailer label.  
Tape density should be 6250 BPI.

## RECORD FORMATS

### FIRST CONTROL RECORD

Position	Field Size	Field Name	Alpha Numeric	Cobol Picture	Constant Value
1	1	Record I.D.	N	9	"0"
2 - 5	4	Employer Code	N	9(4)	
6 - 8	3	Unit Code	N	9(3)	
9 - 17	9	Filler	N	9(9)	All Zeros
18 - 19	2	Service Period Month	N	99	
* 20 - 21	2	Service Period Year	N	99	
22	1	Service Period Type Code	N	9	
23 - 34	12	Identifier	AN	X(12)	"CONT. PAYROLL"
35 - 39	5	Creation Date (MMDDYY)	N	9(5)	
40 - 42	3	Office Code	N	9(3)	
**43	1	Special Indicator	N	9	
44 - 96	53	Unused	AN	X(53)	All Spaces

### RECORD DESCRIPTION

Position	Field Size	Field Name	Alpha Numeric	Cobol Picture	Constant Value
1	1	Record I.D.	N	9	"1"
2 - 5	4	Employer Code	N	9(4)	
6 - 8	3	Unit Code	N	9(3)	
9 - 17	9	Social Security Number	N	9(9)	
18 - 19	2	Service Period Month	N	99	
20 - 21	2	Service Period Year	N	99	
22	1	Service Period Type Code	N	9	
23 - 32	10	Last Name	AN	X(10)	
33	1	First Initial	AN	X	
34	1	Middle Initial	AN	X	
35 - 39	5	Coverage Group	N	9(5)	
40 - 41	2	Pay Code	N	99	
42 - 49	8	Pay Rate	N	S9(5)V999	
50 - 56	7	Member Earnings	N	S9(5)V99	
57 - 62	6	Member Normal Contribution Amount	N	S9(4)V99	
63 - 64	2	Member Normal Contribution Code	N	99	
65 - 68	4	Contribution Rate	N	V9999	
69 - 71	3	Survivor Contribution	N	S9V99	
72 - 74	3	Work Schedule Code	N	9(3)	
75 - 80	6	Tax Deferred Member Contribution Amount	N	S9(4)V99	
81 - 82	2	Tax Deferred Member Contribution Code	N	99	
83 - 96	14	Unused			

\*Service period on first control record must be the current period being reported.

\*\*Special indicator is used to indicate "this payroll is a special payroll" constant value = 0 for normal payroll or 1 for special payroll.

Payroll Reporting  
 Diskette/Magnetic Tape Methods

**RECORD FORMATS—Continued**

**LAST CONTROL RECORD**

Position	Field Size	Field Name	Alpha Numeric	Cobol Picture	Constant Value
1	1	Record I.D.	N	9	"9"
2 - 5	4	Employer Code	N	9(4)	
6 - 8	3	Unit Code	N	9(3)	
9 - 17	9	Filler	N	9(9)	All Nines
18 - 19	2	Service Period Month	N	99	
* { 20 - 21	2	Service Period Year	N	99	
22	1	Service Period Type Code	N	9	
23 - 34	12	Filler	AN	X(12)	"TRAIL RECORD"
35 - 39	5	Total Record Count	N	9(5)	†
40 - 96	57	Unused	AN	X(57)	All Spaces

†Total Count of Contribution Detail Records.

\*Service period on last control record must be the current period being reported.

## PAYROLL LISTING—ALL COMPUTERIZED REPORTING METHODS

### PURPOSE:

The payroll listing is a hard copy print-out of the transactions reported on the diskette or magnetic tape. It is used along with the diskette or tape to process the payroll for a particular service period.

### WHEN TO COMPLETE:

Print the payroll listing each time a diskette or magnetic tape is prepared for submitting payroll transactions to PERS.

### SPECIAL INSTRUCTIONS:

1. The information shown on the payroll listing must agree with the information on the diskette or magnetic tape. *Do not* make manual changes to the payroll listing; use a Supplemental Payroll Reporting Form (MEM-624) for this purpose.
2. Arrange the names on the listing in alphabetical order by surname and unit code or by Social Security number in ascending order by unit code. For balancing purposes, coverage group codes should be reported separately by unit.
3. The payroll listing should be printed on standard stock computer paper 14" to 14 $\frac{7}{8}$ " by 11". The listing may be printed with the paper turned vertically or horizontally. The paper may range in weight from 14 to 20 pounds. The payroll listing may be printed on 8 $\frac{1}{2}$ " X 11" paper subject to prior approval by PERS. The listing should be printed on one side only (front to back copies will be returned and may be subject to administrative charges).
4. Include the headings shown on page 2-078 on every page of the payroll listing.
5. Allow one inch margins at the top and bottom of each page.
6. When unit codes are used, include totals by unit as well as by page.
7. The final page must have overall totals. The totals **MUST** agree with those on the Summary Report, Member and Employer Contributions (ACC-626) **UNLESS** a Supplemental Payroll Reporting Form (MEM-624) is used. In the latter case, these totals should be carried to the Supplemental Form where they would be adjusted.
8. **BURST** THE PAYROLL LISTING BEFORE SUBMITTING IT TO PERS.



STATE OF CALIFORNIA

PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM

EMPLOYER CODE 0000 OFFICE CODE 010  
CURRENT SERVICE PERIOD 08-85-0

DATE PRINTED 08/31/83

SOCIAL SECURITY NUMBER	MEMBER NAME		COVER GROUP	SERVICE PERIOD			PAY RATE	MEMBER EARNING	MEMBER NORMAL CONTRIBUTIONS		SURV CNTB AMT.	WORK SCHD CODE	UNIT CODE	TAX DEF MEM* CONTRIBUTIONS			
	LAST	F M		MO	YR	T			C	RATE				CC	AMOUNT	CC	AMOUNT
000-00-0000	AYALA	C G	70001	08	85	0	01	1232.000	1232.00	0700	01	43.12	2.00	173	100	11	43.12
000-00-0000	DONALDSON	H R	70001	08	85	0	01	1025.000	1025.00	0700	01	35.87	2.00	173	100	11	35.88
000-00-0000	JENSON	P F	70001	08	85	0	01	1550.000	1550.00	0700	01	54.25	2.00	173	100	11	54.25
000-00-0000	JENSON	P F	70001	07	85	0					02	3.27			100	12	3.28
000-00-0000	OWEN	T A	70001	08	85	0	04	5.500	968.00	0700	01	33.88	2.00	400	100	11	33.88
000-00-0000	PELTIER	E R	70001	08	85	0	01	850.000	850.00	0700	01	29.75	2.00	173	100	11	29.75
000-00-0000	PELTIER	E R	70001	08	85	0					04	15.00			100		
000-00-0000	RAMOS	D	70001	08	85	0	01	1550.000	1516.00	0700	01	53.06	2.00	173	100	11	53.06
000-00-0000	SHIMADA	F B	70001	08	85	0	01	1890.000	1890.00	0700	01	66.15	2.00	173	100	11	66.15
000-00-0000	STOFFLE	T L	70001	08	85	0	01	1450.000	1450.00	0700	01	50.75	2.00	173	100	11	50.75
000-00-0000	TYSON	C L	70001	08	85	0	01	1232.000	875.00	0700	01	30.62	2.00	173	100	11	30.63
000-00-0000	UMEDA	C	70001	08	85	0	01	950.000	950.00	0700	01	33.25	2.00	173	100	11	33.25
000-00-0000	UMEDA	C	70001	07	85	0	01	950.000	125.00	0700	03	4.37		173	100	13	4.38
000-00-0000	YOUNG	J C	70001	08	85	0	04	4.850	853.60	0700	01	29.87	2.00	400	100	11	29.88
000-00-0000	YUEN	P T	70001	08	85	0	01	1284.000	1284.00	0700	01	44.94	2.00	173	100	11	44.94
UNIT 100 TOTAL							EARNINGS	MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTION	SURVIVOR CONTRIBUTION	TAX DEF MEM CONTRIBUTIONS						
							14568.60	528.15		24.00	513.20						
000-00-0000	AKERMAN	T C	75001	08	85	0	01	1380.000	1380.00	0900	01	62.10	2.00	173	200	11	62.10
000-00-0000	BEEMAN	J	75001	08	85	0	01	1460.000	1460.00	0900	01	65.70	2.00	173	200	11	65.70
000-00-0000	BRADSHAW	R A	75001	08	85	0	01	1650.000	1650.00	0900	01	74.25	2.00	173	200	11	74.25
000-00-0000	COTTON	T L	75001	08	85	0	01	2185.000	2185.00	0900	01	98.32	2.00	173	200	11	98.33
000-00-0000	ESTES	R P	75001	08	85	0	01	1310.000	1310.00	0900	01	58.95	2.00	173	200	11	58.95
000-00-0000	HART	S R	75001	08	85	0	01	1895.000	1895.00	0900	01	85.27	2.00	173	200	11	85.28
000-00-0000	HART	S R	75001	07	85	0	01	1895.000	600.00	0900	05	27.00			200	15	27.00
000-00-0000	KOVEN	D L	75001	08	85	0	01	1380.000	1380.00	0900	01	62.10	2.00	173	200	11	62.10
000-00-0000	LEE	J L	75001	08	85	0	01	1310.000	1310.00	0900	01	58.95	2.00	173	200	11	58.95
000-00-0000	MUSCHETTO	P R	75001	08	85	0	01	1580.000	1580.00	0900	01	71.10	2.00	173	200	11	71.10
000-00-0000	RICE	S T	75001	08	85	0	01	1460.000	1460.00	0900	01	65.70	2.00	173	200	11	65.70
000-00-0000	SETZER	A T	75001	08	85	0	01	1380.000	1380.00	0900	01	62.10	2.00	173	200	11	62.10
000-00-0000	SETZER	A T		08	85	0					08	25.00			200		
000-00-0000	ZIMMERMAN	H J	75001	08	85	0	01	1460.000	1460.00	0900	01	65.70	2.00	173	200	11	65.70
UNIT 200 TOTAL							EARNINGS	MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTION	SURVIVOR CONTRIBUTION	TAX DEF MEM CONTRIBUTIONS						
							19050.00	857.24	25.00	24.00	857.26						
000-00-0000	DANFORTH	J J	74001	08	85	0	01	1265.000	1265.00	0900	01	56.92	2.00	173	300	11	56.93
000-00-0000	DANFORTH	J J	74001	08	85	0	09	45.000	45.00	0900	06	2.02			300	16	2.03
000-00-0000	NAVA	S R	74001	08	85	0	01	1550.000	1550.00	0900	01	69.75	2.00	173	300	11	69.75
000-00-0000	SACKETT	H B	74001	08	85	0	01	1450.000	1450.00	0900	01	65.25	2.00	173	300	11	65.25
000-00-0000	TAFT	R E	74001	08	85	0	04	6.850	1205.60	0900	01	54.25	2.00	400	300	11	54.25
000-00-0000	WARE	G H	74001	08	85	0	01	1380.000	890.00	0900	01	40.05	2.00	173	300	11	40.05
UNIT 300 TOTAL							EARNINGS	MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTION	SURVIVOR CONTRIBUTION	TAX DEF MEM CONTRIBUTIONS						
							6405.60	288.24		10.00	288.26						
EMPLOYER CODE/NAME 0000 CITY OF WAGONTRACK							EARNINGS	MEMBER NORMAL CONTRIBUTIONS	ADDITIONAL CONTRIBUTION	SURVIVOR CONTRIBUTION	TAX DEF MEM CONTRIBUTIONS						
PAGE 001							40024.20	1673.63	25.00	58.00	1658.72						

\*These columns are needed only if the employer pays any of the member's contribution, or if the member's contributions are tax-deferred.

Payroll Reporting  
All Computer Methods—Payroll Listing

STATE OF CALIFORNIA  
PAYROLL LISTING FOR PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
EMPLOYER CODE 0000 OFFICE CODE 010 SUMMARY OF PAYROLL  
CURRENT SERVICE PERIOD 08-85-0

COVERAGE GROUP	EMPLOYER RATE	MEMBER EARNINGS	EMPLOYER CONTRIBUTIONS		MEMBER CONTRIBUTIONS
70001	13.008	14,568.60	1,895.08	NORMAL	1,673.63
74001	28.824	19,050.00	5,490.97	TDMC	1,658.72
75001	28.824	6,405.60	1,846.35	ADDITIONAL	25.00
				SUB-TOTAL	3,357.35
				SURVIVOR	58.00
	TOTALS	40,024.20	9,232.40		3,415.35
			TOTAL EMPLOYER AND MEMBER CONTRIBUTIONS		12,647.75

EMPLOYER CODE/NAME 0000 CITY OF WAGONTRACK  
PAGE 002 OF 002

**SUPPLEMENTAL PAYROLL REPORTING FORM  
ALL COMPUTERIZED REPORTING METHODS  
(PERS-MEM-624)**

**PURPOSE:**

The Supplemental Payroll Reporting Form (PERS-MEM-624) is used by employers reporting via diskette or magnetic tape to manually include last-minute changes or corrections to the reports being submitted for a service period. The data on the hard copy payroll listing must agree with the diskette or magnetic tape. *DO NOT* make manual changes to payroll listing. Use the MEM-624 for this purpose.

**WHEN TO COMPLETE:**

Complete the Supplemental Payroll Reporting Form only when last-minute changes to the report are necessary.

**SPECIAL INSTRUCTIONS:**

1. The Supplemental Form is to be used only for last-minute changes when the payroll cannot be re-run. Since your computer system should be designed to handle the reporting requirements outlined in this manual, the Supplemental Form *is not* to be used to handle computer system problems.  
  
A maximum of five completed pages of forms will be accepted for any one payroll. If more than five are submitted, PERS will charge the agency key entry costs of \$ .60 a line with a \$25.00 minimum. An alternative is to submit an additional diskette or magnetic tape with a hard copy and Summary Report (ACC-626) all labeled as a "Special" report.
2. Complete the MEM-624 in duplicate; send the original copy to PERS along with the Payroll Listing, tape or diskette and the Summary Report, Member and Employer Contributions (ACC-626). Keep the duplicate for your files.
3. For basic information on each item used to complete this form, see pages 2-009 through 2-014, "Payroll Reporting Elements". The chart on page 2-015 shows how the elements relate to each other based on the contribution code.











**Payroll Reporting**  
**All Computer Methods—MEM-624**

STATE OF CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM <b>SUPPLEMENTAL PAYROLL REPORTING FORM</b> <small>FOR MEMBERS 3-188</small>		<b>SERVICE PERIOD TYPE CODES</b> ITEM CODE MONTHLY 0 SEMI-MONTHLY 1ST HALF 1 SEMI-MONTHLY 2ND HALF 2 BI-WEEKLY 1ST PAYROLL 3 BI-WEEKLY 2ND PAYROLL 4 BI-WEEKLY 3RD PAYROLL 5 QUADRI-WEEKLY 1ST PAYROLL 6 QUADRI-WEEKLY 2ND PAYROLL 7	<b>PAY CODES</b> ITEM CODE MONTHLY PAY RATE 01 HOURLY PAY RATE 04 DAILY PAY RATE 08 MED. PAY RATE 09 (FOR SPECIAL COMPENSATION BENEFIT/STIPEND AND ADDITIONAL SERVICES)	<b>CONTRIBUTION CODES</b> ITEM NORMAL DEFERRED NORMAL CURRENT CONTR 01 11 PRIOR PERIOD CONTR ADJUST 02 12 PRIOR PERIOD EARNINGS ADJ 03 13 CONTRIBUTION RECEIVABLE 04 RESTRICTIVE SALARY ADJ 05 14 SPECIAL COMPENSATION 06 15 SURVIVOR CONTRIBUTION 07 16 ADDITIONAL CONTRIBUTIONS EMPLOYER PAID 08 17 EMPLOYER PAID 09	<b>FOR PERS USE ONLY</b>
<b>EMPLOYER CODE</b> <b>OFFICE CODE</b>		FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUPPLEMENTAL PAYROLL REPORTING FORM FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-PDM-00-420)			
<b>ENTER THE TOTALS FROM THE DISKETTE OR TAPE</b>		<b>TOTAL MONTHLY EARNINGS</b>	<b>TOTAL NORMAL CONTRIBUTIONS</b>	<b>TOTAL DEFERRED CONTRIBUTIONS</b>	<b>TOTAL SURVIVOR CONTRIBUTIONS</b>
11	12	13	14		

ITEM	BLOCK TITLE	INSTRUCTIONS
10	Total Survivor Contributions	Enter the total of survivor contributions from the diskette or tape before changes from the Supplemental Form are applied. Leave blank when no survivor contributions are reported.
11	Social Security Number	Enter the member's 9-digit Social Security number. This number <b>MUST</b> be entered correctly as it is the main source for identifying the member.
12	Member Name	Enter the member's last name, up to 10 characters, and first initial. Enter the middle initial when applicable.
13	Coverage Group	Enter the member's 5-digit coverage group. If it is not known, see your Coverage Key, Item 3.0.  Coverage group is not used with contribution codes 08 and 09.
14	Service Period	Enter the 5-digit service period for which the transaction is being reported; 2-digit month, 2-digit year (last 2 digits of year), and 1-digit type code.

**NOTE:** Determine the contribution code (Item No. 18) before making any individual entry for your members. See pages 2-017 through 2-026 for assistance.

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
**SUPPLEMENTAL PAYROLL REPORTING FORM**  
 PER 485-624 (Rev. 3-89)

SERVICE PERIOD TYPE CODES		PAY CODES		CONTRIBUTION CODES	
ITEM	CODE	ITEM	CODE	ITEM	CODE
MONTHLY	0	MONTHLY PAY RATE	01	NORMAL CURRENT CONTR	01
SEMI-MONTHLY - 1ST HALF	1	HOURLY PAY RATE	02	PRORATED CONTR ADJUST	02
SEMI-MONTHLY - 2ND HALF	2	DAILY PAY RATE	03	CONTRIBUTION RECEIVABLE	03
BI-WEEKLY - 1ST PAYROLL	3	MISC PAY RATE	04	RETROACTIVE SALARY ADJ	04
BI-WEEKLY - 2ND PAYROLL	4	FOR SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICES		SPECIAL COMPENSATION	05
BI-WEEKLY - 3RD PAYROLL	5			EMPLOYEE PAID	06
QUADR-WEEKLY - 1ST PAYROLL	6			EMPLOYER PAID	07
QUADR-WEEKLY - 2ND PAYROLL	7				08
					09

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUPPLEMENTAL PAYROLL REPORTING FORM FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-930)

FOR PERS USE ONLY

ENTER SECTIONS FROM THE PAYROLL LISTING	TOTAL MEMBER EARNINGS	TOTAL NORMAL CONTRIBUTIONS	TOTAL EX-DEFERRED CONTRIBUTIONS	TOTAL ADDITIONAL CONTRIBUTIONS	PERS SURVIVOR CONTRIBUTIONS

ITEM	BLOCK TITLE	INSTRUCTIONS
15	Pay Code	Enter the appropriate 2-digit pay code from the list at the top of the form.
16	Pay Rate	Enter the pay rate corresponding to the pay code shown in item No. 15. Show the pay rate with three digits after the decimal.

NOTE: When using Contribution Codes 02, 12, 04, 08, or 09 the following items must be blank or zero:

- No. 15 Pay Code
- No. 16 Pay Rate
- No. 17 Member Earnings
- No. 18 Contribution Rate
- No. 21 Survivor Contribution

15 Pay Code

Enter the appropriate 2-digit pay code from the list at the top of the form.

16 Pay Rate

Enter the pay rate corresponding to the pay code shown in item No. 15. Show the pay rate with three digits after the decimal.

Example:

Hourly pay rate = \$5.70 1/2

ENTER:  

5	7	0	5
---	---	---	---

Hourly pay rate = \$6.50

ENTER:  

6	5	0	0
---	---	---	---

Monthly pay rate = \$600.00

ENTER:  

6	0	0	0	0	0
---	---	---	---	---	---

Payroll Reporting  
 All Computer Methods—MEM-624

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 SUPPLEMENTAL PAYROLL REPORTING FORM  
 PER MEM 624 (Rev. 1-89)

**SERVICE PERIOD TYPE CODES**

ITEM	CODE
MONTHLY - 1ST HALF	0
SEMI-MONTHLY - 1ST HALF	1
SEMI-MONTHLY - 2ND HALF	2
BI-WEEKLY - 1ST PAYROLL	3
BI-WEEKLY - 2ND PAYROLL	4
BI-WEEKLY - 3RD PAYROLL	5
QUARTER WEEKLY - 1ST PAYROLL	6
QUARTER WEEKLY - 2ND PAYROLL	7

**PAY CODES**

ITEM	CODE
MONTHLY PAY RATE	01
HOURLY PAY RATE	04
ONLY PAY RATE	02
MISC PAY RATE	03
FOR SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICE	

**CONTRIBUTION CODES**

ITEM	NORMAL	DEFERRED
ANNUAL CURRENT CONTR	01	11
PRORATED CONTR ADJUST	02	12
PRORATED CONTR ADJUST	03	13
CONTRIBUTION RECEIVABLE	04	14
RETROACTIVE SALARY ADJ	05	15
SPECIAL COMPENSATION	06	16
SUPPLEMENTAL CONTRIBUTION	07	17
ADDITIONAL CONTRIBUTION	08	18
EMPLOYEE PAID	09	19
EMPLOYEE PAID	10	20

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUPPLEMENTAL PAYROLL REPORTING FORM FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-430)

**TOTAL MEMBER EARNINGS**    **TOTAL NORMAL CONTRIBUTIONS**    **TOTAL DEFERRED CONTRIBUTIONS**    **TOTAL ADDITIONAL CONTRIBUTIONS**    **TOTAL SERVICE CONTRIBUTIONS**

- | ITEM | BLOCK TITLE                       | INSTRUCTIONS  |
|------|-----------------------------------|---|
| 17   | Member Earnings                   | <p>Enter the member's earnings for this transaction. To report a <i>negative</i> amount, enter a minus sign (-) to the left of the earnings or brackets ([ ]) around the earnings.</p> <p><i>Example:</i></p> <p style="text-align: center;"> <span style="border: 1px solid black; padding: 2px;">- 1 3 5 0   0 0</span>    or    <span style="border: 1px solid black; padding: 2px;">[ 1 3 5 0   0 0 ]</span> </p> |
| 18   | Contribution Rate                 | <p>Enter the member's contribution rate. This is the rate found in Item 6.4 of the Coverage Key, under the member's coverage group. Enter 4 digits as shown:</p> <p>Contribution rate = 7%</p> <p style="text-align: center;">ENTER:<br/> <span style="border: 1px solid black; padding: 2px;">0 7 0 0</span></p>   |
| 19   | Normal Member Contribution Code   | <p>Enter the appropriate 2-digit code for the transaction for any contributions paid by the member. The contribution codes are shown on the top of the form and explained in detail beginning on page 2-017.</p>  |
| 20   | Normal Member Contribution Amount | <p>Enter the amount of member contributions paid by the member for this transaction. Refer to page 2-027 for instructions on how to calculate contribution amount.</p> <p>To report a <i>negative</i> amount, enter a minus sign (-) to the left of contribution amount or brackets ([ ]) around the contribution amount.</p>   |

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 SUPPLEMENTAL PAYROLL REPORTING FORM  
 PER-MEM-EN (Rev. 3-78)

SERVICE PERIOD TYPE CODES	ITEM	CODE
MONTHLY	0	
SEMI-MONTHLY 1ST HALF	1	
SEMI-MONTHLY 2ND HALF	2	
BI-WEEKLY 1ST PAYROLL	3	
BI-WEEKLY 2ND PAYROLL	4	
BI-WEEKLY 3RD PAYROLL	5	
QUADRI-WEEKLY 1ST PAYROLL	6	
QUADRI-WEEKLY 2ND PAYROLL	7	

ITEM	PAY CODES	CODE
MONTHLY PAY RATE	01	
HOURLY PAY RATE	04	
DAILY PAY RATE	08	
MISC. PAY RATE	09	
IF ON SPECIAL COMPENSATION REPRESENTING NO ADDITIONAL SERVICES		

ITEM	CONTRIBUTION CODES	NORMAL	TAX DEFERRED
NORMAL CURRENT CONTR.	01	1.1	
PRORATED CONTR. ADJUST.	02	1.1	
PRORATED CONTR. ADJUST.	03	1.1	
CONTRIBUTION RECEIVABLE	04	1.1	
RETROACTIVE SALARY ADJ.	05	1.8	
SPECIAL COMPENSATION	06	1.8	
SURVIVOR CONTRIBUTION	07	-	-
ADDITIONAL CONTRIBUTIONS	08	-	-
EMPLOYEE PAID	09	-	-
EMPLOYER PAID	10	-	-

FOR PERS USE ONLY

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUPPLEMENTAL PAYROLL REPORTING FORM FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-630)

EMPLOYER'S NAME	EMPLOYEE'S NAME	EMPLOYEE'S SOCIAL SECURITY NUMBER	TOTAL MEMBER GROSS	TOTAL MEMBER CONTRIBUTIONS	TOTAL TAX DEFERRED CONTRIBUTIONS	TOTAL ADDITIONAL CONTRIBUTIONS	TOTAL EMPLOYER CONTRIBUTIONS

ITEM	BLOCK TITLE	INSTRUCTIONS
21	Survivor Contribution	<p>Enter the appropriate amount, when the member is covered by the 1959 Survivor Benefit.</p> <p><b>Reporting Frequency</b></p> <p><b>Contribution Each Service Period</b></p> <p>Monthly ..... \$2.00</p> <p>Semi-monthly ..... 1.00</p> <p>Bi-weekly ..... .93</p> <p>Quadri-weekly ..... 1.86</p>

To report a *negative* amount, enter a minus sign (-) to the left of survivor contribution or brackets ([ ]) around survivor contribution.

NOTE: When using contribution codes 02, 12, 04, 05, 15, 06, 16, 08 and 09, the survivor contribution must be blank or zero.



Payroll Reporting  
All Computer Methods—MEM-624

- | ITEM | BLOCK TITLE                             | INSTRUCTIONS   |
|------|---|--|
| 22   | Work Schedule Code                      | <p>Enter the 3-digit code which identifies the work base the employer considers to be average full-time employment for employees in the same group.</p> <p>When the pay code is 01, report the number of hours per month:</p> <p style="text-align: right;">ENTER:</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 7 3</div> <p>173 hours per month—</p> <p>When the pay code is 04, report the number of hours per week:</p> <p style="text-align: right;">ENTER:</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">3 7 5</div> <p>37.5 hours per week—</p> <p>When the pay code is 08, report the number of days per week:</p> <p style="text-align: right;">ENTER:</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">0 4 5</div> <p>4.5 days per week—</p> <p>Work schedule code should only be present with contribution codes 01, 11, 03 or 13.</p> <p>See page 2-013 for further information on work schedule code.</p> |
| 23   | Unit Code                               | <p>Unit codes are used by the employer to identify employees within payroll units or employee groups. This 3-digit code is optional for all employers except county schools. <i>COUNTY SCHOOLS must use the 3-digit code found in the Coverage Key.</i></p>  |
| 24   | Tax Deferred Member Contribution Code   | <p>Enter the appropriate 2-digit code for the transaction if the member's contributions are being paid by the employer or if the contributions are tax deferred (employer pick-up). The contribution codes are shown on the top of the form and explained in detail beginning on page 2-017.</p>   |
| 25   | Tax Deferred Member Contribution Amount | <p>Enter the amount of employer paid member contributions or tax deferred member contributions. Refer to page 2-027 for instructions on how to calculate contribution amount.</p> <p>To report a <i>negative</i> amount, enter a minus sign (-) to the left or brackets ( [ ] ) around contribution amount.</p>  |

26
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27	28	29		
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ORIGINAL TO SYSTEM  
 DUPLICATE TO AGENCY

ITEM	BLOCK TITLE	INSTRUCTIONS
26	Page Number	<p>If only one Supplemental Form is being submitted, enter:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 of 1</div> <p>If more than one Supplemental Form is being submitted, enter the page number on the left and the total pages on the right, for example:</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">2 of 3</div>
27	Total Member Earnings	<p>Calculate the sum of Item No. 6 (Total Member Earnings) and Item No. 17 (Member Earnings column) and enter the new total. <b>If more than one page is being used, enter the total on the final page only.</b></p> <p><b>NOTE:</b> This new Total Member Earnings sum must agree with the total entered in Item No. 5 on the Summary Report (ACC-626).</p>
28	Total Normal Contributions	<p>Add the amount in Item No. 7 (Total Normal Contributions) to the amounts in Item No. 20 (Normal Member Contributions Amount), excluding contribution codes 08 and 09, and enter the new total. <b>If more than one page is being used, enter the total on the final page only.</b></p> <p>Enter this total in Item No. 7 on the Summary Report (ACC-626).</p>
29	Total Tax Deferred Contributions	<p>Calculate the sum of Item No. 8 (Total Tax Deferred Contributions) and Item No. 25 (Tax Deferred Member Contribution Amount) and enter the new total. <b>DO NOT</b> include amounts reported as contribution codes 08 or 09. <b>If more than one page is being used, enter the total on the final page only.</b> Enter this total in Item No. 8 on the Summary Report (ACC-626).</p>

Payroll Reporting  
 All Computer Methods—ACC-624

<table border="1"> <tr><td>CALL NUMBER</td></tr> <tr><td> </td></tr> </table>	CALL NUMBER		<table border="1"> <tr> <td>ENTER THE VALUES TOTAL MEMBER EARNINGS TOTAL NORMAL CONTRIBUTIONS TOTAL TAX DEFERRED CONTRIBUTIONS TOTAL ADDITIONAL CONTRIBUTIONS TOTAL SURVIVOR CONTRIBUTIONS</td> <td>TOTAL MEMBER EARNINGS</td> <td>TOTAL NORMAL CONTRIBUTIONS</td> <td>TOTAL TAX DEFERRED CONTRIBUTIONS</td> <td>TOTAL ADDITIONAL CONTRIBUTIONS</td> <td>TOTAL SURVIVOR CONTRIBUTIONS</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td>30</td> <td>31</td> </tr> </table>	ENTER THE VALUES TOTAL MEMBER EARNINGS TOTAL NORMAL CONTRIBUTIONS TOTAL TAX DEFERRED CONTRIBUTIONS TOTAL ADDITIONAL CONTRIBUTIONS TOTAL SURVIVOR CONTRIBUTIONS	TOTAL MEMBER EARNINGS	TOTAL NORMAL CONTRIBUTIONS	TOTAL TAX DEFERRED CONTRIBUTIONS	TOTAL ADDITIONAL CONTRIBUTIONS	TOTAL SURVIVOR CONTRIBUTIONS					30	31
CALL NUMBER															
ENTER THE VALUES TOTAL MEMBER EARNINGS TOTAL NORMAL CONTRIBUTIONS TOTAL TAX DEFERRED CONTRIBUTIONS TOTAL ADDITIONAL CONTRIBUTIONS TOTAL SURVIVOR CONTRIBUTIONS	TOTAL MEMBER EARNINGS	TOTAL NORMAL CONTRIBUTIONS	TOTAL TAX DEFERRED CONTRIBUTIONS	TOTAL ADDITIONAL CONTRIBUTIONS	TOTAL SURVIVOR CONTRIBUTIONS										
				30	31										

ORIGINAL TO SYSTEM  
 DUPLICATE TO AGENCY

ITEM	BLOCK TITLE	INSTRUCTIONS
30	Total Additional Contributions	<p>Calculate the sum of Item No. 9 (Total Additional Contributions) and amounts reported as contribution codes 08 and 09 in Item No. 20 (Normal Member Contributions Amount) and enter the new total. <b>If more than one page is being used, enter the total on the final page only.</b></p> <p>NOTE: This new Total Additional Contributions sum must also be entered in Item No. 9 on the Summary Report (ACC-626).</p>
31	Total Survivor Contributions	<p>Calculate the sum of Item No. 10 (Total Survivor Contributions) and Item No. 21 (Survivor Contribution column) and enter the new total. <b>If more than one page is being used, enter the total on the final page only.</b></p> <p>NOTE: This new Total Survivor Contributions sum must also be entered in Item No. 11 on the Summary Report (ACC-626).</p>

NOTE: In addition to adjusting the Total Member Earnings, Total Tax Deferred Contributions, Total Normal Contributions, Total Additional Contributions and Total Survivor Contributions, be sure to adjust the total earnings by coverage group before entering on the Summary Report (ACC-626).

## Supplemental Payroll Reporting Form—MEM-624

Examples (See page 2-095 for actual entries):

1. A new PERS member, Frank P. Howard, came to work near the end of the current service period. The payroll office was notified after the payroll was run but before submitting it to PERS. You need to add this member on the MEM-624.
2. One of your members, Donald Ramos, separated from employment with your agency at the end of the last reported service period. The payroll office was notified after the payroll was run but before submitting it to PERS. To delete this member from the payroll, enter the transaction exactly as it appears on the diskette or tape and enter a minus (-) before the Member Earnings (Item No. 17), Normal Member Contribution Amount (Item No. 20), Survivor Contribution (Item No. 21), and Tax Deferred Member Contribution Amount (Item No. 25).
3. One of your members, Pamela T. Yuen, did not work a full pay period last month. Her earnings were less than that reported on the payroll. Since the payroll has not yet been submitted to PERS, you may make the adjustment on the MEM-624. Do this by making two payroll entries: (a) one reversing out the entry exactly as it shows on the diskette or tape, but with negative money amounts in Items No. 17, 20, 21, and 25, and (b) the other entry showing the correct amounts.



STATE OF CALIFORNIA  
 RETIREMENT SYSTEM  
**SUPPLEMENTAL PAYROLL REPORTING FORM**  
 (PERS-AD-90-45)

EMPLOYER CODE: 0000  
 OFFICE CODE: 0110

EMPLOYER NAME: City of Wagontrack

SPECIAL PAYROLL:

FOR PERS USE ONLY

CONTRIBUTION CODES  
 ITEM: NORMAL, SUPPLEMENTARY CONTRIBUTION, PRIOR PERIOD CONTRIBUTION ADJUST, PRIOR PERIOD EARNINGS ADJ, RETROACTIVE SALARY ADJ, SURVIVOR CONTRIBUTION, ADDITIONAL CONTRIBUTIONS, EMPLOYER PAID

TAX DEFERRED: 11, 12, 13, 14, 15, 16, 17, 18, 19, 20

PAY CODES  
 ITEM: MONTHLY PAY RATE, HOURLY PAY RATE, DAILY PAY RATE, WEEKLY PAY RATE, PERS SPECIAL CONTRIBUTION (FOR SPECIAL CONTRIBUTION NOT INCLUDING NO ADDITIONAL SERVICES)

CODE: 01, 04, 06, 08

SERVICE PERIOD TYPE CODES  
 ITEM: MONTHLY, SEMI-MONTHLY, BI-MONTHLY, QUARTERLY, BI-WEEKLY, WEEKLY, 2ND PAYROLL

CODE: 0, 1, 2, 3, 4, 5, 6, 7

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUPPLEMENTAL PAYROLL REPORTING FORM AND THE PAYROLL REPORTING SECTION OF THE PROCESSES MANUAL (PERS-AD-90-45)

SOCIAL SECURITY NUMBER	MEMBER NAME LAST	SERVICE PERIOD MO. YR. 1	COVERAGE GROUP	PAY CODE	PAY RATE	MEMBER EARNINGS	CONTRIBUTION RATE	TOTAL TAX DEFERRED CONTRIBUTIONS	TOTAL NORMAL CONTRIBUTIONS	TOTAL MEMBER EARNINGS	TOTAL TAX DEFERRED CONTRIBUTIONS	TOTAL ADDITIONAL CONTRIBUTIONS	TOTAL SURVIVOR CONTRIBUTIONS	TAX DEFERRED CONTRIBUTIONS		
														UNIT CODE	MEMBER CODE	
0000010000000000	HAWKINS, J.	08 89 00	P	01	1500.00	430.00	0.7000	1.65872	1.673163	4002.420	1.65872	1.673163	580.0	1.65872	1.673163	580.0
0000010000000000	RAMOS, P	08 89 00	P	01	1550.00	450.00	0.7000	1.5106	1.5106	1550.00	1.5106	1.5106	530.6	1.5106	1.5106	530.6
0000010000000000	VUEN, P	08 89 00	P	01	1284.00	368.40	0.7000	449.4	449.4	1284.00	449.4	449.4	199.9	449.4	449.4	199.9
0000010000000000	VUEN, P	08 89 00	P	01	1284.00	368.40	0.7000	368.2	368.2	1284.00	368.2	368.2	182.2	368.2	368.2	182.2

ENTER THE ADJUSTED TOTALS HERE AND ON THE SUMMARY (PERS-AD-90-45)

TOTAL MEMBER EARNINGS: 3890.620

TOTAL TAX DEFERRED CONTRIBUTIONS: 1.673163

TOTAL NORMAL CONTRIBUTIONS: 1.673163

TOTAL ADDITIONAL CONTRIBUTIONS: 2.5100

TOTAL SURVIVOR CONTRIBUTIONS: 580.0

ENTER THE ADJUSTED TOTALS HERE AND ON THE SUMMARY (PERS-AD-90-45)

TOTAL MEMBER EARNINGS: 3890.620

TOTAL TAX DEFERRED CONTRIBUTIONS: 1.673163

TOTAL NORMAL CONTRIBUTIONS: 1.673163

TOTAL ADDITIONAL CONTRIBUTIONS: 2.5100

TOTAL SURVIVOR CONTRIBUTIONS: 580.0

ORIGINAL TO SYSTEM  
DUPLICATE TO AGENCY



## **ALL REPORTING METHODS**

### **TIME EXTENSIONS AND WAIVERS**

PERS may for good cause grant an extension of time for the payment of contributions and/or the filing of payroll reports, provided a written request for such extension is received in the PERS Sacramento office at least 10 days before it becomes delinquent. The extension can be for a single service period or it can cover up to one fiscal year. In the latter case, the circumstances surrounding the need for an extension would need to be re-evaluated each fiscal year.

PERS may waive delinquent charges upon satisfactory proof of conditions existing beyond the employer's control. Normally, PERS does not consider internal procedures or payment processes utilized by an employer as acceptable justification for late reporting and contributions payment. Requests for waivers should be submitted in writing to the PERS Sacramento office on or immediately after the date the payroll reports and/or contributions are due.

Mail requests for extensions or waivers to the following address:

Public Employees' Retirement System  
P.O. Box 942704  
Sacramento, CA 94229-2704

Attention: Member Services Division  
Manager, Section 140

**NOTE: Member accounts will not receive full interest credit for the fiscal year if the payroll reports for the May and prior service periods are not received by June 30. The June payroll period report must be received on or before July 31.**





**SUMMARY REPORT  
MEMBER AND EMPLOYER CONTRIBUTIONS  
(PERS-ACC-626)  
ALL REPORTING METHODS**

**PURPOSE:**

The Summary Report (PERS-ACC-626) is used by employers to summarize member and employer contributions being reported each service period. It is also used to identify contributions being submitted in advance of the payroll detail.

**WHEN TO COMPLETE:**

Complete the Summary Report any time contributions are submitted to PERS. [Exception: Adjustment payments may be submitted separately with a Notice of Adjustment (ACC-1520) or a Notice of Adjustment, Employer Contributions (ACC-344).]

**SPECIAL INSTRUCTIONS:**

1. Prepare the Summary Report in triplicate; submit the original and first copy to PERS. Retain the second copy for your records.
2. Make the remittance payable to the Public Employees' Retirement System. Include in the remittance any adjustments that are required; attach the ACC-1520 or ACC-344 to support any adjustments made. The PERS Board of Administration has approved the use of Employer Surplus Asset Accounts to offset employer and/or member contributions due PERS for service periods ending on or after July 1, 1988, for agencies identified as having a surplus asset account. Each surplus asset account is identified by category of members (miscellaneous or safety) and can only be used to offset employer and/or member contributions for coverage groups contained in that specific category. For additional information, refer to PERS Circular Letter No. 100-615.

DO NOT include as part of the remittance any payments for Social Security, Health Benefits, Contingency Reserve Fund, administrative charges or delinquency charges.

3. Employers may avoid delinquency charges by submitting at least 90% of the contributions due for a service period within the prescribed time frame (see "Deadlines and Delinquency Charges" under the specific method). In this case, submit a partially completed Summary Report for advance payments. See page 2-112 for an example of how to complete the Summary Report for advance payments.
4. Employers reporting by the pre-list method should use the Summary Worksheet of the Payroll Listing (MEM-625A) to prepare the Summary Report.

Employers reporting via diskette or tape methods should use the adjusted totals on the Supplemental Form (MEM-624), if used, or the final totals on the last page of the hard copy payroll listing if a Supplemental Form is not used.

5. If two different employer rates for one coverage group are to be used, a separate payroll must be prepared for each employer rate. This means a separate payroll listing and a matching Summary Report.



STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
 MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIWEEKLY—1ST PAYROLL	6
QUADRIWEEKLY—2ND PAYROLL	7

<b>(A)</b> EMPLOYER CODE		<b>(B)</b> EMPLOYER NAME		<b>(C)</b> OFFICE CODE	
CERTIFICATION I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.				<b>(D)</b> <input type="checkbox"/> SPECIAL PAYROLL	
				<b>(I)</b> <input type="checkbox"/> SUPPLEMENTAL PAYROLL	
SIGNATURE <b>(E)</b>		DATE: <b>(F)</b>		<b>(J)</b> SERVICE PERIOD	
NAME AND TITLE (PRINT OR TYPE) <b>(G)</b>		PHONE NO.: <b>(H)</b>		<b>(K)</b> BEGINNING DATE	
				<b>(L)</b> ENDING DATE	

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
	%	\$			\$
5. TOTAL MEMBER EARNINGS:					\$
				6. TOTAL EMPLOYER CONTRIBUTIONS:	\$
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 5 + ITEM 12)					\$
ADJUSTMENTS:	14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY				\$
	14.B SURPLUS ASSET: SAFETY CATEGORY				\$
	14.C ACC-344/ACC-1520 ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN. NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.				\$
	15. ADVANCE PAYMENT				\$
16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15)				PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM.	

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number

PERS-ACC-626 (7/88)

WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.



STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
 MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIWEEKLY—1ST PAYROLL	6
QUADRIWEEKLY—2ND PAYROLL	7

EMPLOYER CODE: <b>(A)</b>		EMPLOYER NAME: <b>(B)</b>		OFFICE CODE: <b>(C)</b>	SERVICE PERIOD		
CERTIFICATION				SPECIAL PAYROLL <input type="checkbox"/>	MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.					MONTH	DAY	YEAR
SIGNATURE <b>(E)</b>		DATE: <b>(F)</b>		SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED <b>(I)</b>	ENDING DATE		
NAME AND TITLE (PRINT OR TYPE) <b>(G)</b>		PHONE NO.: <b>(H)</b>			MONTH	DAY	YEAR

ITEM	BLOCK TITLE	INSTRUCTIONS
A	Employer Code	Enter the 4-digit employer code assigned by PERS. It is found in the Coverage Key, Item 1.
B	Employer Name	Enter the full name of your agency.
C	Office Code	This PERS-assigned code is required only for agencies who regularly submit more than one payroll for the service period (using the same employer code and service period type code).  Enter the 3-digit code assigned to this payroll. Leave blank if your agency does not use office codes.
D	Special Payroll	Check this block only when you are submitting an entire payroll that is reporting a special situation such as a retroactive raise or mass correction. Leave blank if it does not apply.
E	Signature	Have the person responsible for the accuracy of the entire payroll sign here after the form has been completed.
F	Date	Enter the date the Summary Report is signed.
G	Name and Title	Print or type the name and title of the person who signed in Item E.
H	Telephone Number	Enter the area code and telephone number of the person signing the Summary Report.
I	Supplemental Payroll Reporting Form Attached	Check this block when a Supplemental Form (MEM-624) is attached. (This form is for diskette and tape methods only.)

Payroll Reporting  
 All Methods—ACC-626

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982

**SUMMARY REPORT**  
**MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)



FOR PERS USE ONLY

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIWEEKLY—1ST PAYROLL	6
QUADRIWEEKLY—2ND PAYROLL	7

EMPLOYER CODE	EMPLOYER NAME	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION		<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL <b>REPORTING FORM</b> <small>(PERS-ACC-626) ATTACHED</small>	MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			BEGINNING DATE		
SIGNATURE	DATE	<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL <b>REPORTING FORM</b> <small>(PERS-ACC-626) ATTACHED</small>	MONTH	DAY	YEAR
NAME AND TITLE (PRINT OR TYPE)	PHONE NO.		ENDING DATE		
			MONTH	DAY	YEAR

ITEM	BLOCK TITLE	INSTRUCTIONS
J	Service Period	<p>Enter the 5-digit service period for which the Summary Report is being submitted; 2-digit month, last 2 digits of year, and 1-digit type code.</p> <p>The service period shown here must agree with that shown on the Payroll Listing (all reporting methods) and Supplemental Form (MEM-624), if used (diskette and tape methods only).</p> <p>Whenever a special payroll is submitted to report entries relating to a prior service period(s), the service period shown here should be a current service period with the corresponding beginning and ending dates for that service period.</p>
K	Beginning Date	Enter the 6-digit date on which the service period being reported began. Example: 06 15 87
L	Ending Date	Enter the 6-digit date on which the service period being reported ended. Example: 06 28 87

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS			
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS		
	%	\$			\$	7. NORMAL \$	
	%	\$			\$	8. TAX DEFERRED \$	
	%	\$			\$	9. ADDITIONAL \$	
	%	\$			\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9) \$	
	%	\$			\$	11. SURVIVOR BENEFIT \$	
	%	\$			\$	12. TOTAL MEMBER CONTRIBUTIONS \$	
	%	\$			\$		
	%	\$			\$		
	%	\$			\$		
	%	\$			\$		
	%	\$			\$		
5. TOTAL MEMBER EARNINGS:			\$		6. TOTAL EMPLOYER CONTRIBUTIONS:		\$

ITEM	BLOCK TITLE	INSTRUCTIONS
<b>EMPLOYER CONTRIBUTIONS</b>		
1	Coverage Group	Enter each of the coverage groups shown on the payroll, one per line.
2	Employer Rate	Enter the current employer contribution rate that applies to each coverage group (Coverage Key, Item 7.0). Only one employer rate may be used for each coverage group on the Summary Report. Even if adjustments must be made to a previous service period which had a different employer rate, you must use the current rate.
3	Member Earnings	Enter the total member earnings for each coverage group.
4	Employer Contributions	Multiply the member earnings by the corresponding employer rate for each coverage group and enter the resulting employer contributions.
5	Total Member Earnings	Enter the sum of the Member Earnings column.  For the <i>pre-list</i> method, this total must agree with that shown on the Summary Worksheet. For <i>diskette</i> and <i>tape</i> methods, this total must agree with that shown on the last page of the payroll listing or, if used, the Supplemental Payroll Reporting Form (MEM-624).
6	Total Employer Contributions	Enter the total of the Employer Contributions column.



Payroll Reporting  
 All Methods—ACC-626

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS
CONTRIB CODE	1. EMPLOYER RATE	2. MEMBER EARNINGS	3. EMPLOYER CONTRIBUTIONS	
	\$	\$	\$	7. NORMAL: \$
	\$	\$	\$	8. TAX DEFERRED: \$
	\$	\$	\$	9. ADDITIONAL: \$
	\$	\$	\$	10. SUB-TOTAL (ITEM 7 + ITEM 8 + ITEM 9): \$
	\$	\$	\$	11. DEDUCTION FOR MEMBERS: \$
	\$	\$	\$	12. TOTAL MEMBER CONTRIBUTIONS: \$

**ITEM**            **BLOCK TITLE**

**INSTRUCTIONS**

7      Normal

Enter the total member contributions due as shown on the payroll. This total does not include contributions reported under Contribution Codes 08 or 09.

For the *pre-list* method, this total must agree with that shown on the Summary Worksheet. For *diskette* and *tape* methods, this total must agree with that shown on the last page of the payroll listing or, if a Supplemental Form (MEM-624) is used, the normal and tax deferred contributions shown on the Summary Report must agree with the total normal contributions shown on the Supplemental Form.

8      Tax Deferred

Enter the total tax deferred member contributions due as shown on the payroll. This total does not include contributions reported under Contribution Codes 08 or 09.

For the *pre-list* method, this total must agree with that shown on the Summary Worksheet. For *diskette* and *tape* methods, this total must agree with that shown on the last page of the payroll listing or, if a Supplemental Form (MEM-624) is used, the normal and tax deferred contributions shown on the Summary Report must agree with the total normal contributions shown on the Supplemental Form.

9      Additional

Enter the total of employee and employer paid additional contributions due as shown on the payroll (Contribution Codes 08 and 09 *only*).

For the *pre-list* method, this total must agree with that shown on the Summary Worksheet. For *diskette* and *tape* methods, this total must agree with that shown on the last page of the payroll listing or, if used, the Supplemental Payroll Reporting Form (MEM-624).



Payroll Reporting  
 All Methods—ACC-626

<b>13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS:</b> (ITEM 6 + ITEM 12)		\$
<b>ADJUSTMENTS:</b>	<b>14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY</b>	\$
	<b>14.B SURPLUS ASSET: SAFETY CATEGORY</b>	\$
	<b>14.C ACC-344/ACC-1520</b>	\$
<b>15. ADVANCE PAYMENT</b>		\$

ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN.  
 NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.

<b>16. BALANCE DUE:</b> (ITEM 13 MINUS ADJUSTMENTS 14A, 14B AND 14C)		<b>PREPARE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYERS' RETIREMENT SYSTEM</b>		\$
<b>FOR PERS USE ONLY</b>				
Control No. and Bookkeeper Month	100% Change	Adjusted	Reconciliation Amount	\$
			17.	
			Date Paid	
			18.	
			Previous Government Number	

PERS-ACC-626 (7/99) WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES. 88 88422

ITEM	BLOCK TITLE	INSTRUCTIONS
	<b>BALANCE DUE</b>	
13	Total Member and Employer Contributions	Enter the total of Items 6 and 12.
14A	Surplus Asset: Miscellaneous Category	Only to be used by agencies with a miscellaneous surplus asset account. Enter the amount of miscellaneous contributions to be deducted from your miscellaneous surplus asset account. The amount should always be negative to indicate credits from your surplus asset account.
14B	Surplus Asset: Safety Category	Only to be used by agencies with a safety surplus asset account. Enter the amount of safety contributions to be deducted from your safety surplus asset account. The amount should always be negative to indicate credits from your surplus asset account.
14C	Adjustments: ACC-344/ACC-1520	Enter only the amount of adjustments shown by either the "Notice of Adjustment, Employer Contributions", ACC-344, or the "Notice of Adjustment", ACC-1520. Do not enter corrections of member earnings and member contributions made on the payroll listing. If more than one adjustment is being reported, enter the net amount to be adjusted.  Attach the adjustment notice(s) to support the amount entered on this line.
15	Advance Payment	This item is used in two ways:  1) When submitting an advance payment, enter the amount being submitted. See page 2-112 for an example of how to complete the Summary Report for submitting an advance payment.  2) When an advance payment has previously been submitted and this Summary Report contains the final payment and the payroll detail, enter the amount(s) submitted as an advance payment as a <i>deduction</i> to determine the balance due. Complete the Summary Report as you would for a regular payroll. See page 2-113 for an example.  If your check or warrant is more than the amount shown in block 16, "Balance Due", do not insert the difference (overpayment) here. PERS will send your agency an overpayment notice after the Summary Report has been processed.

13 TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS (ITEMS 13A-13D)		\$
ADJUSTMENTS:		
14A SURPLUS ASSET - MISCELLANEOUS CATEGORY		\$
14B SURPLUS ASSET - SAFETY CATEGORY		\$
14C SURPLUS ASSET - OTHER CATEGORY		\$
ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT CHANGES. THESE NOTICES MUST BE FILED WITH THIS REPORT AND CONTRIBUTIONS MADE BY PUBLIC EMPLOYEES.		
15 ADVANCE PAYMENT		\$
16 BALANCE DUE: ITEM 13 PLUS LAR MINUS ITEMS 14A, 14B, 14C OR 15	PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM.	\$

FOR PERS USE ONLY			
Control Code and Reporting Month	100% Change	Amount	Reporting System
			17
			18
			Personal Retirement Number

PERS-ACC-626 (1/99)

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PS 654.3

ITEM	BLOCK TITLE	INSTRUCTIONS
16	Balance Due	Enter the total of Items 13, 14A, 14B, 14C, and 15. Prepare one check or warrant payable to the Public Employees' Retirement System for the amount entered on this line.

**NOTE:** A separate Summary Report must be submitted each service period for each employer code and office code.





Payroll Reporting  
All Methods—ACC-626

**EXAMPLE: ADVANCE PAYMENT**

STATE OF CALIFORNIA  
PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON  
THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE  
PROCEDURES MANUAL (PERS-ADM-DO-430)

ITEM	CODE
MONTHLY	0
SEM-MONTHLY—1ST HALF	1
SEM-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIBWEEKLY—1ST PAYROLL	6
QUADRIBWEEKLY—2ND PAYROLL	7

EMPLOYER CODE: 0000	EMPLOYER NAME: City of San Raul	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION			MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER, AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			01	89	0
			BEGINNING DATE		
SIGNATURE <i>Juanita Moreno</i>			MONTH	DAY	YEAR
DATE: 2/1/89			01	01	89
NAME AND TITLE (PRINT OR TYPE) Juanita Moreno, Acctg. Officer			ENDING DATE		
PHONE NO.: (209) 422-5533			MONTH	DAY	YEAR
<input type="checkbox"/> SPECIAL PAYROLL			01	31	89
			ATTACHED		

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
	%	\$		\$	7. NORMAL:
	%	\$		\$	8. TAX DEFERRED:
	%	\$		\$	9. ADDITIONAL:
	%	\$		\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9):
	%	\$		\$	11. SURVIVOR BENEFIT:
	%	\$		\$	12. TOTAL MEMBER CONTRIBUTIONS:
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
5. TOTAL MEMBER EARNINGS:			\$	6. TOTAL EMPLOYER CONTRIBUTIONS:	
				\$	

13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12) \$

ADJUSTMENTS:

14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY \$

14.B SURPLUS ASSET: SAFETY CATEGORY \$

14.C ACC-344/ACC-1520 ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN.  
NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing. \$

15. ADVANCE PAYMENT \$ 2,685.00

16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15) PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM. \$

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17.
			Date Paid
			18.
			Previous Document Number

PERS-ACC-626 (7/88)

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**EXAMPLE: SUMMARY SUBMITTED AFTER AN ADVANCE PAYMENT**

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
 MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

ITEM	CODE
MONTHLY	0
SEM-MONTHLY—1ST HALF	1
SEM-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIWEEKLY—1ST PAYROLL	6
QUADRIWEEKLY—2ND PAYROLL	7

EMPLOYER CODE: 0000	EMPLOYER NAME: CITY OF SAN RAUL	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER, AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			MONTH	YEAR	TYPE
			01	89	0
SIGNATURE <i>Juanita Moreno</i> NAME AND TITLE (PRINT OR TYPE) Juanita Moreno, Acctg. Officer			BEGINNING DATE		
			MONTH	DAY	YEAR
DATE: 2-1-89	PHONE NO.: (209) 422-5533	<input type="checkbox"/> SPECIAL PAYROLL  <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED	01	01	89
EMPLOYER CONTRIBUTIONS			ENDING DATE		
			MONTH	DAY	YEAR
			01	31	89

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP	2. EMPLOYER RATE	3. MEMBER EARNINGS	4. EMPLOYER CONTRIBUTIONS		
70001	13.583 %	\$ 6,876.00	\$ 934.17	7. NORMAL:	\$ 467.85
75001	26.826 %	\$ 4,160.00	\$ 1,115.96	8. TAX DEFERRED:	\$ 427.87
	%	\$	\$	9. ADDITIONAL:	\$ 20.00
	%	\$	\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9):	\$ 915.72
	%	\$	\$	11. SURVIVOR BENEFIT:	\$ 18.00
	%	\$	\$	12. TOTAL MEMBER CONTRIBUTIONS:	\$ 933.72
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
5. TOTAL MEMBER EARNINGS:		\$ 11,036.00	6. TOTAL EMPLOYER CONTRIBUTIONS: \$ 2,050.13		
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12)				\$ 2,983.85	
ADJUSTMENTS:					
14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY				\$	
14.B SURPLUS ASSET: SAFETY CATEGORY				\$	
14.C ACC-344/ACC-1520				ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN. NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.	
15. ADVANCE PAYMENT				\$ -2,685.00	
16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15)		PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM.			
		\$ 298.85			

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17.
			Date Paid
			18.
			Previous Document Number

PERS-ACC-626 (7/88)

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**EXAMPLE: SURPLUS ACCOUNT: MISCELLANEOUS & SAFETY**

STATE OF CALIFORNIA  
PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRWEEKLY—1ST PAYROLL	6
QUADRWEEKLY—2ND PAYROLL	7

EMPLOYER CODE <b>1801</b>	EMPLOYER NAME <b>CITY OF CANTON</b>	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION		<input type="checkbox"/> SPECIAL PAYROLL	MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			<b>07</b>	<b>88</b>	<b>3</b>
SIGNATURE <i>Mirada Stone</i>	DATE <b>7-18-88</b>	<input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED	BEGINNING DATE		
NAME AND TITLE (PRINT OR TYPE) <b>Mirada Stone - Accountant</b>	PHONE NO. <b>(714) 667-8888</b>		MONTH	DAY	YEAR
			<b>06</b>	<b>27</b>	<b>88</b>
			ENDING DATE		
			MONTH	DAY	YEAR
			<b>07</b>	<b>08</b>	<b>88</b>

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
70001	11.038 %		\$ 1,094,467.88		\$ 120,807.36
74001	27.634 %		\$ 194,232.50		\$ 53,674.21
75001	27.634 %		\$ 259,757.35		\$ 71,781.35
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
5. TOTAL MEMBER EARNINGS:			<b>\$ 1,548,457.73</b>	6. TOTAL EMPLOYER CONTRIBUTIONS:	
				\$ 246,262.92	

7. NORMAL:	\$ 1,693.55
8. TAX DEFERRED:	\$ 116,520.44
9. ADDITIONAL:	\$
10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9):	\$ 118,213.99
11. SURVIVOR BENEFIT:	\$ 1,218.35
12. TOTAL MEMBER CONTRIBUTIONS:	\$ 119,432.34
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12)	\$ 365,695.26
ADJUSTMENTS:	
14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY	\$ -197,699.67
14.B SURPLUS ASSET: SAFETY CATEGORY	\$ -166,777.24
14.C ACC-344/ACC-1520 ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN. NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.	\$
15. ADVANCE PAYMENT	\$
16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15) PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM.	\$ 1,218.35

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number

Payroll Reporting  
All Methods—ACC-626

**EXAMPLE: ADVANCE PAYMENT USING SURPLUS ACCOUNT**

STATE OF CALIFORNIA  
PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRIWEEKLY—1ST PAYROLL	6
QUADRIWEEKLY—2ND PAYROLL	7

EMPLOYER CODE: 1802	EMPLOYER NAME: CENIER CITY	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION			MONTH	YEAR	TYPE
I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			07	88	0
			BEGINNING DATE		
SIGNATURE <i>Raymond Day</i> DATE: 8-17-88			MONTH	DAY	YEAR
			07	01	88
NAME AND TITLE (PRINT OR TYPE) Raymond Day - Account Clerk			ENDING DATE		
			MONTH	DAY	YEAR
PHONE NO.: (213) 888-6666			07	31	88
			SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED		

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
	%	\$		\$	7. NORMAL:
	%	\$		\$	8. TAX DEFERRED:
	%	\$		\$	9. ADDITIONAL:
	%	\$		\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9):
	%	\$		\$	11. SURVIVOR BENEFIT:
	%	\$		\$	12. TOTAL MEMBER CONTRIBUTIONS:
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	
	%	\$		\$	

5. TOTAL MEMBER EARNINGS:	\$	6. TOTAL EMPLOYER CONTRIBUTIONS:	\$
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12)		\$	
ADJUSTMENTS:	14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY	\$ - 1836.66	
	14.B SURPLUS ASSET: SAFETY CATEGORY	\$ - 1498.12	
	14.C ACC-344/ACC-1520	\$	ATTACH ADJUSTMENT NOTICES TO SUPPORT AMOUNT SHOWN. NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.
	15. ADVANCE PAYMENT	\$ - 3334.78	
16. BALANCE DUE:	(ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15)	PREPARE ONE CHECK OR WARRANT PAYABLE TO THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM.	\$ 0

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number

**HOW TO CALCULATE MISCELLANEOUS AND SAFETY  
 CONTRIBUTIONS TO OFFSET FROM SURPLUS ACCOUNT**

Coverage Group	Employer Contributions	Member Normal	Additional	Tax Deferred	Total
<b>Miscellaneous Category</b>					
70001	\$120,807.36	\$991.97	* —	\$75,900.34	\$197,699.67*
<b>Safety Category</b>					
74001	53,674.21	411.77	—	17,444.73	71,530.71
75001	71,781.35	298.81	—	23,175.37	95,246.53
					\$166,777.24**

NOTE: Survivor Benefit Contributions **cannot** be offset from Surplus Asset Accounts.

\* A portion, or this total miscellaneous amount, can be entered on 14A to be offset against the miscellaneous surplus account.

\*\* A portion, or this total safety amount, can be entered on line 14B to be offset against the safety surplus account.



**EXAMPLE: AFTER ADVANCE PAYMENT USING SURPLUS ACCOUNT**

STATE OF CALIFORNIA  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT  
 MEMBER AND EMPLOYER CONTRIBUTIONS**

FOR INSTRUCTIONS ON COMPLETING THIS FORM, REFER TO THE MATERIAL ON THE SUMMARY REPORT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DC-430)

SERVICE PERIOD TYPE CODES	
ITEM	CODE
MONTHLY	0
SEMI-MONTHLY—1ST HALF	1
SEMI-MONTHLY—2ND HALF	2
BI-WEEKLY—1ST PAYROLL	3
BI-WEEKLY—2ND PAYROLL	4
BI-WEEKLY—3RD PAYROLL	5
QUADRWEEKLY—1ST PAYROLL	6
QUADRWEEKLY—2ND PAYROLL	7

EMPLOYER CODE: 1802	EMPLOYER NAME: CENTER CITY	OFFICE CODE	SERVICE PERIOD		
CERTIFICATION I HEREBY CERTIFY THAT I AM THE DULY APPOINTED, QUALIFIED, AND ACTING OFFICER OF THE HEREIN NAMED EMPLOYER; AND THAT THE DATA AS SET FORTH ON THIS FORM AND THE SUPPORTING DOCUMENTS ARE TRUE AND CORRECT.			MONTH	YEAR	TYPE
			07	88	0
SIGNATURE <i>Raymond Day</i> NAME AND TITLE (PRINT OR TYPE) Raymond Day - Account Clerk			BEGINNING DATE		
			MONTH	DAY	YEAR
DATE: 8-25-88 PHONE NO.: (213) 888-6666			07	01	88
			ENDING DATE		
SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL <input type="checkbox"/> REPORTING FORM (PERS-ACC-624) ATTACHED			MONTH	DAY	YEAR
			07	31	88

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
70001	13.583 %		\$ 8,826.00		\$ 1,198.84
75001	26.826 %		\$ 4,070.00		\$ 1,091.82
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
	%		\$		\$
5. TOTAL MEMBER EARNINGS:				\$ 12,896.00	
6. TOTAL EMPLOYER CONTRIBUTIONS:					\$ 2,290.66
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 5 + ITEM 12)					\$ 3,334.78
ADJUSTMENTS:					
14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY					\$ -1,836.66
14.B SURPLUS ASSET: SAFETY CATEGORY					\$ -1,498.12
14.C ACC-344/ACC-1520					\$
15. ADVANCE PAYMENT					\$
16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15)					\$ 0

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number

PERS-ACC-626 (7/88)

WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.



**EXAMPLE—ACC-344**  
**NOTICE OF ADJUSTMENT**  
**EMPLOYER CONTRIBUTIONS**  
**(PERS-ACC-344)**  
**PERS INITIATED FORM**

**PURPOSE:**

The Notice of Adjustment, Employer Contributions (ACC-344) is generated by PERS to notify an employer that an adjustment of employer contributions is necessary for the reason(s) shown.

**SPECIAL INSTRUCTIONS:**

1. *On the next payroll submitted*, adjust the amount of employer contributions (shown in the outlined area, page 2-119). If there is only one adjustment notice, enter this amount on line 14C of the Summary Report, Member and Employer Contributions (ACC-626). If there is more than one adjustment notice (ACC-344 and/or ACC-1520), enter the *net* adjustment on line 14C of the Summary Report.
2. Return the original adjustment notice(s) along with the Summary Report to substantiate the adjustment amount shown on line 14C.
3. If the adjustment results in a payment due the System, you may remit the payment separately from the Summary Report. Return the original adjustment notice along with the remittance.
4. Direct questions concerning any ACC-344 notices to the Member Services Division, Section 830.

**NOTE:** The percentage entered in the "Rate" box is the employer contribution rate in effect at the time the ACC-344 is prepared, regardless of the service period in which the compensation is actually earned.





STATE OF CALIFORNIA, BOARD OF ADMINISTRATION  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1962, SACRAMENTO, CA 95809-1962  
**NOTICE OF ADJUSTMENT**  
**EMPLOYER CONTRIBUTIONS**  
 PERS-ACC-344 (8/86)



FOR PERS USE ONLY

**PERS INITIATED FORM**

FOR INFORMATION CONCERNING THIS FORM, REFER TO THE MATERIAL ON THE NOTICE OF ADJUSTMENT, EMPLOYER CONTRIBUTIONS FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-DO-430)

SECTION 830  
 MEMBERSHIP DIVISION  
 TELEPHONE (916)

DATE: 8/15/88	ATTN.: ACCOUNTING OFFICER
EMPLOYER CODE: 0000	EMPLOYER NAME: CITY OF WAGONTRACK

Nº PA 39571

**DETAIL OF ADJUSTMENT**

MEMBER NAME	SOCIAL SECURITY NUMBER	DATE(S)	FROM	TO
Robert P. Estes	000-00-0000		6/1/88	6/30/88

**CHARGE**

- ARREARS CONTRIBUTIONS
- MILITARY CONTRIBUTIONS
- OTHER .....

**CREDIT**

- NON-MEMBER EARNINGS REPORTED AS MEMBER EARNINGS
- LUMP SUM VACATION PAYMENT
- EARNINGS CHARGEABLE TO ANOTHER AGENCY
- OTHER .....

**EMPLOYER CONTRIBUTIONS**

COVERAGE GROUP	RATE	MEMBER EARNINGS	CHARGE	CREDIT
75001	28.824 %	\$ 1310.00	\$	\$ 377.59

YOUR EMPLOYER CONTRIBUTIONS SHOULD BE ADJUSTED BY THE AMOUNT SHOWN ABOVE ON YOUR NEXT REMITTANCE TO PERS. ENTER THE AMOUNT OF THE ADJUSTMENT IN ITEM 14C\* OF THE SUMMARY REPORT (PERS-ACC-626). AMOUNTS DUE PERS (CHARGES) MAY BE REMITTED SEPARATELY, IF DESIRED. IN ALL CASES, RETURN THE ORIGINAL OF THIS FORM AT THE TIME THE ADJUSTMENT IS MADE.

\* LINE 14C OF PERS-ACC-626 revised 7/88.

**FOR PERS USE ONLY**

EMPLOYER CODE	DATE STAMP	CONTROL NO.	BUS. MONTH	MEMBERSHIP	ACCOUNTING

86 90552



**NOTICE OF ADJUSTMENT  
(PERS-ACC-1520)  
PERS INITIATED FORM**

**PURPOSE:**

The Notice of Adjustment (ACC-1520) is generated by PERS to notify an employer that an adjustment of contributions is necessary for the reason shown and/or the required certification signature was not present on the Summary Report (ACC-626).

**SPECIAL INSTRUCTIONS:**

1. *On the next payroll submitted*, adjust the overpayment or underpayment amount (shown in the outlined area, page 2-127). If there is only one adjustment notice, enter this amount on line 14C of the Summary Report, Member and Employer Contributions (ACC-626). If there is more than one adjustment notice (ACC-344) and/or ACC-1520, enter the *net* adjustment on line 14C of the Summary Report.
2. Return the original adjustment notice(s) along with the Summary Report to substantiate the adjustment amount shown on line 14C.
3. The "Remarks" section provides instructions to the employer or refers to an attached corrected "Summary Report" to explain the adjustment.
4. If the adjustment results in a payment due the System, you may remit the payment separately from the Summary Report. Return the original adjustment notice along with the remittance.
5. Direct questions concerning any ACC-1520 notices to the Fiscal Services Division, Section 130.

**NOTE:** The Notice of Adjustment is sent to an employer after the Summary Report (ACC-626) has been processed and payroll information is posted to the member's accounts. The only way an error in the member's account can be corrected is through an adjustment entry on the Payroll Listing. Please do not attempt to adjust a member's account using line 14C of the Summary Report.



STATE OF CALIFORNIA, BOARD OF ADMINISTRATION  
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM  
 400 P STREET, P.O. BOX 1982, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**NOTICE OF ADJUSTMENT**  
 PERS-ACC-1520 (6/86)

**PERS INITIATED FORM**

FOR INFORMATION CONCERNING THIS FORM, REFER TO THE MATERIAL ON THE NOTICE OF ADJUSTMENT FOUND IN THE PAYROLL REPORTING SECTION OF THE PROCEDURES MANUAL (PERS-ADM-00-430).

DATE 9/10/88	EMPLOYER NAME: CITY OF SAN RAUL	CASHIER UNIT-120 ACCOUNTING DIVISION TELEPHONE (916) 326-3448
EMPLOYER CODE: 0000		

A. An adjustment has been made on your Summary Report, PERS-ACC-626, covering the 07-88-0 service period for the reason(s) shown:

- 1. Computation error
- 2. Employer rate error
- 3. Member contributions as reported on your payroll do not agree with the member contributions shown on your Summary Report
- 4. Member earnings as reported on your payroll do not agree with the member earnings shown on your Summary Report
- 5. Other:

B. The amount you remitted does not agree with the Balance Due (Item 15) on your Summary Report, PERS-ACC-626, covering the \_\_\_\_\_ service period.

BALANCE DUE (ITEM 15) AS ADJUSTED ~~BY PERSON~~ \$ 5,697.03  
 AMOUNT REMITTED ..... \$ 5,682.03  
 OVERPAYMENT/UNDERPAYMENT ..... \$ 15.00

C. Your Summary Report, PERS-ACC-626, covering the \_\_\_\_\_ service period did not contain the required certification signature.

REMARKS:

\* Overpayments or underpayments should be adjusted on your next Summary Report. Enter the amount of the adjustment as Item 14C. You may remit underpayments separately, if desired. IN ALL CASES, the Original Notice of Adjustment must be returned at the time the adjustment is made.

B6 96553



## PAYROLL DISCREPANCIES

**Payroll Unknown Discrepancies.**—PERS maintains a membership record for each member. The membership information in each payroll entry is compared with the information already on file. If there is no match, we have what is called a payroll unknown discrepancy.

Some possible reasons for a *payroll unknown discrepancy* are:

- The employee was reported on the payroll report before a PERS-MEM-1 was submitted to establish membership.
- Membership was established with one Social Security number and a different one was reported on the payroll report.
- Membership was established with one coverage group and a different one was reported on the payroll report.

**Service Credit Discrepancies.**—The maximum amount of service credit reportable for each frequency is displayed in the chart on page 2-030. If the member would receive more than the maximum service credit allowable, a service credit discrepancy is generated.

Some possible reasons for a *service credit discrepancy* are:

- Compensation, such as overtime, which should not be reported has been included in the entry.
- Compensation, such as special compensation, a retroactive salary increase or a mid-service salary increase, which should be reported separately has been included in the entry.

**Contribution Discrepancies.**—With the membership information on file and the earnings shown in the payroll entry, PERS will calculate the amount of contributions that should have been reported. If the calculated amount of contributions differs from the contributions that were reported, a contribution discrepancy is generated.

Some possible reasons for a *contribution discrepancy* are:

- The member was reported under a wrong coverage group.
- The earnings were reported incorrectly.
- An incorrect member contribution rate was used.
- A mistake was made in calculating the member contributions.
- A mistake was made in applying the Social Security modification factor.

**NOTE:** Failure to resolve these discrepancies in a timely manner could result in members losing interest on their contributions, incorrect Annual Member Statements, and incorrect or delayed benefits that may be payable to these members. Also, note that the data submitted on the payroll reports, whether correct or incorrect, is used by PERS actuaries to determine the employer's contribution rate. Inaccurate or incomplete data may have an adverse affect on this rate.





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**BENEFIT APPLICATION SERVICES DIVISION  
 AND  
 POST-RETIREMENT SERVICES DIVISION**

*Telephone Section  
 Number Code\**

**Benefit Application Services Division  
 (For services prior to retirement)**

Telephone Information Center .....	(916) 326-3232	441
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SSA # 5000 - 9999 .....	326-3848	419

\* Please use the applicable section number on all correspondence to PERS.

See Appendix for the System's mailing addresses.



**BENEFICIARY DESIGNATION  
(Prior to Retirement)  
State Form—241**

**PURPOSE**

The purpose of this form is to:

1. Designate beneficiaries other than the statutory beneficiaries provided by the retirement law. The statutory beneficiaries are listed under item I.C. on the front of the form.
2. Change the order of the statutory beneficiaries (for other than 1957 Survivor benefits and special death benefits).
3. Change the designated beneficiaries.
4. Designate any person or legal entity such as a college, university, corporation, or estate as beneficiary.

**WHEN TO COMPLETE**

Complete State Form-241 when the member wishes to change beneficiaries.

**SPECIAL INSTRUCTIONS**

1. Complete this form only to designate beneficiaries other than the statutory beneficiaries.
2. One of the following events will revoke the designation:
  - a. Marriage
  - b. Dissolution or annulment of marriage
  - c. Birth or adoption of a child
  - d. Termination of employment which results in a refund of contributions.

**NOTE:** The statutory beneficiaries then become the designated beneficiaries unless a new Beneficiary Designation Form has been completed.

3. Changes on the form are acceptable only when they are clear and initialed by the member.
4. Complete the Beneficiary Designation Form in duplicate. Mail both copies to PERS.
5. After PERS reviews the designation, a copy will be returned to the member.

**NOTE:** The statutory beneficiaries under Item I.C. have been changed.

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

**BENEFICIARY DESIGNATION (PERS)**

STD. 241 (REV. 9-89) (PAGE 1)

**INFORMATION AND INSTRUCTIONS**

**PLEASE READ CAREFULLY**

- I. If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:
  - A. If you are eligible for retirement on date of death, the benefits will be payable to your surviving spouse to whom you have been married for one year (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 18.
  - B. If you are a safety or industrial member and your death is determined to be industrial, the benefit will be payable to your surviving spouse (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 22.
  - C. If A and B do not apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
    1. Your surviving spouse (whether or not you were still living together at the time of your death); or, if none,
    2. Natural and adopted children, including a natural child adopted by another, share and share alike; or, if none,
    3. Parents, share and share alike; or, if none,
    4. Brothers and sisters, share and share alike; or, if none,
    5. Your estate (if probated, or subject to probate), or, if not,
    6. Stepchildren, share and share alike; or, if none,
    7. Grandchildren, including step-grandchildren, share and share alike; or, if none,
    8. Nieces and nephews, share and share alike; or, if none,
    9. Great-grandchildren, share and share alike; or, if none,
    10. Cousins, share and share alike.
  - D. If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form.
- II. Please use the attached Beneficiary Designation if you wish to designate beneficiaries other than the statutory beneficiaries shown above, or in a different order. You may designate or change the beneficiaries you name at any time prior to retirement.
  - A. You may name as beneficiary any person or persons, your estate or a corporation. (A corporation must be incorporated under the laws of a state.)
  - B. You may designate a trust as your beneficiary. However, if you wish to designate a trust, the following information should be provided: The name of the trust, date of trust, and name and address of the person with whom the trust is on file. Do not name a trustee as this is subject to change.
  - C. Do not name a guardian for a minor child. If the money is payable to a minor child, the court-appointed guardian will be responsible for any benefits paid to the child.
- III. Your Beneficiary Designation will be revoked automatically by any of the following events:
  1. Marriage;
  2. Dissolution or annulment of marriage; or
  3. Birth or adoption of a child; or
  4. Termination of employment that results in a refund of your contributions.

Unless you submit a new Beneficiary Designation, benefits will be paid to your statutory beneficiaries as shown in item 1 above.

Please refer to your PERS Member Booklet for further details on the above pre-retirement death benefits. A copy of the booklet may be obtained from your personnel office or from your nearest PERS office.

**INSTRUCTIONS**

**SEE REVERSE SIDE OF THIS PAGE**

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

**BENEFICIARY DESIGNATION (PERS)**

STD. 241 (REV. 9-89) (REVERSE, PAGE 1)

**INSTRUCTIONS**

1. Press firmly and print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction and initial the change.
2. Prepare a rough draft list on scratch paper of who you wish to name, the relationship, social security number and complete address. (The name must be the full given name, as "Mary Jane Smith"; not, "Mrs. John Edward Smith.")
3. Enter on the form the full names of your beneficiaries, relationship, social security number and the complete address for each. (If this form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries.)
4. You must sign the form in the presence of a witness (other than a named beneficiary) with your full name, as "John Edward Smith".
5. Your spouse must sign the form, in the presence of a witness, to acknowledge the names of the beneficiaries you are designating. **IMPORTANT** -- If you are unable to obtain your spouse's signature, you **MUST** complete and return the BAS-800, Justification for Non-Signature of Spouse form included in this packet.
6. Have the witness clearly sign the form.
7. Enter the date you signed the form and your current mailing address. Enter your maiden name or any previous name(s) used.
8. Mail original and duplicate of the completed form to the Public Employees' Retirement System at the address shown.
9. After review and processing, the member copy will be returned for your records.

**PLEASE NOTE:**

Your Beneficiary Designation **CANNOT** be processed without either your spouse's signature, or the completed "Justification for Non-Signature of Spouse" (BAS-800) form attached. The Beneficiary Designation may be invalid if the form is not dated or if corrections/erasures are not initialed. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System.

**IMPORTANT INFORMATION**

The Information Practices Act of 1977 and the Federal Privacy Act require the Public Employees' Retirement System to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Failure to supply all of the requested information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to: state and public agency employers, California State Attorney General, Office of the State Controller, Teale Data Center, Franchise Tax Board, Internal Revenue Service, Workers' Compensation Appeals Board, State Compensation Insurance Fund, County District Attorneys, Social Security Administration, beneficiaries of deceased members, physicians, insurance carriers, and various vendors who prepare microfiche/microfilm for PERS. Disclosure to these parties is done in strict accordance with current statutes regarding confidentiality.

You have the right to review your membership files maintained by the Public Employees' Retirement System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, PERS, P. O. Box 942702, Sacramento, CA 94229-2702.



Benefits  
 State Form-241

STATE OF CALIFORNIA

**BENEFICIARY DESIGNATION (PERS)**

STD. 241 (REV. 9-89)

<b>TO</b>	BOARD OF ADMINISTRATION PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711			<i>(This Space for PERS Use Only)</i>
<b>FROM</b>	MEMBER'S FULL NAME <i>(Please print)</i>		CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER	

**PRIMARY BENEFICIARIES**

I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for Death Benefits under the Public Employees' Retirement Law in the event of my death prior to retirement. I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superseded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be industrial, special death benefits will be paid in the manner prescribed by law.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

**SECONDARY BENEFICIARIES**

In the event I survive the person(s) named above, I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>
FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS <i>(Number and Street)</i>		<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>

Should I survive all of the persons named above, I understand that the benefits payable on account of my death will be paid to my statutory beneficiaries, or to such other beneficiary or beneficiaries that I may hereafter designate in writing to the Board of Administration, all in accordance with the applicable provisions of law.

BY THIS BENEFICIARY DESIGNATION, I HEREBY REVOKE ANY PREVIOUS DESIGNATION I HAVE FILED. I UNDERSTAND THAT MY MARRIAGE, DISSOLUTION OR ANNULMENT OF MY MARRIAGE, OR THE BIRTH OR ADOPTION OF A CHILD SUBSEQUENT TO THE DATE I EXECUTE THIS FORM WILL AUTOMATICALLY VOID THIS DESIGNATION.

MEMBER		SPOUSE		
SIGNATURE <i>(Member's Full Name)</i>	DATE	BY SIGNING THIS BENEFICIARY DESIGNATION FORM, I ACKNOWLEDGE THE INFORMATION ENTERED BY MY SPOUSE.		
ADDRESS <i>(Number and Street)</i>				
<i>(City)</i>	<i>(State)</i>	<i>(Zip Code)</i>	SIGNATURE OF SPOUSE <i>(IMPORTANT - if no signature, the attached BAS-600 must be completed)</i>	
MEMBER'S MAIDEN NAME OR OTHER PREVIOUS NAME(S)			SIGNATURE OF WITNESS	
			<b>WITNESS (Cannot be a beneficiary)</b>	

STATE OF CALIFORNIA

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

**BENEFICIARY DESIGNATION (PERS)**

STD. 241 (REV. 9-89) (REVERSE, PAGE 3)

**DESIGNATION OF BENEFICIARIES**

- I. If you die before you retire, the Public Employees' Retirement Law provides for payment of specific Death Benefits to your surviving beneficiaries. Please see your personnel officer for a description of the benefits. The benefits are payable to the following beneficiaries:
  - A. If you are eligible for retirement on date of death, the benefits will be payable to your surviving spouse to whom you have been married for one year (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 18.
  - B. If you are a safety or industrial member and your death is determined to be industrial, the benefit will be payable to your surviving spouse (whether or not you were still living together at the time of your death) or, if none, to your unmarried children under age 22.
  - C. If A and B do not apply and there is no valid Beneficiary Designation on file at the time of death, the benefits will be payable to your survivors in the following order:
    1. Your surviving spouse (whether or not you were still living together at the time of your death); or, if none,
    2. Natural and adopted children, including a natural child adopted by another, share and share alike; or, if none,
    3. Parents, share and share alike; or, if none,
    4. Brothers and sisters, share and share alike; or, if none,
    5. Your estate (if probated, or subject to probate), or, if not,
    6. Stepchildren, share and share alike; or, if none,
    7. Grandchildren, including step-grandchildren, share and share alike; or, if none,
    8. Nieces and nephews, share and share alike; or, if none,
    9. Great-grandchildren, share and share alike; or, if none,
    10. Cousins, share and share alike.
  - D. If A and B do not apply and there is a valid Beneficiary Designation on file at the time of death, the benefits will be payable to the beneficiary(ies) you designate on the form.
- II. Please use the attached Beneficiary Designation if you wish to designate beneficiaries other than the statutory beneficiaries shown above, or in a different order. You may designate or change the beneficiaries you name at any time prior to retirement.
  - A. You may name as beneficiary any person or persons, your estate or a corporation. (A corporation must be incorporated under the laws of a state.)
  - B. You may designate a trust as your beneficiary. However, if you wish to designate a trust, the following information should be provided: The name of the trust; date of trust, and name and address of the person with whom the trust is on file. Do not name a trustee as this is subject to change.
  - C. Do not name a guardian for a minor child. If the money is payable to a minor child, the court-appointed guardian will be responsible for any benefits paid to the child.
- III. Your Beneficiary Designation will be revoked automatically by any of the following events:
  1. Marriage;
  2. Dissolution or annulment of marriage; or
  3. Birth or adoption of a child; or
  4. Termination of employment that results in a refund of your contributions.

Unless you submit a new Beneficiary Designation, benefits will be paid to your statutory beneficiaries as shown in item 1 above.

Please refer to your PERS Member Booklet for further details on the above pre-retirement death benefits. A copy of the booklet may be obtained from your personnel office or from your nearest PERS office.



STATE OF CALIFORNIA  
**BENEFICIARY DESIGNATION (PERS)**  
 STD. 241 (REV. 9-89)

<b>TO</b>	<b>BOARD OF ADMINISTRATION          PUBLIC EMPLOYEES' RETIREMENT SYSTEM          P. O. BOX 942711, SACRAMENTO, CA. 94229-2711</b>	<i>(This Space for PERS Use Only)</i>	
<b>FROM</b>	MEMBER'S FULL NAME <i>(Please print)</i>	CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

BLOCK NO.	BLOCK TITLE	INSTRUCTIONS
1	Member Name	Print or type the member's name; First name, middle, last.
	Social Security Number	Enter the member's Social Security number.
	Current Employer	Enter agency's name.
	Birthdate	Enter the member's birthdate; Month, Day, Year.
	Telephone Number	Enter the member's telephone number; area code and 7-digit number.

**Benefits**  
**State Form-241**

**PRIMARY BENEFICIARIES**

I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for Death Benefits under the Public Employees' Retirement Law in the event of my death prior to retirement. I understand that if I die after becoming eligible for service retirement, this beneficiary designation may be superseded in certain cases and benefits paid according to law to my eligible surviving spouse or minor children; or, if my death is determined to be industrial, special death benefits will be paid in the manner prescribed by law.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)
FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)
FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP TO MEMBER	SOCIAL SECURITY NUMBER
ADDRESS (Number and Street)		(City)	(State)	(Zip Code)

BLOCK	TITLE	INSTRUCTIONS
2	First Name, Middle Name, Last Name	Enter the name of the designated beneficiaries.
	Relationship To Member	Enter the beneficiary's relationship to the member; i.e., uncle, cousin, brother, friend, charity, etc.
	Social Security Number	Enter beneficiary's Social Security number.
	Address (Number and Street)	Enter the beneficiary's address.
	City, State, and Zip Code	Enter the beneficiary's city and state of residence. Be sure to include zip code.

**NOTE:** To properly designate a trust as primary beneficiary use the following language in block 2:

"To (state the name of the trust), dated . . . . (contained in my will (optional)) on file with (state the name and address of the person or company with whom the trust instrument is filed)."

See the illustration following these instructions.