

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 contribution payments. 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 2-115 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 95608-1982



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

(A) EMPLOYER CODE:		(B) EMPLOYER NAME:		(C) 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.				<input type="checkbox"/> (D) SPECIAL PAYROLL	
				<input type="checkbox"/> (I) SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED	
(E) SIGNATURE NAME AND TITLE (PRINT OR TYPE)		(F) DATE: PHONE NO.:		(J) SERVICE PERIOD MONTH YEAR TYPE	
(G)		(H)		(K) BEGINNING DATE MONTH DAY YEAR	
(L)		(M)		(N) ENDING DATE MONTH DAY YEAR	

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 \$					
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: (A)		EMPLOYER NAME: (B)		OFFICE CODE (C)	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.					<input type="checkbox"/> SPECIAL PAYROLL (D)		
					<input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM ATTACHED (I) <small>(PERS-ACC-624)</small>		
SIGNATURE (E)		DATE: (F)		BEGINNING DATE			
NAME AND TITLE (PRINT OR TYPE) (G)		PHONE NO.: (H)		MONTH	DAY	YEAR	
				ENDING DATE			
				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



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	EMPLOYER NAME	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
			BEGINNING DATE		
SIGNATURE DATE			MONTH	DAY	YEAR
			ENDING DATE		
NAME AND TITLE (PRINT OR TYPE) PHONE NO.			MONTH	DAY	YEAR
			ENDING DATE		
<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM ATTACHED (PERS-ACC-626)					

ITEM BLOCKTITLE INSTRUCTIONS

- J Service Period**

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.

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).

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.
- 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
EMPLOYER CONTRIBUTIONS		
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	
1. COVERAGE GPR.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$
	%	\$	\$		\$

ITEM BLOCKTITLE INSTRUCTIONS

MEMBER CONTRIBUTIONS

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).

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. CONTINGENT PAY	2. EMPLOYER SHARE	3. MEMBER EARNINGS	4. EMPLOYER CONTRIBUTIONS	7. REDUCED	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
		\$	\$	\$	
5. TOTAL MEMBER EARNINGS		\$	6. TOTAL EMPLOYER CONTRIBUTIONS		\$

- | ITEM | BLOCK TITLE | INSTRUCTIONS |
|------|----------------------------|---|
| 10 | Sub-total | Enter the total of Items 7, 8, and 9. |
| 11 | Survivor Benefit | Enter the total survivor contributions as shown on the payroll.

For the <i>pre-list</i> method, this total must agree with that shown on the Summary Worksheet. For <i>diskette</i> and <i>tapemethods</i> , 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). |
| 12 | Total Member Contributions | Enter the total of Items 10 and 11. |

Payroll Reporting
 All Methods—ACC-626

13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 8 + 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. <small>NOTE: Do not enter in this space corrections of member earnings and contributions made on Payroll Listing.</small>	\$	
	15. ADVANCE PAYMENT	\$	
16. BALANCE DUE: (ITEM 13 PLUS OR MINUS ITEM 14A, 14B, 14C OR 15)		\$	
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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ITEM	BLOCK TITLE	INSTRUCTIONS
BALANCE DUE		
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 2-114 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 2-115 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 (ITEM 7 - ITEM 12)		\$
ADJUSTMENTS:		
14.A. SURPLUS ASSET - MISCELLANEOUS CATEGORY		\$
14.B. SURPLUS ASSET - SAFETY CATEGORY		\$
14.C. ACC-344/ACC-1528	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			
Calendar Year and Business Month	100% Change	Adjusted	Retirement Amount \$
			17.
			Date Paid
			18.
			Previous Document Number

PERB-ACC-626 (7-98) WRITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES. 84 0647

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.

EXAMPLE: REGULAR SUMMARY

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: 0000	EMPLOYER NAME: CITY OF SAN RAUL	OFFICE CODE:
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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.	<input type="checkbox"/> SPECIAL PAYROLL	SERVICE PERIOD MONTH: 01 YEAR: 89 TYPE: 0
		BEGINNING DATE MONTH: 01 DAY: 01 YEAR: 89
		<input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-824) ATTACHED
		ENDING DATE MONTH: 01 DAY: 31 YEAR: 89

SIGNATURE <i>Juanita Moreno</i> NAME AND TITLE (PRINT OR TYPE): Juanita Moreno, Acct. Officer	DATE: 2-1-89
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1. COVERAGE GRP	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS	7. NORMAL:
70001	13.583 %		\$ 6,876.00		\$ 934.17	\$ 467.85
75001	26.826 %		\$ 4,160.00		\$ 1,115.96	\$ 427.87
	%		\$		\$	\$ 20.00
	%		\$		\$	\$ 915.72
	%		\$		\$	\$ 18.00
	%		\$		\$	\$ 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 \$

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. \$ 2,983.85

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

STATE OF CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
400 P STREET, P.O. BOX 1882, SACRAMENTO, CA 95809-1982



FOR PERS USE ONLY

**SUMMARY REPORT
MEMBER AND EMPLOYER CONTRIBUTIONS**

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
QUADWEEKLY—1ST PAYROLL	6
QUADWEEKLY—2ND PAYROLL	7

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-00-430)

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			ENDING DATE		
			MONTH	DAY	YEAR
<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED			01	31	89

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 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					\$ 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) WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.

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	SERVICE PERIOD TYPE CODES	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			ENDING DATE		
			MONTH	DAY	YEAR
<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL REPORTING FORM (PERS-ACC-624) ATTACHED			01	01	89
			01	31	89

EMPLOYER CONTRIBUTIONS					MEMBER CONTRIBUTIONS		
1. COVERAGE GRP	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS	7. NORMAL:	
70001	13.583 %		\$ 6,876.00		\$ 934.17	\$ 467.85	
75001	26.826 %		\$ 4,160.00		\$ 1,115.96	\$ 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 5 + 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	17. Remittance Amount \$
			Date Paid
			18. Previous Document Number

PERS-ACC-626 (7/88)

WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.

Payroll Reporting
All Methods—ACC-626

EXAMPLE: SURPLUS ACCOUNT: MISCELLANEOUS

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
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: 1800	EMPLOYER NAME: BARRON COUNTY	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	3
			BEGINNING DATE		
SIGNATURE <i>Taron Morris</i>			MONTH	DAY	YEAR
DATE: 7-20-88			06	27	88
NAME AND TITLE (PRINT OR TYPE) TARON MORRIS, ACCT. CLERK			ENDING DATE		
PHONE NO. (916) 824-6666			MONTH	DAY	YEAR
<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM ATTACHED (PERS-ACC-624)			07	08	88

EMPLOYER CONTRIBUTIONS					MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS	7. NORMAL
70001	5.539 %		\$ 74,342.66		\$ 4,117.84	\$ 5250.51
	%		\$		\$	8. TAX DEFERRED:
	%		\$		\$	\$
	%		\$		\$	9. ADDITIONAL:
	%		\$		\$	\$
	%		\$		\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9):
	%		\$		\$	\$ 5250.51
	%		\$		\$	11. SURVIVOR BENEFIT:
	%		\$		\$	\$
	%		\$		\$	12. TOTAL MEMBER CONTRIBUTIONS:
	%		\$		\$	\$ 5250.51
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
5. TOTAL MEMBER EARNINGS:			\$ 74,342.66	6. TOTAL EMPLOYER CONTRIBUTIONS:		\$ 4117.84
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 + ITEM 12)						\$ 9368.35
ADJUSTMENTS:						
14.A SURPLUS ASSET: MISCELLANEOUS CATEGORY						\$ -9368.35
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.						\$ - 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 (7/89)

WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.

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)

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: 1801	EMPLOYER NAME: CITY OF CANTON	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	3
			BEGINNING DATE		
SIGNATURE <i>Mirada Stone</i>			MONTH	DAY	YEAR
DATE: 7-18-88			06	27	88
NAME AND TITLE (PRINT OR TYPE) Mirada Stone - Accountant			ENDING DATE		
PHONE NO.: (714) 667-8888			MONTH	DAY	YEAR
<input type="checkbox"/> SPECIAL PAYROLL <input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-424) ATTACHED			07	08	88

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	3. MEMBER EARNINGS	4. EMPLOYER CONTRIBUTIONS	7. NORMAL:	
70001	11.038 %	\$ 1,094,467.88	\$ 120,807.36	\$	1,693.55
74001	27.634 %	\$ 194,232.50	\$ 53,674.21	\$	116,520.44
75001	27.634 %	\$ 259,757.35	\$ 71,781.35	\$	
	%	\$	\$	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
	%	\$	\$		
	%	\$	\$		
	%	\$	\$		
5. TOTAL MEMBER EARNINGS:			\$ 1,548,457.73	6. TOTAL EMPLOYER CONTRIBUTIONS:	
				\$	246,262.92
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 5 + 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:		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

PERS-ACC-626 (7/88) WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.

Payroll Reporting
 All Methods—ACC-626

EXAMPLE: ADVANCE PAYMENT USING SURPLUS ACCOUNT

Payroll Reporting

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-00-430)

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: 1802	EMPLOYER NAME: CENTER 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		
			ENDING DATE		

EMPLOYER CONTRIBUTIONS				MEMBER CONTRIBUTIONS	
1. COVERAGE GRP	2. EMPLOYER RATE	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

PERS-ACC-826 (7/86) WHITE AND GREEN COPIES TO SYSTEM, RETAIN PINK FOR YOUR FILES.

HOW TO CALCULATE MISCELLANEOUS AND SAFETY CONTRIBUTIONS TO OFFSET FROM SURPLUS ACCOUNT

Coverage Group	Employer Contributions	Member Normal	Additional	Tax Deferred	Total
Miscellaneous Category					
70001	\$120,807.36	\$991 .97	—	\$75,900.34	\$197,699.67*
Safety Category					
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-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: CENTER CITY	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.			07	88	0
SIGNATURE: <i>Raymond Day</i>	DATE: 8-25-88	<input type="checkbox"/> SUPPLEMENTAL PAYROLL REPORTING FORM (PERS-ACC-624) ATTACHED	BEGINNING DATE		
NAME AND TITLE (PRINT OR TYPE) Raymond Day - Account Clerk	PHONE NO.: (213) 888-6666		MONTH	DAY	YEAR
			07	01	88
			ENDING DATE		
			MONTH	DAY	YEAR
			07	31	88

EMPLOYER CONTRIBUTIONS					MEMBER CONTRIBUTIONS	
1. COVERAGE GRP.	2. EMPLOYER RATE	X	3. MEMBER EARNINGS	=	4. EMPLOYER CONTRIBUTIONS	7. NORMAL:
70001	13.583 %		\$ 8,826.00		\$ 1,198.84	\$ 1,024.12
75001	26.826 %		\$ 4,070.00		\$ 1,091.82	8. TAX DEFERRED: \$
	%		\$		\$	9. ADDITIONAL: \$ 20.00
	%		\$		\$	10. SUB-TOTAL (ITEM 7+ITEM 8+ITEM 9): \$ 1,044.12
	%		\$		\$	11. SURVIVOR BENEFIT: \$
	%		\$		\$	12. TOTAL MEMBER CONTRIBUTIONS: \$ 1,044.12
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
	%		\$		\$	
5. TOTAL MEMBER EARNINGS:			\$ 12,896.00		6. TOTAL EMPLOYER CONTRIBUTIONS: \$ 2,290.66	
13. TOTAL MEMBER AND EMPLOYER CONTRIBUTIONS: (ITEM 6 - 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 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.						\$ 0

FOR PERS USE ONLY			
Control No. and Business Month	100% Change	Audited	Remittance Amount \$
			17. Date Paid
			18. Previous Document Number

**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 1982, SACRAMENTO, CA 95809-1982
NOTICE OF ADJUSTMENT
EMPLOYER CONTRIBUTIONS
 PERS-ACC-344 (6/88)



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-DC-430)

SECTION 830
 MEMBERSHIP DIVISION
 TELEPHONE (916)

DATE 8/15/88	ATTN.: ACCOUNTING OFFICER	No PA 39571
EMPLOYER CODE 0000	EMPLOYER NAME CITY OF WAGONTRACK	

DETAIL OF ADJUSTMENT

MEMBER NAME Robert P. Estes	SOCIAL SECURITY NUMBER 000-00-0000	DATE(S) FROM 6/1/88	TO 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

66 94552

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 2-129). 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 (6/85)

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-DO-430).

DATE 9/10/88	EMPLOYER CODE: 0000	EMPLOYER NAME: CITY OF SAN RAUL	CASHIER UNIT-120 ACCOUNTING DIVISION TELEPHONE (916) 326-3448

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 ~~AS REPORTED~~ \$ 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.

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 2-34. 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

	<i>Telephone Number</i>	<i>Section Code*</i>
Benefit Application Services Division (For services prior to retirement)		
Telephone Information Center	(916) 326-3232	441
Retirement Application Processing	326-3232	415
Community Property	326-3232	443
Disability Retirement Interviews	326-3232	436
Retirement Estimates	326-3232	412
Refunds	326-3232	445
Pre-Retirement Death Processing	326-3232	448
Pre-Retirement Industrial Death	326-3232	440
Terminal Illness Coordination	**326-3232	440
FAX	326-3934	
Post-Retirement Services Division (For services after retirement)		
Telephone Information Center	326-3848	421
Retirement Roll Adjustment and Maintenance		
for terminal SSA # 0000 - 4999	326-3848	464
SSA # 5000 - 9999	326-3848	469
Change of Address	326-3848	482
Lost Retirement Warrants	326-3848	482
Post-Retirement Death Processing		
for terminal SSA # 0000 - 4999	326-3848	414
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.

** You may also contact your local PERS area office, see listing in Appendix 9-1.

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.

Benefits
State Form-241

STATE OF CALIFORNIA
BENEFICIARY DESIGNATION (PERS)
STD. 241 (REV. 9-89) (PAGE 1)

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

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. 9-88)

TO	BOARD OF ADMINISTRATION PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711		
	<i>(This Space for PERS Use Only)</i>		
FROM	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>		SIGNATURE OF SPOUSE <i>(IMPORTANT - If no signature, the attached BAS-800 must be completed)</i>	
<i>(State)</i>			
<i>(Zip Code)</i>			
MEMBER'S MAIDEN NAME OR OTHER PREVIOUS NAME(S)		SIGNATURE OF WITNESS	

STATE OF CALIFORNIA

BENEFICIARY DESIGNATION (PERS)

STD. 241 (REV. 9-89) (REVERSE, PAGE 3)

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

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)
 STO. 241 (REV. 9-89)

TO	BOARD OF ADMINISTRATION PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711		
	<i>(This Space for PERS Use Only)</i>		
FROM	MEMBER'S FULL NAME <i>(Please print)</i>	CURRENT EMPLOYER	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER

ITEM	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)

ITEM	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 the following information **MUST** be provided:
 The name of the trust, date of trust, and name and address of the person with whom the trust is on file.
 See the illustration following these instructions.

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 (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)

ITEM	BLOCK TITLE	INSTRUCTIONS
3	Beneficiaries	<p>A member may name one or more second beneficiary(ies) in this block. The beneficiary(ies) listed here would receive the death benefits in the event the member survives the beneficiary(ies) named in Block No. 2.</p> <p>If a member wishes to name more beneficiaries than space allows, attach a separate piece of paper to the form. The attachment must clearly state that it is a continuation of the Primary or Secondary Beneficiaries. It must list the names, relationships, Social Security numbers and addresses of the beneficiaries. The member must sign and date the attachment.</p>

Benefits
 State Form-241

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 (Member's Full Name)		BY SIGNING THIS BENEFICIARY DESIGNATION FORM, I ACKNOWLEDGE THE INFORMATION ENTERED BY MY SPOUSE.	
DATE			
ADDRESS (Number and Street)		SIGNATURE OF SPOUSE (IMPORTANT - if no signature, the attached BAS-800 must be completed)	
(City)	(State) (Zip Code)		
MEMBER'S MAIDEN NAME OR OTHER PREVIOUS NAME(S)		WITNESS (Cannot be a beneficiary)	
		SIGNATURE OF WITNESS	

ITEM	BLOCK TITLE	INSTRUCTIONS
4	Signature—Member's Full Name and Date	Have member sign full name and enter the date of signature in the presence of a witness. NOTE: Anyone can be a witness except an immediate family member or a beneficiary.
	Address	Enter member's complete address.
	Maiden Name	Enter member's maiden name and/or other names under which previously employed.
	Signature of Spouse	Have the member's spouse sign his/her full name. If there is no signature in this block, the attached BAS-800 must be completed by the member.
	Witness	Have witness sign the form.

NOTE: The designation will **NOT** be accepted without the spouse's signature unless a BAS-800 form is received with the STD-241.

EXAMPLE

STATE OF CALIFORNIA
BENEFICIARY DESIGNATION (PERS)
 STD. 241 (REV. 9-89)

TO	BOARD OF ADMINISTRATION PUBLIC EMPLOYEES' RETIREMENT SYSTEM P. O. BOX 942711, SACRAMENTO, CA 94229-2711			<i>(This Space for PERS Use Only)</i>
FROM	MEMBER'S FULL NAME <i>(Please print)</i>		CURRENT EMPLOYER	
	James Sinclair		City of San Luis Obispo	
	SOCIAL SECURITY NUMBER	BIRTHDATE	TELEPHONE NUMBER	
	000-00-0000	9/1/50	321-1234	

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
"To the James Sinclair Trust dated 1/1/90" on file with				
ADDRESS <i>(Number and Street)</i> (City) (State) (Zip Code)				
John C. Smith	3456 Main St	Anytown	CA	94589
ADDRESS <i>(Number and Street)</i> (City) (State) (Zip Code)				
ADDRESS <i>(Number and Street)</i> (City) (State) (Zip Code)				

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> (City) (State) (Zip Code)				
ADDRESS <i>(Number and Street)</i> (City) (State) (Zip Code)				

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> James Sinclair	BY SIGNING THIS BENEFICIARY DESIGNATION FORM, I ACKNOWLEDGE THE INFORMATION ENTERED BY MY SPOUSE.
DATE 10/21/90	
ADDRESS <i>(Number and Street)</i> 1111 21st Ave	SIGNATURE OF SPOUSE <i>(IMPORTANT - If no signature, the attached BAS-800 must be completed)</i>
(City) <i>(State)</i> San Luis Obispo CA	WITNESS <i>(Cannot be a beneficiary)</i>
(Zip Code) 95613	
MEMBER'S MAIDEN NAME OR OTHER PREVIOUS NAME(S)	SIGNATURE OF WITNESS Harvey Smith

Benefits
BAS-800



Benefit Application Services Division - Section 448
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: <i>000-00-0000</i>	NAME: <i>JAMES Sinclair</i>
APPLICATION SUBMITTED: (Form Name and Number) BENEFICIARY DESIGNATION (STD-241)	

- 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

10/21/90
Date

BAS-800 (8/89)

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

REPORTING AN IMMINENT DEATH OR TERMINAL ILLNESS

When an employer becomes aware of an employee's imminent death or terminal illness, *THE EMPLOYER SHOULD CONTACT THE BENEFIT APPLICATION SERVICES DIVISION IMMEDIATELY, SECTION 440.*

Imminent death or terminal illness implies that the member is not expected to live more than 90 days. This also applies to cases where death may not necessarily be imminent, but competency to act in one's own behalf may become impaired thereby jeopardizing later desired retirement action.

If a person is competent to complete PERS Special Power of Attorney form (PERS-OSS-138), the person may give his/her "attorney in fact" the power and authority to complete all transactions relating to PERS, including filing applications, making benefit elections, designating beneficiaries, and endorsing warrants. Copies of the Special Power of Attorney form (OSS-138) and instruction sheet are on the following pages.

To expedite processing, the person reporting an imminent death should provide the Retirement System with the following information:

1. Member's name, Social Security number, and birthdate.
2. Probable effective retirement date.
3. Current salary information and balance of accumulated sick leave.
4. Name, relationship, birthdate, and sex of the person to be designated as the member's beneficiary.
5. Address and telephone number where information can be communicated.
6. Nature and seriousness of illness, estimated life expectancy, and whether the member is presently competent.

The Retirement System will then contact the parties concerned regarding the benefit options available, the filing requirements which must be satisfied, and how best to expedite the filing process.

NOTE: In order for PERS to carry out the desired retirement action (e.g., provide an allowance to the beneficiary), it is imperative that the member be alive on the effective date of retirement and an election filed with PERS *prior to the date of death*. Member must also be off the payroll prior to the effective date of retirement.

Benefits
OSS-138



PERS' SPECIAL POWER OF ATTORNEY INFORMATION SHEET

This information sheet has been prepared to provide clarification about PERS' Special Power of Attorney (PERS-OSS-138).

PERS' Special Power of Attorney has two distinguishing features:

- it allows a PERS member or his/her beneficiary to designate someone (an attorney-in-fact) to handle retirement affairs such as filing applications, making benefit elections, designating beneficiaries and endorsing warrants; and
- it contains a durable clause which allows the attorney-in-fact to work on retirement matters on the member's behalf in the event the member becomes incapacitated.

A power of attorney that does not have a durable clause terminates upon an annuitant's incapacity, and as a result of that termination, it may be necessary for PERS to withhold the annuitant's PERS benefits until a conservator is appointed by the courts.

It is important to have a current power of attorney on file with PERS since the laws regarding powers of attorney change from time to time. While we prefer that PERS members use PERS' Special Power of Attorney, because it contains a durable clause, PERS will also accept a general power of attorney without a durable clause. A general power of attorney or PERS' Special Power of Attorney may be used for address changes, withholding tax elections, or requesting information regarding benefit payments. However, PERS will only accept beneficiary designations or retirement option elections from representatives authorized to act under PERS' Special Power of Attorney.

The "WARNING" found on the back page of PERS' Special Power of Attorney is required by law. Civil Code sections 2510 and 2510.5 require that all pre-printed "power of attorney" forms that may extend authority to the attorney-in-fact beyond the time in which an individual becomes disabled or incapacitated must contain this warning. We would like to emphasize, however, that **the authority granted by PERS' Special Power of Attorney is limited to matters relating to PERS, the Legislators' Retirement System (LRS), and the Judges' Retirement System (JRS). The person designated as your attorney-in-fact would not have any authority over your other real or personal property.** Please consult an attorney if you have any questions concerning the designation of an attorney-in-fact.

If you have already granted your power of attorney, you may submit a copy, for placement in your PERS member file, to the following address: PERS, Post Retirement Services Division, P.O. Box 942716, Sacramento, CA 94229-2716.

SEE REVERSE SIDE FOR QUESTIONS AND ANSWERS

PERS-OSS-41 (Rev 11/91)

10/92

P.A. MANUAL 3-18

CalPERS PRA #1577 000693

HHHH-693

**Questions And Answers
Concerning PERS' Special Power of Attorney**

- 1. Why is it advisable to have a durable power of attorney on file with PERS?**
Having a durable power of attorney on file at PERS assures that PERS will be able to handle your retirement benefits without interruption, and in accordance with your wishes, should you become unable to handle your own affairs.
- 2. Does PERS charge a fee for this service?**
No.
- 3. If I sign PERS' Special Power of Attorney form, can I continue to handle my own affairs until such time that I become incapacitated?**
Yes, however, PERS will also accept actions by your attorney-in-fact. If you do not want the attorney-in-fact to act on your behalf until you are incapacitated, you may want to complete the Special Durable Power of Attorney and keep it in your personal file until it is needed.
- 4. Can I use PERS' Special Power of Attorney to appoint an administrator of my estate prior to my death?**
No. PERS' Special Power of Attorney form only deals with retirement system matters administered by the Public Employees' Retirement System (PERS), the Judges' Retirement System (JRS), or the Legislators' Retirement System (LRS).
- 5. Does PERS' Special Power of Attorney automatically authorize my attorney-in-fact to conduct business after my death?**
No, the power of attorney is terminated upon the death of the member.
- 6. Would it be practical to name my son/daughter as attorney-in-fact and have my spouse (my named beneficiary) also execute a Special Power of Attorney form, to allow the attorney-in-fact to act in my spouse's behalf should I (member) predecease my spouse?**
Yes, this could be done now or when (and if) your spouse begins receiving benefits in his/her own right.
- 7. Should I retain a copy of the Special Power of Attorney?**
Yes, it is a good idea to keep a photocopy of the original for your personal file.
- 8. Can I terminate my Special Power of Attorney should I desire to do so?**
Yes, as long as you are still competent and you submit a written request to PERS asking that the document be revoked or terminated.

PERS-OSS-41 (Rev 11/91)

Benefits
OSS-138



CHECKLIST FOR COMPLETING PERS' SPECIAL POWER OF ATTORNEY

This checklist is provided to help you make certain that you have completed all information required on PERS' Special Power of Attorney (PERS-OSS-138) prior to submitting it to PERS. (It is not necessary to return this checklist to PERS.)

1. I am of sound mind and acting of my own free will.
2. The individual I have selected as my attorney-in-fact to make retirement-related decisions for me is at least 18 years old.
3. I realize that in the event I become incompetent, or upon my request, my attorney-in-fact has the power and authority to transact all matters relating to the Public Employees' Retirement System, the Legislators' Retirement System, or the Judges' Retirement System.
4. I have talked with the individual I have selected as my attorney-in-fact and this individual has agreed to participate.
5. I have signed and dated the PERS' Special Power of Attorney form. (PERS-OSS-138, all boxes outlined with bold lines)
6. I have had the Special Power of Attorney notarized. (PERS-OSS-138, shaded box)
7. I have given a copy of the completed Power of Attorney to those people, including my attorney-in-fact and family members, who may need it in case an emergency arises which requires a decision.

If you change your mind about your power of attorney, take all of the following steps: 1.) Complete a new power of attorney form with the changes you desire; 2.) Tell everyone who has a copy of the old power of attorney that it is no longer valid and ask that copies of the old form be returned to you so that you may destroy them; and 3.) Give copies of the new form to the people who may need them to carry out your wishes.

If you still have questions about your power of attorney after reading this material, you should talk to your lawyer.

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

PERS-OSS-138A (11/91)



Attention: Section _____
Social Security No.: _____

SPECIAL POWER OF ATTORNEY

This document is intended for designating an attorney-in-fact to transact all retirement matters relating to the Public Employees' Retirement System, the Legislators' Retirement System, and/or the Judges' Retirement System. It authorizes the person you designate (called an "attorney in fact") to handle your retirement affairs such as filing applications, making benefit elections, designating beneficiaries and endorsing warrants. This document creates a durable power of attorney which continues after you become incapacitated or otherwise unable to handle your own affairs.

1. Creation of Durable Power of Attorney for Retirement-Related Business

By this document I intend to create a durable power of attorney by appointing the person designated below to make retirement-related decisions for me as allowed by the California Civil Code. This power is expressly limited to decisions relating to my benefits under the Public Employees' Retirement System, the Legislators' Retirement System, and/or the Judges' Retirement System.

2. Designation of Attorney-In-Fact

<p>I, _____, of _____ <small>(member or beneficiary)</small> <small>(street address)</small></p> <p>City of _____, County of _____, State of _____ do hereby appoint: _____ <small>(attorney-in-fact)</small></p> <p>of _____, City of _____, <small>(street address)</small></p> <p>County of _____, State of _____, as my attorney-in-fact.</p>
--

3. General Statement of Authority Granted

If I become incapable of giving informed consent to decisions concerning my retirement benefits, I hereby grant to my attorney-in-fact full power and authority to transact all matters relating to the Public Employees' Retirement System (hereinafter PERS), the Legislators' Retirement System, or the Judges' Retirement System, including, but not limited to, filing applications, making benefit elections, designating beneficiaries, and endorsing warrants.

I further give and grant unto my said attorney-in-fact full power and authority to do and perform every act necessary and proper to be done in the exercise of any of the foregoing powers as fully as I might or could do if personally present, hereby ratifying and confirming all that my said attorney shall lawfully do or cause to be done by virtue hereof.

The authority granted by this Special Power of Attorney is limited to retirement matters, and does not extend to any of my other real or personal property.

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

PERS-OSS-138 (REV. 11/91)

Benefits
OSS-138

4. Duration

My attorney-in-fact is hereby instructed to notify PERS in writing of my disability or incapacity or of my death immediately upon its occurrence. This power of attorney shall not be affected by my subsequent disability or incapacity unless I so indicate below:

___ I wish this special power of attorney to terminate in its entirety
_____ after I become mentally disabled or incapacitated.

(Specify timeframe e.g., immediately, one year, etc.)

Warning to Person Executing This Document

This is an important legal document. It creates a durable power of attorney. Before executing this document, you should know these important facts:

This document may provide the person you designate as your attorney-in-fact with broad powers to manage, dispose, sell, and convey your real and personal property and to borrow money using your property as security for the loan.

These powers will exist for indefinite period of time unless you limit their duration in this document. These powers will continue notwithstanding your subsequent disability or incapacity.

You have the right to revoke or terminate this power of attorney.

If there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

DATE AND SIGNATURE OF PRINCIPAL

EXECUTED THIS ___ DAY OF _____, 19___, AT _____
_____ city
_____ state

SIGNATURE _____

TYPED OR PRINTED NAME _____

SOCIAL SECURITY NUMBER _____

ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF _____ COUNTY OF _____

ON _____, 19___, BEFORE ME, _____, NOTARY PUBLIC FOR

THE STATE OF _____, PERSONALLY APPEARED _____, KNOWN

TO BE (OR PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE) TO BE THE PERSON WHOSE

NAME IS SUBSCRIBED TO THE WITHIN POWER OF ATTORNEY AND ACKNOWLEDGED THAT _____

EXECUTED THE SAME.

SIGNATURE OF NOTARY PUBLIC

YDS-008 128 (REV. 11/97)

DEATH OF ACTIVE MEMBER

EMPLOYER NOTIFICATION TO SYSTEM

Immediately upon learning of an employee's death, the employer should contact the Benefit Application Services' Telephone Information Center by phone and provide the following information:

1. Member name, Social Security number, and birthdate
2. Date of death and date of separation
3. Name, address and telephone number of next of kin

PERS will send a partially completed PERS-BEN-738, Report of Separation for Death, with the following information:

1. Employer name and code
2. Member name, Social Security number, birthdate
3. Date of death

INSTRUCTIONS FOR COMPLETION—PERS-BEN-738

The employer should verify and if necessary correct any information on the form. Remainder of form is completed by employer as follows:

PART I - EFFECTIVE DATES

Enter separation date. If separation date or date of death differs from the last day on payroll for which contributions were deducted, enter last day on pay status. Provide explanation in Remarks. *Separation date cannot be later than death date.*

PART II - PAYROLL AND CONTRIBUTION INFORMATION

1. Dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate.
3. Time worked in each pay period:
 - a. month
 - b. days
 - c. hours
4. Amount earned in each pay period.
5. Amount of normal retirement contributions for each pay period.
6. Amount of other than normal contributions.
7. Under "Specify" column heading, explain other than normal contributions.

PART III - UNUSED SICK LEAVE

For agencies who have amended their contracts to include sick leave credit (see Coverage Key, Item 8.3), please indicate the total number of days of unused sick leave credited to the member (for members who have attained the minimum retirement age only) on death date. Show partial days to three decimal places.

Benefits
Death

EMPLOYER NOTIFICATION TO SYSTEM (CONTINUED)

- NOTE: 1. Do not combine contributions for Special Compensation with normal contributions. Use the "other" column.
2. Do not deduct retirement contributions from lump sum vacation payments.
3. Do not delay submission of this form awaiting final payroll data. Estimate the last period's payroll information and label this line "Estimate".

PART IV- HEALTH AND DENTAL INSURANCE

Complete only if the member had health insurance coverage under the Public Employees' Medical and Hospital Care Act.

A request for change in health benefits coverage based upon change in family status (death) may be made by an enrolled surviving family member who continues to receive an allowance.

PART V

Have this form signed by an authorized officer; enter title and date. Send completed Form PERS-BEN-738 to PERS immediately.

NOTIFICATION BY OTHER THAN EMPLOYER

When PERS is informed of an employee's death by someone other than the employer, the System will also initiate the Form PERS-BEN-738, partially filled in, and forward to the employer. The employer completes the balance of the form per instructions found in "Employer Notification to System".

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Telephone (916) 326-3232
 TDD Only (916) 326-3240

REPORT OF SEPARATION FOR DEATH - REQUEST FOR PAYROLL INFORMATION
 PER8-BAS-738 (1-81)

PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

TO: PUBLIC EMPLOYEES' RETIREMENT SYSTEM P.O. BOX 942711 SACRAMENTO, CA 94228-2711	FROM: (Name of Agency) City of Rangerville	AGENCY CODE: 0000
NAME: Joe P. Smith	SOCIAL SECURITY NUMBER: 000-00-0000	DATE OF DEATH: January 31, 1992

WE HAVE BEEN NOTIFIED THAT THE ABOVE MEMBER HAS DIED. Your cooperation in immediately providing the following is an important part of ensuring the accurate and prompt payment of death benefits.

PART I - EFFECTIVE DATES REGARDING SEPARATION - Please explain any difference between date of separation and last day on payroll, or if member was on a leave of absence give dates of absence.

SEPARATION DATE: January 31, 1989	REMARKS:
LAST DAY ON PAY STATUS: January 31, 1989	

PART II - PAYROLL AND CONTRIBUTION INFORMATION - Please report, by payroll service period, for the LAST FOUR MONTHS on pay status. Contributions should not be deducted after separation. When reporting contributions taken from special compensation*, explain frequency and reason for the special compensation (i.e., monthly compensation for uniform pay). For pay increases*, provide the inclusive dates of the increase as well as the payrate and earnings for the period of the increase. Failure to provide accurate and complete payroll information for the four months, may cause a delay in payment of benefits.

PAY PERIOD		PAY RATE	TIME WORKED			AMOUNT EARNED	RETIREMENT CONTRIBUTIONS		
FROM	THRU		MONTHS	DAYS	HOURS		NORMAL	OTHER	(SPECIFY)*
10-01-91	10-31-91	1000.00	1			1000.00	70.00		
11-01-91	11-30-91	1000.00	1			1000.00	70.00		
12-01-91	12-31-91	1000.00	1			1000.00	70.00		
01-01-92	01-31-92	1000.00	1			1000.00	70.00		

PART III - UNUSED SICK LEAVE AT TIME OF SEPARATION - Please enter the total number of days of unused sick leave the employee had at the time of separation. Accumulated hours must be converted to days using the appropriate conversion factor applicable to each employees' individual classification or position. Calculate to three decimal places.

TOTAL NUMBER OF DAYS OF UNUSED SICK LEAVE: 25.4000

PART IV - HEALTH AND DENTAL INSURANCE - To be completed only by State Agencies and Public Agencies which contract for health and dental coverage under the Public Employees' Hospital and Medical Care Act. Please attach copies of current health and dental enrollment. Failure to provide this information may result in lapse of coverage for eligible annuitants.

TYPE OF COVERAGE	PLAN NAME	PLAN CODE
Health Insurance	Kaiser North	562
Dental Insurance		

PART V - CERTIFICATION OF EMPLOYER

The above information is based on payroll information currently available.

John Morris Payroll Officer (916) 322-3212
 Signature of Payroll Officer Title Telephone
 02/15/89
 Date

INFORMATION FOR FAMILY OF DECEASED

When PERS is notified of an active employee's death, a PERS-BAS-24 "Claimant Statement/Survivor Questionnaire", will be sent to the next of kin. This form must be completed and returned to PERS before a beneficiary determination and calculation of death benefits can be made.

To determine the beneficiary(ies), PERS will check the file for a valid** Beneficiary Designation (State Form 241) (see Beneficiary Designation - Prior to Retirement). If a Form 241 is no longer valid or has not been filed, death benefits will normally be paid to the statutory beneficiary as follows:

1. Member's surviving spouse (whether or not still living together at the time of 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. Member's 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.

Also, if the member was eligible to retire on the date of death (at least age 50 with five or more years of service credit), any Form 241 is invalid if there is a spouse to whom the member had been married for at least one year prior to the member's death, or a minor child.

Death benefits payable will be affected by the member's category (i.e., miscellaneous or safety), whether or not the death was job-related, your agency's contract with PERS (i.e., 1959 Survivor Benefit coverage), and other factors. Please refer to the applicable PERS Benefits Booklet for information.

If only lump sum benefits are payable, the BAS-24 may serve as the claim form if completed by the designated or statutory beneficiary. If there is a choice of monthly or lump sum benefit, a separate claim/election form, PERS-BAS-1167, will be sent to the beneficiary. If the information provided in the initial BAS-24, along with any designation on file, indicates the proper beneficiary remains to be contacted, a claim form will be sent to the proper beneficiary. Payment of death benefits will be as soon as possible after receipt of the claim form and any other documents required (e.g., marriage, birth, or death certificates).

** Any of the following events will, by law, revoke a Beneficiary 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.

RETIREMENT—GENERAL

REQUEST FOR ESTIMATES OR COUNSELING

The member may wish to have the System calculate an estimate of retirement allowance. Retirement benefit estimates are processed by the Benefit Application Services Division.

Members may receive a retirement estimate by mail by completing and submitting form PERS-BAS-1. (See copy of BAS-1 on following page.) An acceptable estimate request should meet the following guidelines:

1. Any retirement date can be requested; however, since our estimate calculation process does not project future salaries formal estimates far in the future are not meaningful. For retirement dates more than five years in the future, the employer can provide the member with the appropriate PERS member booklet. Our PERS Area and Field Offices can assist members with questions about information in the booklets and provide retirement counseling. The addresses and telephone numbers are included in each booklet.
2. All information on the form PERS-BAS-1 must be completed before an estimate can be processed. Important: Please be sure the address and social security number are legible.
3. A request for an estimate is **NOT** an application for retirement. A PERS-BAS-369 must be submitted to apply for retirement. A PERS-BAS-369 may not be used to request an estimate.
4. Retirement benefit estimates will be mailed to the address indicated on the PERS-BAS-1 within approximately four to six weeks of receipt of the request in PERS.

WHEN TO APPLY

An application for retirement should be forwarded to the Benefit Application Services Division at least 90 days prior to the desired effective date. A disability retirement application should be submitted as soon as a medical condition becomes disabling. This advance notice permits PERS to make calculations, resolve service credit problems, and begin payments on a timely basis. Members should be advised of this and encouraged to personally mail their applications to: PERS, P.O. Box 942711, Sacramento, CA 94229-2711.

The Retirement Law does not permit retirement to become effective earlier than the first day of the month in which the application is received in the System's headquarters or PERS Area or Field Office. The only exception to this is a situation in which all four of the following requirements are met:

1. The application is received within nine months of separation from employment (or separation from a reciprocal retirement system).
2. The member separated with the intent of retiring. Such intention may be determined from personnel documents or by affidavit of the member, co-workers, or employer.
3. a. The member failed to submit an application earlier because of a misunderstanding of the law, or
b. The employer undertook to transmit the application to PERS and failed or delayed such transmission.
4. The member is living on the date the application is actually received at the office of the Board in Sacramento or a PERS Area or Field Office.

WHO MAY APPLY

For *service retirement* A member who has reached the minimum retirement age and has earned at least five years of credited service may submit an application for retirement. The application must be submitted by the member and show a definite retirement date. It is the employee's responsibility, not the employer's, to see that the retirement application is sent to the System.

Benefits
Retirement

For disability retirement: A member (miscellaneous or safety) credited with five or more years of service with a mental or physical incapacity for performance of job duties may apply for disability retirement. For local safety members and miscellaneous members covered by contract under Government Code Section 21294.1, where the disabling injury or disease is work-incurred or job-related the five years of service is waived and the member may apply for industrial disability retirement. An application for disability retirement may be initiated by the member, any person on his behalf, or the employer.

If a public agency believes a member to be disabled, the employer may apply for the disability retirement on behalf of the member. The application must be submitted by the governing body or an official designated by the governing body. This designation must be made by resolution and a copy of the resolution must be submitted to the Public Employees' Retirement System.

NOTE: A member may not be separated from employment by the employer, because of disability, unless the member is not eligible for disability retirement or waives the right to retire and elects to withdraw contributions. Instead, the employer **MUST** apply for disability retirement on the member's behalf.

CANCELLATION OF RETIREMENT APPLICATION

If a member desires to cancel the service retirement application or defer retirement to a later date, the member must request to do so prior to the issuance date of the first retirement warrant. For cancellation of disability retirement, see "Member Alternatives Following Approval of Disability". Any cancellation request **MUST BE** made in writing to be valid. The member's signature is required. A cancellation is binding; the member must thereafter re-apply whenever the member is ready to retire.

1. Once the first warrant has been issued, the member will not be allowed to cancel the retirement.
2. A member may request a refund of accumulated contributions in writing in lieu of retirement prior to the issuance of the first retirement warrant.



(916) 326-3232

PERS RETIREMENT ALLOWANCE ESTIMATE REQUEST

If you are planning to retire in the near future and would like a retirement *estimate*, please complete this form and mail to the address below: (If you are a state employee in the Sacramento area, you may use PERS' Interagency Mail Service code, A-44)

PERS
 Benefit Application Services Division
 P.O. Box 942717
 Sacramento, CA 94229-2717

THIS FORM IS NOT AN APPLICATION FOR RETIREMENT. IF YOU ARE APPLYING FOR RETIREMENT, PLEASE COMPLETE FORM PERS-BAS-369 (APPLICATION FOR RETIREMENT).

Your retirement estimate will be mailed to the address you indicate on this form within approximately six weeks. Your estimate cannot be processed unless all information on this form is completed.

1. NAME (FIRST) (MI) (LAST)			2. SOCIAL SECURITY NUMBER _ _ _ - _ _ - _ _ _ _		
3. YOUR MAILING ADDRESS NUMBER & STREET/P.O. BOX CITY STATE ZIP CODE			4. YOUR DATE OF BIRTH MONTH DAY YEAR		
			5. TELEPHONE NUMBER(S) WORK () HOME ()		
6. EMPLOYER					
7. ESTIMATED RETIREMENT DATE MONTH DAY YEAR 1st 2nd			8. TYPE OF ESTIMATE <input type="checkbox"/> SERVICE RETIREMENT <input type="checkbox"/> DISABILITY RETIREMENT <input type="checkbox"/> INDUSTRIAL DISABILITY RETIREMENT		
9. IN THE LAST THREE (3) YEARS, DID YOU TAKE AN UNPAID LEAVE OF ABSENCE OF OVER SIX (6) MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", PROVIDE DATES: _____					
10. TEMPORARY ANNUITY — I REQUEST AN ESTIMATE OF MY MONTHLY ALLOWANCE FURTHER MODIFIED FOR LIFE TO PROVIDE FOR ADDITIONAL TEMPORARY ANNUITY ALLOWANCE. <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", AGE DESIRED: _____ AMOUNT: \$ _____ .00 59½ OR WHOLE AGE 60 - 68					
11. OTHER RETIREMENT SYSTEMS - ARE YOU A MEMBER OF ANOTHER PUBLIC RETIREMENT SYSTEM OTHER THAN SOCIAL SECURITY OR MILITARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF "YES", NAME OF SYSTEM: _____ ESTIMATED FINAL COMPENSATION: \$ _____					
12. BENEFICIARY'S BIRTHDATE MONTH DAY YEAR			13. RELATIONSHIP TO YOU		
14. A. WILL YOU HAVE BEEN MARRIED AT LEAST ONE YEAR PRIOR TO YOUR TENTATIVE RETIREMENT DATE? <input type="checkbox"/> YES <input type="checkbox"/> NO B. DO YOU HAVE ANY UNMARRIED CHILDREN WHO ARE UNDER AGE 18 OR DISABLED? <input type="checkbox"/> YES <input type="checkbox"/> NO C. ARE EITHER OR BOTH OF YOUR PARENTS DEPENDENT ON YOU FOR AT LEAST 1/2 OF THEIR SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO					

PERS-BAS-1 (Rev. 3/92)

CALIFORNIA PERS APPLICATION FOR RETIREMENT

BENEFIT APPLICATION SERVICES DIVISION
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 P.O. BOX 942711
 SACRAMENTO, CALIFORNIA 94229-2711
 Telephone: (916) 326-3232
 Telecommunications Device for the Deaf (916) 326-3240

INSTRUCTIONS: Please read the important information on reverse side before completing this form. This application should be mailed directly to PERS 90 days in advance of your planned retirement date. Remember, your retirement date cannot be earlier than the first of the month in which your application is received by PERS.

FOR PERS USE ONLY

I hereby make application for Service Retirement as follows:
(Service; Disability; or Industrial Disability)

1. SOCIAL SECURITY NO.
 540-32-9876

2. Name <i>(Please Print)</i> John Booth	3. Birth Date 06-03-29	4. Retirement Effective Date 12/31/91
---	---------------------------	--

5. Mailing Address (Street, City, State, Zip)
 1991 Sacramento Lane, Sacramento, CA 98765

6. Last Day on Pay Status 12/30/91	7. Employer Sacramento County Schools	8. Position Title Custodian
---------------------------------------	--	--------------------------------

9. OPTIONAL SETTLEMENT INFORMATION - Please furnish the amounts of monthly allowance payable under option checked.

Unmodified Option No. 1 Option No. 2 Option No. 3

10. BENEFICIARY'S NAME Mary Booth	Birth Date 10/15/30	Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Relationship Spouse
--------------------------------------	------------------------	--	------------------------

11. SURVIVOR INFORMATION: Are you married? Yes (Date of marriage 4/15/61); No

Do you have children under 18? Yes No

12. TEMPORARY ANNUITY - I desire to have my monthly allowance further modified for life to provide for additional temporary annuity allowance.

Yes No If "Yes", age desired: 63 Amount \$ 300 .00
59½ or whole age 60 to 68

13. OTHER RETIREMENT SYSTEMS: Are you a member of another public retirement system other than Social Security or military?
 Yes No If "Yes", please complete the section below.

NAME OF SYSTEM	DATES OF SERVICE CREDITED	DATE OF RETIREMENT

14. FINAL COMPENSATION TO BE USED: "Final Compensation" is the highest compensation earnable by a member during the three consecutive years of employment immediately preceding the effective date of his/her retirement, or the date of his/her last separation from employment if earlier, or during any other period of three consecutive years of membership specified by the member on this application. UNLESS A DIFFERENT PERIOD IS SPECIFIED BY YOU, YOUR FINAL COMPENSATION WILL BE CALCULATED BASED UPON THE THREE YEAR PERIOD IMMEDIATELY PRECEDING YOUR RETIREMENT OR SEPARATION.

OTHER PERIOD TO BE USED: FROM: _____ TO: _____

15. I HEREBY CERTIFY UNDER PENALTY OF PERJURY that this information submitted hereon is true and correct according to the best of my knowledge. I UNDERSTAND THAT TO CANCEL THIS APPLICATION I MUST SUBMIT WRITTEN NOTICE TO THE SYSTEM PRIOR TO MAILING OF MY FIRST RETIREMENT ALLOWANCE. I further understand that my request for information on options (above) is not a final election thereof; that election forms will be provided at a later date.

MEMBER'S SIGNATURE → John Booth	TELEPHONE NUMBER (916) 555-3232	DATE SIGNED 11-10-91
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CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 400 P STREET - SACRAMENTO, CALIFORNIA

Benefits
BAS-369

RETIREMENT ALLOWANCE AND OPTIONS:

UNMODIFIED - The unmodified allowance provides the highest monthly amount payable to you during your lifetime. Upon your death, ALL monthly payments stop unless the survivor continuance described below applies. **THERE IS NO RETURN OF CONTRIBUTIONS.**

OPTIONS - Instead of the unmodified allowance, you can elect to receive one of the following options. Under each option, **YOUR MONTHLY ALLOWANCE WILL BE REDUCED FOR LIFE** to pay for the benefit for your named beneficiary. If you wish to elect an option, you must do so before your first payment is mailed.

OPTION 1 - Upon your death, any remaining portion of your contributions, not paid to you as part of your reduced monthly allowance, will be paid to your beneficiary or estate. You may name one or more beneficiaries, and your designation may be changed at any time. If the survivor continuance applies, it will be paid to the eligible survivor and will have no effect on the payment of the remainder, if any, of your contributions.

OPTION 2 - The same reduced monthly allowance you receive will be paid to your designated beneficiary for life. But, if the survivor continuance applies and your designated beneficiary is not the eligible survivor, the beneficiary's monthly allowance will not include the portion automatically continued to your survivor.

OPTION 3 - One half of your reduced monthly allowance will be paid to your designated beneficiary for life. But if the survivor continuance applies and your designated beneficiary is not the eligible survivor, the beneficiary's monthly allowance will not include the portion automatically continued to your survivor.

OPTION 4 - You may elect a tailor-made plan to fit your special needs subject to PERS Board approval. A monthly benefit to a beneficiary may not exceed the amount payable under Option 2.

POST-RETIREMENT SURVIVOR ALLOWANCE (SURVIVOR CONTINUANCE): This provision applies to all State members, school members, and also to local safety and miscellaneous members whose agencies have elected coverage. Eligible survivors are: (1) A spouse to whom you were married at least one year prior to retirement and continually thereafter until death, or, if you have no surviving spouse; (2) Your unmarried children under age 18 (for purposes of eligibility, an unmarried child who became disabled prior to age 18 continues to be eligible for this benefit until the disability ceases), or, if there is no surviving spouse or children; (3) A dependent parent or parents. One quarter to one half of your unmodified allowance will be continued automatically to an eligible survivor upon your death after retirement regardless of the option you choose. The exact amount depends upon your Social Security coverage under PERS membership. Payments to a spouse terminate upon death. Payments to a spouse of local safety and miscellaneous members terminate upon remarriage unless the contracting agency has made provisions for the payments to continue upon remarriage. Payments to children terminate upon attainment of age 18, marriage, death, or recovery from disability. Disability means inability to engage in substantial gainful employment by reason of physical or mental impairment.

TEMPORARY ANNUITY ON SERVICE RETIREMENTS (Not applicable to Disability Retirements): You may elect a reduced lifetime income in order to receive the additional Temporary Annuity allowance (from the System) which is payable to age 59½ or whole ages 60 to 68. If the retired member dies before he/she reaches their selected age, the remainder of the payments are payable in lump sum to the designated beneficiary regardless of the optional settlement elected by the member.

BENEFICIARY-SURVIVOR INFORMATION: Satisfactory documentary evidence must be submitted to the system to support birthdates of beneficiaries under Options 2, 3, or 4, and children for the survivor continuance benefit. A copy of the marriage certificate will be required to support eligibility of a spouse for the survivor continuance benefit and may be required to show name continuity for Options 2, 3, and 4. Certification from a physician will be required to support eligibility of a disabled child. If a dependent parent is named as an eligible survivor and there is no spouse or children, documentary evidence must be submitted to verify dependence.

DEDUCTIONS FROM RETIREMENT ALLOWANCES: Health insurance coverage for State and public agency employees enrolled under the Public Employees' Medical and Hospital Care Act and dental insurance coverage for State employees who are enrolled in a dental plan, as active employees, will continue for those members who go directly from employment into retirement. University of California employees must sign an "Authorization to Deduct Premiums", which will be provided by the University. If the member is enrolled in the health and/or dental plan and the spouse is also covered by this insurance, the spouse is eligible to continue the insurance(s) after the member's death, provided that the spouse is entitled to receive a continuing benefit such as survivor continuance or optional settlement 2, 3, or 4.

OTHER DEDUCTIONS: If you have health insurance or major medical not covered through your employer under the Public Employees' Medical and Hospital Care Act, credit union payments or shares, employee organization dues, dental or life insurance, you must contact your carrier, credit union, or organization to determine whether these payments may be continued into retirement utilizing direct authorization. They will also inform you regarding the proper procedure to follow if retirement warrant deductions are allowed.

DEDUCTIONS AFTER RETIREMENT

HEALTH INSURANCE

For public agencies covered under the Public Employees' Medical and Hospital Care Act, enrollment of a member is continued without change when the member retires. Coverage will continue into retirement if the individual is enrolled at the time of separation from employment and their effective date of retirement is within 120 days of separation.

Direct authorization may be established for automatic deduction of payments for health insurance administered by PERS as well as life insurance premiums, union dues, credit union payments or shares, or to charitable organizations.

GENERAL PROCEDURES FOR DIRECT AUTHORIZATION OF HEALTH/LIFE INSURANCE

1. The agency determines the eligibility of the member to continue such coverage into retirement and forwards the authorization form to the carrier, not to PERS. This form must be signed by the member.
2. The carrier must then authorize the deductions by sending PERS a special deduction authorization form. **Premiums will be deducted only as authorized by the carrier.** Any additions, changes, or cancellations must be submitted to PERS by the carrier.
3. Normally, the carrier will require two (2) months premiums in advance to provide PERS with adequate time to process the deduction.

OTHER DIRECT AUTHORIZATIONS

Direct authorization deductions for union dues, credit union payments or shares, or charitable organizations may be established provided that:

1. The organization has contracted with PERS to provide this service (members must contact the organization for this information);
2. The member authorizes to have money deducted through the organization;
3. The organization submits the authorization directly to PERS; and
4. Authorized deductions are *stopped or changed* upon receipt of written authorization from the organization.

The System's function is limited to the mechanics of deducting and determining what deduction authorization is proper. Inquiries concerning identification cards, insurance benefits, or premium schedules, claims, address changes, enrollment changes, etc., should be directed to the insurance carrier.

INCOME TAX WITHHOLDING

Federal and California State income tax deductions will be withheld from monthly or lump sum benefit payments unless the annuitant specifically elects no tax withholding. Federal (W-4P), and California State (DE-4P) tax withholding forms must be completed to elect either a specific dollar amount of withholding, a withholding based on tax tables, or specifically elect no tax withholding. If the election form is not filed with PERS, automatic withholding begins based on a married person with three (3) exemptions. Any questions retirees have concerning the taxability of their allowance should be directed to the Internal Revenue Service or California State Franchise Tax Board.

Benefits
Deductions

PAYMENTS FOR PURCHASING SERVICE CREDIT

A member who previously elected to purchase public service credit, redeposit contributions for service credit, or has arrears contributions, may elect upon retirement to continue any payments due into retirement. In such cases, service credit will be included in the retirement calculation and a monthly payment will be taken from the member's retirement allowance. Any balance still unpaid upon the member's death shall be deducted from death benefits otherwise payable. A retired member's survivor entitled to a monthly survivor allowance may elect to continue such deductions from the monthly allowance in lieu of the lump sum payment otherwise required. The following criteria must be adhered to:

1. No installment payments (deductions) are permitted unless an election has been made prior to retirement.
2. Death benefits against which unpaid balances may be deducted include the lump sum benefit, survivor continuance benefits, and payments under all optional settlements.

SOCIAL SECURITY INSTRUCTIONS

Members having Social Security coverage, integrated with System coverage, should contact their local federal Social Security Office about three months before their retirement.

Reference material needed by the Social Security Office will be: Social Security number, name of the employer, and documentary proof of birth.

TEMPORARY ANNUITY PAYMENTS

Members who are retiring for service can elect to receive an additional monthly allowance from PERS. The benefit is payable from retirement date to a specific age that the member selects, 59 1/2 or any whole age from 60 to 68. You can also name the dollar amount you wish to receive within certain limitations. This benefit is NOT free. The member's PERS lifetime allowance is reduced to pay for the temporary annuity.

A booklet on the temporary annuity program can be requested by employers from the PERS supply section. Member questions on the program can be directed to either PERS Benefits Application Services Division, P.O. Box 942711, Sacramento, California 94229-2711, (916) 326-3232 or any of the PERS area and field offices listed in this manual on page 9-1.

VOLUNTARY SERVICE RETIREMENT

MINIMUM REQUIREMENTS FOR VOLUNTARY SERVICE RETIREMENT

A member shall be retired for service upon written application if the member has reached the minimum retirement age and has earned at least five years of credited service. Minimum retirement age is 50 for all public agency and school members.

SERVICE RETIREMENT PROCESSING—DOCUMENT SEQUENCE (EXAMPLES FOLLOW)

1. **PERS-BAS-369**—"Application for Retirement" is received in System from member. (This example is on page 3-33.)
2. **Acknowledgment letter** is sent to the member to acknowledge receipt of PERS-BAS-369. This letter will inform the member that the System is calculating retirement benefits and the "Election of Optional Settlement . . ." (PERS-BAS-898) will be sent in the near future. (See copy on pages that follow.)

NOTE: If the member does not receive this acknowledgment letter within 30 days after submission of the "Application for Retirement" (PERS-BAS-369) the member should contact the System immediately.

3. **PERS-BAS-898**—"Election of Optional Settlement and Beneficiary Designation" is sent to the member usually one month prior to the effective retirement date. The correct completion of the form PERS-BAS-898 "Election of Optional Settlement and Beneficiary Designation" is crucial in assuring that the member's desires will be met. A copy of a completed form is shown so that you can better assist your employees in properly completing the form. (See copy on following pages.) Before completing the election portion of the form (See copy of 2nd portion of form), the member should read the brief instructions at the top of the form.

Please note that the spouse's signature is required by law. A Justification For Non Signature of Spouse (PERS-BAS-800) is sent with the election form for completion by a member whose spouse has not signed the election form. (See copy on pages that follow.)

A survivor questionnaire (PERS-BAS-54) is sent with the PERS-BAS-898 for completion and return.

Tax withholding and Electronic Fund Transfer enrollment forms are also enclosed.

4. **PERS-PRS-200**—"Request for Final Payroll Information" is sent to the agency at the time the PERS-BAS-898 is sent to the member.

NOTE: Complete after the member leaves employment status.

The agency should complete all items as directed and use "N/A", if not applicable. Certify the exact number of unused sick leave days credit, if applicable. *Accumulated hours must be converted to days by the employer.* Show partial days to 3 decimal places. (See copy of PERS-PRS-200 on following pages.) Refer to your Coverage Key, Item 8 to determine if you have this benefit.

- a. Payroll information is required for the last month of employment.
- b. If changes are made to payroll or sick leave figures already sent to PERS, notify the System of corrections by letter.

Benefits
Service Retirement

SERVICE RETIREMENT PROCESSING—DOCUMENT SEQUENCE (Continued)

5. **PERS-BAS-11** — “**Notice of Benefit Approval**” is sent to the member confirming that he/she is on the retirement roll and will be receiving the first retirement warrant as stated on this form. The PERS-BAS-11 also gives the member information needed for tax purposes. (See copy on following pages.)
6. **PERS-BAS-62** — “**Notice of Placement on Retirement Roll**” is sent to the agency as confirmation that the member is now in retirement status. (See copy on following pages.)

For future employment of the retiree, please refer to the section on Employment of a Retiree and the section on Reinstatement from Retirement.



**Benefit Application Services Division
P.O. Box 942711
Sacramento, CA 94228-2711
(916) 326-3232
Telecommunications Device
For The Deaf -- (916) 326-3240**

Reply to Section 419
Refer to No. 540-32-9876
November 15, 1991

John Booth
1991 Sacramento Lane
Sacramento, CA 98765

Dear John Booth:

We have received your application requesting Service Retirement effective December 31, 1991. If you are currently under medical care for a physical or mental condition which prevents you from continuing your job duties, you may apply for Service pending Disability Retirement.

An election document providing the retirement allowances payable under the various retirement options will be sent to you as soon as possible. You should direct any questions about your retirement to the mailing address or telephone number listed above. Please include your Social Security number and daytime telephone number with all written inquiries.

If you wish to cancel your application, change your retirement date, or request Disability Retirement, please contact our office immediately. We must receive your written notice for change or cancellation before the day your first warrant is mailed. Please note that your retirement date cannot be earlier than the day following your last day on payroll.

Benefit Application Services Division
Public Employees' Retirement System

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

Benefits
 BAS-898

BOARD OF ADMINISTRATION
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 P.O. BOX 942711
 SACRAMENTO, CA 94229-2711

SSA NO.: 540-32-9876
 RETIREMENT DATE: 12/31/1991
 AGE AT RETIREMENT: 62.50
 SERVICE CREDIT: 15.500
 SICK LEAVE SERVICE: N/A
 TOTAL SERVICE: 15.500

JOHN BOOTH
 1991 SACRAMENTO LANE
 SACRAMENTO, CA 98765

OPTIONS 2, 3, 2W, 3W OR 4 APPLY
 ONLY TO:
 NAME: MARY BOOTH
 AGE: 61.00

THIS SERVICE RETIREMENT CALCULATION IS BASED ON LAW AND THE INFORMATION IN YOUR FILE PLUS PROJECTIONS TO YOUR DATE OF RETIREMENT BY ASSUMING SERVICE THROUGH DECEMBER 30, 1991. A CHANGE IN SERVICE, CONTRIBUTIONS OR EARNINGS MAY RESULT IN AN ADJUSTMENT WHEN FINAL PAYROLL INFORMATION IS RECEIVED.

OPTIONAL SETTLEMENT INFORMATION (AMOUNTS ARE APPROXIMATE)

Options available	Your monthly allowance	Your beneficiary's monthly allowance after your death	Your monthly allowance upon the death of your beneficiary
UNMODIFIED ALLOWANCE	\$ 1,089.45 per month for life	Retired Death Benefit	\$ 1,089.45 per month for life
OPTION 1	\$ 1,075.60 per month for life	Your remaining contributions*	\$ 1,075.60 per month for life
OPTION 2	\$ 973.96 per month for life	\$ 973.96 per month for life	\$ 1,089.45 per month for life
OPTION 2W	\$ 997.93 per month for life	\$ 997.93 per month for life	\$ 997.93 per month for life
OPTION 3	\$ 1,028.45 per month for life	\$ 514.23 per month for life	\$ 1,089.45 per month for life
OPTION 3W	\$ 1,041.52 per month for life	\$ 520.76 per month for life	\$ 1,041.52 per month for life
OPTION 4			

*OPTION 1 PROVIDES THAT UPON YOUR DEATH YOUR BENEFICIARY WILL RECEIVE THE BALANCE OF YOUR CONTRIBUTIONS TOTALING \$58,676.73 LESS \$495.35 FOR EACH MONTH YOU RECEIVED AN ALLOWANCE.

UPON YOUR DEATH A LUMP SUM BENEFIT WILL BE PAID TO YOUR BENEFICIARY OR ESTATE

RETURN THIS DOCUMENT TO P.E.R.S.

ELECTION OF OPTIONAL SETTLEMENT AND BENEFICIARY DESIGNATION
 540-32-9876
 72993
 JOHN BOOTH
 BAS 898 (Rev. 9-90) 987654-01 11/15/1991

CARR	PLAN	DED	AMOUNT	I-T	MOS
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INSTRUCTIONS:

THIS DOCUMENT ALLOWS YOU TO ELECT AN OPTIONAL SETTLEMENT IN LIEU OF THE UNMODIFIED ALLOWANCE, AND TO DESIGNATE A BENEFICIARY TO RECEIVE BENEFITS PROVIDED BY THE ALLOWANCE YOU CHOOSE. PROMPTLY COMPLETE THIS FORM. BOTH YOU AND YOUR SPOUSE MUST SIGN IT, AND HAVE YOUR SIGNATURES NOTARIZED OR WITNESSED BY AN AUTHORIZED EMPLOYEE OF PERS. **IMPORTANT:** YOUR ELECTION DOCUMENT CANNOT BE PROCESSED WITHOUT EITHER YOUR SPOUSE'S SIGNATURE ACKNOWLEDGING THE INFORMATION PROVIDED ON THIS FORM, OR THE COMPLETED JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM, BAS-800.

PLEASE PRINT CLEARLY IN INK, USING BLOCK LETTERS OR TYPE ALL INFORMATION REQUESTED.
 IF YOU MAKE AN ERROR, MAKE THE NECESSARY CORRECTION AND INITIAL THE CHANGE.

A. ELECTION: Having considered the retirement and optional settlement information provided me, I elect to receive: (Check and complete ONLY ONE of the following)

I elect to receive THE UNMODIFIED ALLOWANCE in the amount of \$ _____ per month. I understand this is the highest monthly allowance payable to me with no return of contributions or payment of monthly allowance upon my death except when survivor continuance is applicable.

I elect to receive OPTION NUMBER 2 and I expect to receive \$ 973.96 per month. I UNDERSTAND THAT MY ELECTION IS IRREVOCABLE AND BY ELECTING OPTION 2W OR 3W I FORFEIT MY RIGHT TO AN INCREASE IN MY ALLOWANCE UPON THE DEATH OF MY BENEFICIARY. MY SIGNATURE, BELOW, ACKNOWLEDGES MY WAIVER OF THIS INCREASE.

My beneficiary is:
Mary Booth 567-48-9123
 Beneficiary's Name Beneficiary's Social Security Number
Spouse 1991 Sacramento Lane Sacramento Ca
 Relationship Address City/State/ZIP 98765

B. PLEASE ENTER YOUR CURRENT MAILING ADDRESS

(YOUR MONTHLY WARRANT WILL BE MAILED TO THIS ADDRESS UNLESS YOU INDICATE OTHERWISE)

COMPLETE THIS SECTION IF YOU WOULD LIKE YOUR MONTHLY WARRANT MAILED TO YOUR CALIFORNIA BANK, CREDIT UNION, OR SAVINGS AND LOAN INSTITUTION:

MAIL WARRANTS TO THE BANK UNTIL THE ATTACHED EFT FORM IS PROCESSED.

Address <u>1991 Sacramento Lane</u>		Name of Financial Institution <u>Gold Rush Bank</u>	Account Number <u>00000-11</u>
City <u>Sacramento</u>		Bank Post Office Box Address <u>P.O. Box 1429</u>	
State <u>CA</u>	ZIP <u>98765</u>	City <u>Sacramento</u>	ZIP <u>CA 98765</u>

C. RETIRED DEATH BENEFIT: I hereby designate Mary Booth, who is my wife, and whose address is same as above to receive the lump sum death benefit which may be payable upon my death. I understand that I may change this beneficiary at any time; that any change in my marital status or the birth/adoption of a child revokes this designation.

D. TO BE COMPLETED IN THE PRESENCE OF A NOTARY PUBLIC OR AUTHORIZED EMPLOYEE OF THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM. NOTE: IF YOU HAVE NO SPOUSE OR YOU ARE UNABLE TO OBTAIN YOUR SPOUSE'S SIGNATURE, YOU MUST COMPLETE AND RETURN THE JUSTIFICATION FOR NON SIGNATURE OF SPOUSE FORM, BAS-800.

Member's Signature John Booth Spouse's Signature Mary Booth
 I have read and understand the material contained above. I acknowledge the information entered by my spouse.

On the 18 day of November 19 91 the person(s) whose signature(s) appear(s) above executed the foregoing in my presence.

SEAL
 Commission expires 12/31/93 Signature Mary James Title Notary Public

Benefits
BAS-888

REFUND: Instead of receiving a retirement benefit, you may elect to receive a refund of your contributions when you separate from employment. This election must be in writing and must be received before the first payment of your retirement allowance is mailed. Upon the mailing of the refund, no further benefits are payable from PERS.

POST-RETIREMENT SURVIVOR ALLOWANCE (SURVIVOR CONTINUANCE): This provision applies to all State members, school members, and also to local safety and miscellaneous members whose agencies have elected coverage. Eligible survivors are: (1) A spouse to whom you were married at least one year prior to retirement and continuously thereafter until death (Patrol, State Peace Officer/Firefighter members receiving a disability retirement—spouse to whom you were married on the date of retirement and continuously thereafter until death); or, if you have no surviving spouse, (2) Your unmarried children under age 18 (for purposes of eligibility, an unmarried child who became disabled prior to age 18 continues to be eligible for this benefit until the disability ceases); or if there is no surviving spouse or children, (3) A dependent parent or parents. One quarter to one-half of your unmodified allowance will be continued automatically to an eligible survivor upon your death after retirement regardless of the option you choose. The exact amount depends upon your Social Security coverage under PERS membership. Payments to a spouse terminate upon death. Payments to a spouse of local safety and miscellaneous members terminate upon remarriage unless the contracting agency has made provisions for the payments to continue upon remarriage. Payments to children terminate upon attainment of age 18, marriage, death, or recovery from disability.

RETIREMENT ALLOWANCE AND OPTIONS:

UNMODIFIED—The unmodified allowance provides the highest monthly amount payable to you during your lifetime. Upon your death, ALL monthly payments stop unless the survivor continuance described above applies. **THERE IS NO RETURN OF CONTRIBUTIONS.**

OPTIONS—Instead of the unmodified allowance, you can elect to receive one of the following options. Under each option YOUR MONTHLY ALLOWANCE WILL BE REDUCED to pay for the benefit for your named beneficiary. If you wish to elect an option, you must do so before your first payment is mailed.

OPTION 1—Upon your death, any remaining portion of your contributions, not paid to you as part of your reduced monthly allowance, will be paid to your beneficiary or estate. You may name one or more beneficiaries, and your designation may be changed at any time. If the survivor continuance applies, it will be paid to the eligible survivor and will have no effect on the payment of the remainder, if any, of your contributions.

OPTION 2—The same reduced monthly allowance you receive will be paid to your designated beneficiary for life. But, if the survivor continuance applies and your beneficiary is not the eligible survivor, the beneficiary's monthly allowance will not include the portion automatically continued to your survivor. If your beneficiary dies before you, your allowance will return to the higher Unmodified Allowance.

OPTION 2W—As an alternative to Option 2, you may elect to receive a higher Option 2W allowance with the understanding that you forfeit your right to an increase in your monthly allowance upon the death of your beneficiary.

OPTION 3—One-half of your reduced monthly allowance will be paid to your designated beneficiary for life. But, if the survivor continuance applies and your beneficiary is not the eligible survivor, the beneficiary's monthly allowance will not include the portion automatically continued to your survivor. If your beneficiary dies before you, your allowance will return to the higher Unmodified Allowance.

OPTION 3W—As an alternative to Option 3, you may elect to receive a higher Option 3W allowance with the understanding that you forfeit your right to an increase in your monthly allowance upon the death of your beneficiary.

OPTION 4—You may elect a tailor-made plan to fit your special needs subject to PERS Board approval. A monthly benefit to a beneficiary may not exceed the amount payable under Option 2.

CHANGING BENEFICIARIES AFTER RETIREMENT—

You may change your designation for Option 1 or the retired death benefit at any time by filing form PERS-PRS-509 (Beneficiary Designation for Death Benefits After Retirement) with PERS.

A change in your marital status, the birth or adoption of a child, or the death of your named beneficiary may by law change your beneficiary designation. Please contact PERS for information.

RE-ELECTION OF OPTION AFTER RETIREMENT—

If, after retirement, there is a change in your marital status, or if your original beneficiary dies, you may be entitled to make a new election of optional settlement and name a new beneficiary. For information concerning the most current provisions of the law regarding a change in optional settlement, please contact our Post Retirement Services Division and request forms: PERS-PRS-411 and PERS-PRS-412.

TEMPORARY ANNUITY (applicable for service retirement only): The temporary annuity portion of your allowance, plus any attributable cost-of-living adjustments, will be included in your regular monthly warrant from PERS. If you die before receiving all of your temporary annuity payments, the actuarial equivalent of the remaining payments will be paid to your beneficiary in a lump sum.

METHOD OF RECEIVING MONTHLY BENEFITS: PERS now offers Electronic Fund Transfer (EFT) service; however, if you prefer, retirement warrants can be mailed to your home address or any California bank, credit union, or savings and loan. Additional information about EFT is provided on the enclosed EFT application form.

BENEFICIARY-SURVIVOR INFORMATION: Satisfactory documentary evidence must be submitted to the System to support birthdates of beneficiaries under Options 2, 2W, 3, 3W, or 4, and children for the survivor continuance benefit. Marriage certificates will be required to support eligibility of a spouse for the survivor continuance benefit and may be required to show name continuity for Options 2, 2W, 3, 3W, or 4. Certification from a physician will be required to support eligibility of a disabled child. If a dependent parent is named as an eligible survivor and there is no spouse or children, documentary evidence must be submitted to verify dependency.

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

P.O. Box 942711
Sacramento, CA 94229-2711
(916) 326-3232
326-3240 (Telephone Device for the Deaf)

Dear Member:

On behalf of the PERS Board of Administration and staff, I'd like to extend our best wishes to you upon your retirement. It's been a pleasure to serve you as a member of the System, and we look forward to continuing our relationship with you.

This is your "Election of Optional Settlement and Beneficiary Designation" form for retirement benefits. It contains important information regarding the choices of optional benefits available to you. Please read all the information on both sides of this form carefully before completing it. The allowance amounts shown under "Optional Settlement Information", are approximate. Your allowance will be subject to an adjustment a few months after you retire and will be recalculated to include final payroll or other information.

You have the right to elect to receive the Unmodified Allowance, or an Optional Allowance, as explained on the back of the form. Recent legislation now provides you a choice of either electing an Option 2 or 3 allowance which provides the benefit of allowing you to have your allowance return to the higher Unmodified Allowance should your beneficiary predecease you; or, electing a higher Option 2W or 3W where no increase in your allowance would occur upon the death of your beneficiary. The election you make on this form is irrevocable and you may not change your election after your first payment is mailed.

Your prompt completion and return of this form will allow us to pay retirement and death benefits according to your wishes. Failure to file it will not delay your retirement, but will delay the payment of your benefits.

If you are married, your current spouse must be made aware of and acknowledge by signature your election of retirement optional settlement. If you are not married or you are unable to obtain your spouse's signature on this document, the Justification for Non Signature of Spouse (form BAS-800), enclosed, must be completed and submitted before payment of benefits can be made.

Your retirement allowance is payable from your retirement date specified on this form. Any modifications of optional settlement or final adjustment to the amounts specified will apply from that date as well.

It is important for you to keep us informed of any changes to your home address or your warrant mailing address so that your benefit payments and other important information, such as your annual earnings statements, will reach you on a timely basis. Address changes must be received by the 10th of the month to be effective for the following month's warrant. To protect you, we require that such changes be made in writing and include your signature and Social Security Number.

You may elect to have your monthly warrants mailed to your home or California financial institution or you may take advantage of our Electronic Fund Transfer (EFT) service. With EFT, the money is electronically transferred into your bank account to be available on the first day of each month. It normally takes two to three months to establish EFT service. This amount of time is necessary to process the form and perform a preliminary test transaction to ensure that your bank account number and bank routing number were recorded accurately. In this interim period, your warrants can be mailed to your home or bank mailing address. We think you will enjoy the security and convenience of our EFT service.

When you have completed the election portion of this form, return the gold copy in the enclosed envelope and keep the white copy with your important papers. If you have any questions about your retirement benefits, please contact us at the address or telephone number listed above.

Sincerely,



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: 540-32-9876	NAME: John Booth
APPLICATION SUBMITTED: (Form Name and Number) Election of Optional Settlement and Beneficiary Designation BAS-898	

- 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.

John Booth
Signature of Member

11-15-91
Date

PERS-BAS-800 (8/89)

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

Benefits
 BAS-54

COMPLETE, SIGN AND RETURN TO:
 PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 P.O. BOX 942711
 SACRAMENTO, CA 94229-2711
 Telephone Information Center (916) 326-3232
 Telephone Device for the Deaf (916) 326-3240

Reply to Section: _____
 Member's Name: _____
 Social Security Number: _____

SURVIVOR CONTINUANCE QUESTIONNAIRE

The following information is necessary to ensure that all survivor benefits payable are made to your eligible beneficiaries upon your death. Payments will be made in accordance with the Public Employees' Retirement Law. Please answer all four questions and complete the required information for each section that is answered "yes".

1. Are you currently married? Yes No

Spouse's Full Name	Social Security Number	Birthdate	Date of Marriage

2. Do you have any unmarried children under 18? Yes No

Child's Full Name	Social Security Number	Birthdate

3. Do you have any unmarried children who were disabled prior to their 18th birthday and who have remained disabled until the present time? Yes No

Child's Full Name	Social Security Number	Birthdate

4. Are your parents dependent upon you for at least one-half of their support? Yes No

Parent's Full Name	Social Security Number	Birthdate

I certify that the information provided in this form is correct.

 Signature Date
 () ()

 Home Phone Number Business Phone Number

PERS-BAS-54 (7/89)

PAYOR:
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P.O. BOX 942711
SACRAMENTO, CA 94229-2711
TELEPHONE INFORMATION CENTER (916) 326-3232
TELEPHONE DEVICE FOR THE DEAF (916) 326-3240

PERS-BAS-W-4P/DE-4P (6/90)

REPLY TO SECTION:

MEMBER SS#:

PAYEE SS#:

ACCOUNT #:

RETIREMENT DATE:

OMB NO. 1545-0415

CAUTION: THERE ARE PENALTIES FOR NOT PAYING ENOUGH TAXES DURING THE YEAR. ESTIMATED TAX REQUIREMENT AND PENALTIES ARE EXPLAINED IN PUBLICATION 505. SEND REQUEST FOR THIS PUBLICATION TO: IRS, P.O. BOX 12626, FRESNO, CA 93778.

FEDERAL TAX WITHHOLDING ELECTION
W-4P
MAKE ONLY ONE ELECTION, SIGN AND

DO NOT WITHHOLD FEDERAL INCOME TAX.

WITHHOLD FEDERAL INCOME TAX. THE AMOUNT I WANT WITHHELD IS \$ _____ .00 MONTHLY.

WITHHOLD FEDERAL INCOME TAX BASED ON THE TAX TABLES FOR:

A MARRIED INDIVIDUAL WITH _____ TAX WITHHOLDING EXEMPTIONS.
(Enter 0 or a number)

A SINGLE INDIVIDUAL WITH _____ TAX WITHHOLDING EXEMPTIONS.
(Enter 0 or a number)

IN ADDITION TO THE AMOUNT TO BE WITHHELD BASED ON THE TAX TABLES, WITHHOLD \$ _____ .00 MONTHLY.

➔ PAYEE'S SIGNATURE _____ DATE _____

STATE OF CALIFORNIA
TAX WITHHOLDING ELECTION
DE-4P
MAKE ONLY ONE ELECTION, SIGN AND

MEMBER SS#:

PAYEE SS#:

ACCOUNT #:

DO NOT WITHHOLD STATE OF CALIFORNIA INCOME TAX

WITHHOLD STATE OF CALIFORNIA INCOME TAX. THE AMOUNT I WANT WITHHELD IS \$ _____ .00 MONTHLY.

WITHHOLD STATE OF CALIFORNIA INCOME TAX BASED ON THE TAX TABLES FOR:

A MARRIED INDIVIDUAL WITH _____ TAX WITHHOLDING EXEMPTIONS.
(Enter 0 or a number)

A SINGLE INDIVIDUAL WITH _____ TAX WITHHOLDING EXEMPTIONS
(Enter 0 or a number)

IN ADDITION TO THE AMOUNT TO BE WITHHELD BASED ON THE TAX TABLES, WITHHOLD \$ _____ .00 MONTHLY.

WITHHOLD STATE OF CALIFORNIA INCOME TAX IN THE AMOUNT OF 10% OF THE AMOUNT WITHHELD FOR FEDERAL INCOME TAX WITHHOLDING.

➔ PAYEE'S SIGNATURE _____ TELEPHONE NO. _____ DATE _____

Benefits
BEN—W-4P/DE-4P

This combination Federal Tax Withholding (W-4P) and California State Tax Withholding Election (DE-4P) form is being provided for you to make your tax withholding election(s). This form may be used for making an election for either or both federal and California State tax withholding. Please make only one election on each section that you fill out, sign, and return the form to PERS.

FEDERAL TAX WITHHOLDING INFORMATION

Federal regulations require all payees whose allowances are taxable to either make a specific election for no withholding, elect a specific dollar amount of withholding, or make an election using the tax tables based on marital status and number of exemptions. If no election is filed, PERS is required by law to withhold taxes based on the filing status of a married person with three exemptions. For persons having withholding based on tax tables, taxes will not be withheld unless your gross pay exceeds the minimum amount listed on the tax tables for that filing status.

We are required to remind you that there are penalties imposed by the IRS for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in Publication 505. Additionally, Publication 575, *Pension and Annuity Income* may also be of assistance to you. These publications may be requested by writing to IRS, P.O. Box 12626, Fresno, California 93778.

➔ INFORMATION FOR NEW RETIREES RECEIVING THIS FORM WITH THEIR RETIREMENT ELECTION DOCUMENT

New retirees will receive a letter from PERS (about the time the first retirement warrant is received) that will provide the amount of normal (already taxed) and tax-deferred contributions and interest paid into the System. Until you receive this letter, you may wish to refer to your latest Annual Member Statement for an approximation of your contributions and interest for determining the taxability of your retirement benefits.

➔ INFORMATION FOR ANNUITANTS WITH RETIREMENT DATES ON OR AFTER JULY 2, 1986

On October 23, 1986, President Reagan signed the Tax Reform Act which made changes that affect the taxability of PERS retirement benefits paid to persons who retire on or after July 2, 1986. The new law eliminated the "three-year recovery rule"; therefore, persons retiring on or after July 2, 1986 are immediately subject to tax withholding. Only that portion of the allowance which is funded by the retirees' **already taxed** contributions is not subject to withholding.

CALIFORNIA STATE TAX WITHHOLDING INFORMATION

California State tax withholding will be handled in the same manner as federal tax withholding (for California residents). If you reside outside California, no California State taxes will be withheld unless you specifically request this withholding. However, we have been advised by the California Franchise Tax Board that pension benefits paid by PERS are considered as California source income and PERS is required to report the payments to the California Franchise Tax Board.

PLEASE NOTE:

PERS STAFF ARE NOT QUALIFIED TAX EXPERTS AND THEREFORE CANNOT PROVIDE ADVICE ON THE TAXABILITY OF YOUR PENSION. IF YOU REQUIRE ASSISTANCE, WE SUGGEST YOU CONTACT A QUALIFIED TAX CONSULTANT, THE IRS, OR THE CALIFORNIA FRANCHISE TAX BOARD.

IF YOU HAVE PREVIOUSLY FILED A TAX WITHHOLDING ELECTION WITH PERS, THAT ELECTION WILL REMAIN IN EFFECT UNTIL A NEW ELECTION IS FILED.



Public Employees' Retirement System
Benefits Division
P.O. Box 942711
Sacramento, CA 94229-2711
(916) 326-3232
Telecommunications Device for
the Deaf -- (916) 326-3240

Dear Annuitant:

As an alternative to mailing you your monthly benefit, PERS is offering you the **option** of having your allowance electronically transferred to your financial institution. Electronic Fund Transfer (EFT) is limited by law to those financial institutions within the United States which are banks, savings and loans, and credit unions. This is an optional program. If you wish to continue receiving your warrants at your home address or mailed to your bank, you **do not** need to take any action.

WHAT IS EFT?

With EFT, your PERS allowance is sent electronically to your financial institution and credited directly to your account. There is no paper warrant printed or sent through the mail. With EFT, you will receive information on the amount of deposit, deductions and other information on a Direct Deposit Advice stub sent to your home monthly, by the Office of the State Controller.

WHAT ARE THE ADVANTAGES OF EFT?

- Immediate and uninterrupted deposits during periods of absence from residence.
- Reduced risk of loss, theft, or forgery of benefit warrants.
- Elimination of problems associated with cashing of benefit warrants, such as travel to check-cashing facilities and standing in line.

In order to participate in EFT, please read both sides of this letter and complete Section 1 of the EFT Enrollment Form (PERS-BEN-1199P). After your financial institution has completed Section 2, return the **original white copy** to PERS. If you are requesting EFT to your checking account, please attach a **voided check** to the original white copy before returning the form to PERS. The yellow copy should be retained by your financial institution and the pink copy is for your records.

WHEN WILL MY FIRST DIRECT DEPOSIT TRANSACTION BE CREDITED TO MY ACCOUNT?

Your first transaction should occur within **two to three months** after your request form is received by PERS. This amount of time is necessary to process your request and perform a preliminary test transaction to ensure that the bank routing number and depositor branch and account numbers are recorded accurately. PERS will continue mailing monthly warrants until your first EFT transaction takes place.

Prior to transmission of your initial EFT transaction, you will receive an effective date notification at the home address you have on record with PERS. Also, at your home address, you will receive a monthly Direct Deposit Advice stub indicating the allowance payable, itemized deductions, and other important benefit information.

CHANGING ACCOUNT NUMBER AND/OR FINANCIAL INSTITUTION

Your EFT will continue to be received by the selected financial institution until you notify PERS to cancel or change the EFT transaction. Even if you only wish to change account numbers within the same financial institution, you must repeat the EFT enrollment process and complete another form with the new information. A change in account numbers requires a preliminary test transaction to ensure that your money is accurately transmitted to the new account. To effect this change, you must complete a new PERS-BEN-1199P and ask the financial institution to complete their section of the form. **It is recommended that you keep the old account open until the transaction is complete and you receive verification that the first EFT payment has been credited to the new account.**

PERS is proud to provide this service to you.

IMPORTANT INFORMATION ON REVERSE SIDE

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

Benefits
BEN-1199P

INFORMATION AND INSTRUCTIONS
PLEASE READ THIS CAREFULLY

WHEN TO USE THE PERS-BEN-1199P

The EFT Enrollment Form, PERS-BEN-1199P, should be filled out in full and signed by both the annuitant and an authorized official of the financial institution for the following purposes:

1. To sign up as a new enrollee.
2. To change depositor account numbers within a financial organization.
3. To change your EFT from checking to savings or vice versa.
4. To change your EFT from one financial organization to another.

INFORMATION FOUND ON WARRANTS

Most of the information needed to complete boxes A, B and C in Section 1 of the EFT Enrollment Form is printed on your PERS warrant:

- (A) Be sure your current home address is shown.
- (B) Annuitant's social security number is usually printed here on warrants.
- (C) Roll and Account numbers are usually printed here on warrants.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both PERS and the financial institution of the death of the PERS annuitant. Funds deposited after the date of death are to be returned to PERS. PERS will then make a determination regarding benefits payable and beneficiary's entitlement. Failure to notify PERS of the death of an annuitant could result in substantial liability to the account holder.

CANCELLATION

The agreement represented by this authorization remains in effect until cancelled by the annuitant by written notice to PERS, or by the death or legal incapacity of the annuitant. It is the annuitant's responsibility to notify the receiving financial institution that the authorization has been cancelled.

The agreement represented by this authorization may be cancelled by the financial institution by providing the annuitant a written notice 30 days in advance of the cancellation date. The annuitant must immediately advise PERS if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to PERS.

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, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.



PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P.O. BOX 942711, SACRAMENTO, CA 94229-2711

PERS ELECTRONIC FUND TRANSFER ENROLLMENT FORM

To sign up for EFT, please read the cover letter and fill in the information requested in Section 1. Then take this form to your financial institution. The financial institution will complete Section 2. The original white copy of the completed form should then be returned to PERS at the above address.

The PERS payee Roll and Account number are printed on the PERS warrant. (See illustration on back side of cover letter.)

It is important to keep PERS advised of any change in your home address so that you will receive your monthly Direct Deposit Advice, annual tax statements, and other important benefit information.

A separate form must be completed for each type of payment to be sent by EFT.

SECTION 1 (TO BE COMPLETED BY ANNUITANT)

A. Name of Annuitant			B. Annuitant Social Security #			C. PERS Roll and Account #		
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Address			D. Type of Depositor Account					
			(Check Only One) <input type="checkbox"/> Checking (Please attach a voided check) <input type="checkbox"/> Savings					
City		State		Zip Code		JOINT ACCOUNT HOLDER'S CERTIFICATION		
						I certify that I have read and understood the information and instructions on this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
ANNUITANT CERTIFICATION						Name and Address of Joint Account Holder		
I certify that I am entitled to the payment identified above, and that I have read and understood the information and instructions on this form. In signing this form, I authorize my payment to be sent to the financial institution named below to be deposited to the designated account. I authorize amounts transferred after my date of death or transmitted in error to be debited to my account.								
Signature of Annuitant			Date			Signature of Joint Account Holder		
Phone Number: ()								

SECTION 2 (TO BE COMPLETED BY FINANCIAL INSTITUTION)

Name and Address of Financial Institution		Depositor Branch and Account Number (Please show exactly how the number should be recorded including any necessary spaces, zeros, or dashes)			
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Branch Name and Number	Branch Telephone Number	Routing Number		Check Digit	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/>	
FINANCIAL INSTITUTION CERTIFICATION					
I confirm the identity of the above-named payee(s) and the account number. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above.					
Signature of Representative			Print or Type Representative's Name		Date

PERS-BEN-1199P (Rev. 1/88)

RETURN ONLY THE WHITE COPY TO PERS

YELLOW COPY TO FINANCIAL INSTITUTION

PINK COPY TO ANNUITANT

State of California-Board of Administration
Public Employees' Retirement System
400 P Street, P.O. Box 942716
Sacramento, CA 94229-2716
Telephone: (916) 326-3848
Telecommunications Device For
The Deaf--(916) 326-3240

Reply to Section 462
REFER TO NO. 540-32-9876
November 15, 1991

To: 0249 Sacramento Co. Schools Unit Code: 045
Personnel Section
CGC 600001

From: Post Retirement Services Division
Public Employees' Retirement System

Subject: John Booth Retirement Date Retirement Type
540-32-9876 12/31/91 Service

Final payroll information is required in order to adjust the member's file to reflect the correct allowance. Please complete and return this form. Failure to accurately complete and promptly return this form will delay the final calculation of the member's allowance.

*** Please note that the retirement law states that the retirement date cannot be earlier than the day following the last day on payroll. Please notify us immediately if this member will not separate prior to December 31, 1991.

**** IMPORTANT ****

ALL INFORMATION MUST BE COMPLETED AFTER THE MEMBER LEAVES EMPLOYMENT STATUS.

I. Effective Dates Regarding Separation:

A. Separation Date 12/30/91 (This date cannot be later than the day prior to the retirement date.)

B. Last Day on Payroll 12/30/91 (This is the last day for which contributions were withheld. This date cannot be later than the separation date.)

II. Payroll and Contribution Information (Last Month of Employment):

Payperiod	Payrate	Time Worked			Amount Earned	Retirement Contributions	
		Mos	Days	Hrs		Normal	Other (Specify)
12/1/91-12/30/91	2,000.00	1			2,000.00	140.00	

III. Unused Sick Leave at Separation:

Total Number of Days of Unused Sick Leave 86.500 Days (Not hours)

Signature Mabel Ellis Date 12/7/91

Title Payroll Officer Phone (916) 922-6433

PERS-PRS-200

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



Benefit Application Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
(916) 326-3232
Telecommunications Device
For The Deaf — (916) 326-3240

Reply to Section 41-9
Refer to No. 540-32-9876
November 19, 1991

John Booth
1991 Sacramento Lane
Sacramento, CA 98765

NOTICE OF BENEFIT APPROVAL - IMPORTANT - RETAIN FOR INCOME TAX PURPOSES!

YOUR SERVICE RETIREMENT ALLOWANCE:

Your monthly retirement allowance is \$973.76, effective 12/31/91. Your first regular warrant will arrive on or shortly after 01/01/92, and will cover the period 12/01/91 through 12/31/91. Please endorse and cash or deposit each warrant promptly. Unless direct bank mailings are authorized, your personal endorsement is required. Retirement allowance warrants are mailed to arrive on or shortly after the first of the month following the month to which they apply. Please note that the amount shown above does not include any deductions you have authorized this system to make.

BENEFICIARY/SURVIVOR ALLOWANCE:

Your election to receive the Option 2 Allowance has been recorded. At your death, benefits will be paid to your beneficiary in accordance with your designation.

INCOME TAX INFORMATION

The following information regarding your contributions will assist you in the determination of the taxability of your benefit. You should contact your State and Federal tax offices for information.

	Total Contributions and Interest	Interest	Taxed Contributions	Non-taxed Contributions
CONTRIBUTIONS: Member-Normal	\$58,676.73	\$22,667.60	\$14,506.44	\$21,520.69

Benefit Application Services Division
Public Employees' Retirement System

Enclosure

PERS-BAS-11

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



**Benefit Application Services Division
P.O. Box 942711
Sacramento, CA 94229-2711
(916) 326-3232
Telecommunications Device
For The Deaf — (916) 326-3240**

Reply to Section 41-9
Refer to No. 540-32-9876
November 19, 1991

To: 0249 Sacramento Co. Schools Unit Code 045
Personnel
60001

From: Benefit Application Services Division
Public Employees' Retirement System

Subject: Booth, John
540-32-9876

Notice of Placement on Retirement Roll:

This is to advise you that the above member has been placed on our 12/91 Service Retirement Roll with an effective date of 12/31/91. In accordance with Government Code, Section 21200.1, the member must be separated from employment at least one day prior to the effective date of retirement. Please notify us immediately if separation did not occur by that date.

Please see your PERS Procedure Manual for information regarding employment of a retired member.

PERS-BAS-62

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

P.A. MANUAL 3-59

10/92

CalPERS PRA #1577 000734

HHHH-734

DISABILITY RETIREMENT OR INDUSTRIAL DISABILITY RETIREMENT

GENERAL INFORMATION AND REQUIREMENTS

Retirement for *disability*, available to all members (miscellaneous and safety) credited with five or more years of service, is retirement resulting from mental or physical incapacity for the performance of duty. The injury or disease causing the incapacity need not be job-related.

Retirement for *industrial disability*, available to all local safety members and those miscellaneous members covered by contract under Government Code Section 21294.1 is retirement resulting from mental or physical incapacity for the performance of duties. The disabling injury or disease must be work-incurred or job-related. Age, service, and contributions are not considered for qualifying purposes.

Application for disability retirement may be made by the member, by a duly authorized official of the employing public agency, or any person on behalf of the member.

Government Code Section 21023.5 provides that the employer may not separate a member because of disability who is otherwise eligible to retire for disability. The employer must apply for the disability retirement of such member unless the member waives the right to retire for disability and elects to either withdraw his contributions or leave them in the fund for a future service retirement.

The application for disability retirement shall be made only (1) while a member is in local agency service, or (2) for a member, whose contributions will be made under Government Code Section 20894.5, and is absent on military service, or (3) within four months after the discontinuance of the local agency service of the member, or while on an approved leave of absence, or (4) while the member is physically or mentally incapacitated to perform his duties from the date of discontinuance of local agency service to the time of application or motion.

If a member has been approved for disability retirement, the law states the member must be retired forthwith. The member may, unless contrary to local rules or regulations, remain on pay status to use sick leave or other compensating time off to which the member is entitled. The determination of what sick leave and/or compensating time that a person is entitled to is a matter that must be resolved by each employer.

MISCELLANEOUS MEMBER—DISABILITY RETIREMENT

Miscellaneous members submit applications for disability retirement on form PERS-BAS-369, Application for Retirement. Upon receipt of the application, PERS sends several forms to the member and employer for completion.

PERS sends the member a Medical Report Form (PERS-BEN-1372) to be completed by the member's personal physician, and an Authorization for Release of Medical Information (PERS-BEN-35) to be completed and returned by the member. In the event that the medical information supplied to PERS is inadequate, PERS may arrange an independent medical examination.

At the same time the employer will receive a PERS-BEN-64 requesting a copy of the member's job description, and a PERS-BAS-194 requesting advance payroll information. Submission of the job description should not be delayed for completion of the BAS-194. Employers should return the BAS-194 as soon as information is available so that PERS can calculate the allowance as soon as the application is approved and mail the "Election of Optional Settlement and Beneficiary Designation" (PERS-BAS-898) to the member.

Benefits
Disability

SAFETY MEMBER—DISABILITY RETIREMENT

Safety members submit applications for disability retirement on form PERS-BAS-369, Application for Retirement. Upon receipt of a request for disability retirement, the System will contact the member and employer, acknowledging receipt of the application.

In accordance with Government Code Section 21025, a local safety member shall be retired for disability only upon his employer's determination that the member is incapacitated physically or mentally for the performance of the duties of the position and terminates the member's employment for that reason.

The determination must be made within 6 months of PERS request for such determination in accordance with Government Code Section 21025.1. The member may waive this requirement.

The employer will determine if the disability is industrial, except that in disputed cases the agency, or the member, may refer the matter to the Workers' Compensation Appeals Board for a determination.

The member's effective date of retirement without the member's consent cannot be earlier than the termination of the employee's leave of absence without loss of salary under Labor Code Section 4850, or when disability is permanent and stationary as found by the Workers' Compensation Appeals Board, if earlier (Government Code Section 21025.4).

LOCAL AGENCY DETERMINATION PROCEDURES

Before the Retirement System can act on any local safety member's application for disability retirement, the following questions must be resolved by the agency and the information transmitted in the form of a Resolution.

1. Is the member substantially incapacitated for the performance of work duties, and will the incapacity exist for a permanent or extended and uncertain duration? It is the agency's responsibility to order a medical examination and obtain such evidence as is necessary to make a determination. Such evidence may be obtained from the Workers' Compensation insurer. On the basis of its accumulated evidence, the agency must determine whether the member is disabled.

This determination must be made within 6 months from the date of PERS request for such determination. Also, the agency must bear the responsibility for any investigation of retired members for possible reinstatement action.

2. If a determination is made that the member is disabled, is the disability considered "industrial"? Industrial means disability as a result of injury or disease arising out of and in the course of employment as a local safety member (Government Code Section 20038). If there is no application filed with the Workers' Compensation Appeals Board for a determination pursuant to Government Code Section 21026, the agency is required to provide the determination of industrial causation.

If either the member or agency applies to Workers' Compensation Appeals Board for a determination, only that Board can decide the "industrial" question (Government Code Section 21026). A copy of this decision must be sent to the Public Employees' Retirement System. PERS will assume that the findings are not disputed, and will proceed accordingly, unless the agency notifies PERS that a Petition for Reconsideration has been filed.

3. What is the effective date of the retirement? The retirement effective date is established in accordance with Government Code Sections 21025.2 and 21025.4. These sections state that the member's retirement, without the member's consent, cannot be effective earlier than:
- the expiration of accrued sick leave or compensating time off, unless, with respect to such leave, the provisions of local ordinances or rules of the employer provide to the contrary; or
 - when disability is found to be permanent and stationary by the Workers' Compensation Appeals Board; or
 - the termination of the employee's fully compensated leave of absence under Labor Code Section 4850.

NOTE: Under Labor Code Section 4850, the leave cannot end earlier than one year unless the employee is determined to be permanent and stationary by W.C.A.B. and the member will be receiving advanced disability pension payments—paid either by the employer or PERS. See "Advanced Disability Pension Payments" below.

PERS will require the agency determining the member's disability to provide information necessary for PERS to determine the effective date.

- Is there any third party liability related to the injury which caused the disability? The Retirement System requires that the agency file an accident report along with its decision as to the possibility of any third party liability. The reason for this information is that the System will retain its rights of subrogation in disability cases.
- In order to comply with an annual report requirement, PERS must be informed of the member's primary disabling condition using the following categories; orthopedic, psychological, cardio-vascular, internal, neurological, or "other".
- Did the member come into safety membership with the agency later than January 1, 1980? If so, PERS must be informed of the type of disability and how it occurred. Also, does the agency believe that the injury (a) is the direct consequence of a violent act perpetrated upon the member; or (b) occurred during the performance of those portions of the member's duties which are particularly hazardous or dangerous? The reason for this information is so the System can determine what benefit is payable under Government Code Section 21292.6.
- If the member is found to be disabled due to a mental disorder, is the member competent to act on his own behalf in legally binding retirement matters? The agency must certify this information to the Retirement System before any decision by the member will be accepted.

ADVANCE DISABILITY PENSION PAYMENTS (ADPP)

Employers may make "advanced disability pension payments" to safety members who have qualified for benefits under Labor Code Section 4850 and for whom they have approved for disability retirement, until they begin receiving their retirement benefits directly from PERS. When a safety member begins receiving these advanced disability payments, any payments being made under Labor Code Section 4850 are discontinued. PERS will notify the employer when the member has been placed on the retirement roll. The advanced disability pension payments are then stopped.

When PERS begins paying the disability retirement allowance to the member, the amount of the advanced disability pension payments the employer paid to the member will be deducted from the retroactive portion of the member's retirement allowance. If the retroactive portion does not cover the total amount, PERS will reduce the member's monthly allowance by as much as 10% until the balance has been deducted (Government Code Section 21293.1). PERS will reimburse the employer for advanced disability pension payments as deductions are made from the member's allowance until the total has been repaid. Advanced disability pension payments are not considered compensation for retirement purposes (Government Code Section 20022).

Benefits
Disability

Advanced disability pension payments *shall not exceed 50%* of the average monthly pay rate for the last three years prior to retirement. If the member plans to choose an optional settlement, the advanced disability pension payment should be reduced accordingly (Labor Code Section 4850.3). If you are aware that a community property claim has been placed on a member's PERS account, you should also reduce the advanced disability pension payment to avoid a long delay in receiving total reimbursement by PERS from the member's retirement allowance.

In a situation where a community property claim has been filed against a member's account, it is recommended that your agency reduce the ADPP to 25% of the member's average monthly payrate for the last three years prior to retirement. If PERS has notified your agency of the existence of a community property claim and the nonmember spouse is awarded a portion of the member's monthly allowance, the amount awarded to the nonmember spouse will be paid from the retroactive portion of the member's retirement allowance before the ADPP is reimbursed to your agency. If the member's remaining retroactive portion is not sufficient to cover the ADPP, the member's share of the allowance will be reduced by 10% until the total ADPP has been repaid.

Since retirement allowances are paid monthly, PERS would prefer that the employer make advanced disability pension payments monthly. If the retirement effective date is a day other than the first of the month, the member is entitled to receive retirement pay from the retirement effective date until the end of the month.

Example:

Retirement Date	Portion of Monthly Allowance to be paid by Employer as ADPP
March 5	27 out of 31 days (27/31)
September 30	1 out of 30 days (1/30)

Please include in the Resolution to PERS the following information:

1. Whether or not advanced disability pension payments will be made
2. Amount of advanced disability pension payment (if retirement date is other than the first of the month, the amount of the first payment)
3. Address to send the reimbursement check

Transmittal of the Agency's Determination

The following Resolutions are suggested samples which may be used by your agency in transmitting the required information to the Retirement System. All resolutions should state whether or not the employer will be making advanced disability pension payments for the member.

RESOLUTION NO. 1—DETERMINATION OF A MEMBER'S DISABILITY BY THE GOVERNING BODY

INSTRUCTIONS:

1. If the finding is that the member is not disabled, use only first resolved clause.
2. If the finding is that the member is disabled, resolved clause 2 or 3 must be added.
Clause 2 should be used if neither the member nor the agency seeks a determination by the Workers' Compensation Appeals Board, pursuant to Government Code Section 21026.
Clause 3 should be used if a petition has been or will be filed by either party.
3. In the determination of the retirement effective date use clause 4 or 5.
Clause 4 should be used if no dispute exists as to the retirement effective date.
Clause 5 should be used if the Workers' Compensation Appeals Board has decided the question as to the retirement effective date.
4. Include a statement by the agency to the effect that there is, or is not, a possibility of third party liability present; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
5. Include a statement by the agency as to whether the member will be paid Advanced Disability Pension Payments, and if so, how much?
6. Include a statement by the agency of the member's primary disabling condition.
7. If the member came into safety membership with the agency after January 1, 1980, include a statement by the agency describing the type and occurrence of the disability and whether or not the agency believes the injury (a) is a direct consequence of a violent act perpetrated upon the member's person or (b) occurred during the performance of those portions of the member's duties which are particularly hazardous and dangerous (Government Code Section 21292.6).

RESOLUTION NO. 1

RESOLUTION OF _____
(governing body)

(agency)

(Section 21025, Government Code)

WHEREAS, the _____ (hereinafter
(name of agency)

referred to as Agency) is a contracting agency of the Public Employee's Retirement System;

WHEREAS, the Public Employee's Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he is classified as a local safety member is disabled for purposes of the Public Employees's Retirement Law and whether such disability is "industrial" within the meaning of such Law;

WHEREAS, an application for (disability retirement) (reinstatement from disability retirement) of _____
(member's name)

employed by the Agency in the position of _____
(job title)

has been filed with the Public Employees' Retirement System; and

WHEREAS, the _____ has reviewed
(name of governing body)

the medical and other evidence relevant to such alleged disability;

(1) NOW, THEREFORE, BE IT RESOLVED:

That the _____
(name of government body)

find and determine and it does hereby find and determine that

(member's name) (is/is not) incapacitated

within the meaning of the Public Employees' Retirement Law for performance of his duties in the position of _____; and
(job title)

Benefits
Disability

Resolution No. 1 — Continued

(2) BE IT FURTHER RESOLVED THAT THE _____ (name of governing body)
find and determine and it does hereby find and determine that such disability
a result of injury or disease arising out of and in the course of employment; and further determine that such disability
(_____ (did)/(did not) result from an injury which is the direct consequence of a violent act
perpetrated upon the member) or (_____ (did)/(did not) occur during the performance of
those portions of the member's duties which are particularly hazardous and dangerous,) and
neither said _____ (member's name) nor the agency _____ (name of agency) has applied to the Workers'
Compensation Appeals Board for a determination pursuant to Section 21026 whether such disability is industrial.

OR

(3) BE IT FURTHER RESOLVED THAT A PETITION _____ (will be filed)/(has been filed)
with the Workers' Compensation Appeals Board for a determination pursuant to Section 21026, Government Code; and
a copy of such determination _____ (is attached)/(will be provided when rendered); and

(4) BE IT FURTHER RESOLVED that the member was, or will be, separated from his employment in the position
of _____ (job title)
after expiration of his leave rights under Section 21025.4, Government Code, effective _____ (date)
and that no dispute as to the expiration of such leave rights is pending.

OR

(5) BE IT FURTHER RESOLVED that the member was separated from his employment in the position
of _____ (job title)
effective _____ (date), the date upon which the condition causing his disability became
permanent and stationary as determined by the Workers' Compensation Appeals Board in the attached finding.

(6) There _____ (is)/(is not) a possibility of third party liability.

(7) Advanced Disability Pension payments _____ (will)/(will not) be made. (If payments will be made, provide amount and
frequency.) The payments will be made _____ (bi-weekly, monthly, etc.) in the amount of \$ _____ beginning _____ (date).

(8) The primary disabling condition is _____ (See 3-63 No.5). (If condition is psychological, add the following.) The member
_____ (is)/(is not) competent to act on his own behalf in legally binding retirement matters.

(9) If the member entered the safety position with your agency after January 1, 1980, add the following: The member's
disabling condition _____ (is)/(is not) a direct consequence of a violent act perpetrated upon the member's person or (b) _____ (did)/(did not)
occur during the performance of those portions of the member's duties which are particularly hazardous and dangerous.

RESOLUTION NO. 2—DETERMINATION OF DISABILITY BY THE OFFICIAL DELEGATE

This Resolution is made by an Official Delegate appointed by the Governing Body. The Governing Body delegates the authority to determine the disability with a written "Delegation of Authority" (Resolution No. 3). A copy of the "Delegation of Authority" (Resolution No. 3) should be attached to the Determination of Disability (Resolution No. 2).

INSTRUCTIONS:

1. If the finding is that the member is not disabled, use only the first paragraph.
2. If the finding is that the member is disabled, resolved clause 1 or 2 must be added.
 - Clause 1* should be used if neither the member nor the agency seeks a determination by Workers' Compensation Appeals Board, pursuant to Government Code Section 21026.
 - Clause 2* should be used if a petition has been or will be filed by either party.
3. Use clause 3 or 4 regarding the retirement effective date.
 - Clause 3* should be used if no dispute exists as to the retirement effective date.
 - Clause 4* should be used if the Workers' Compensation Appeals Board has decided the question as to the retirement effective date.
4. Include a statement by the agency to the effect that there is, or is not, a possibility of third party liability present; i.e., whether or not the member's disability was caused by negligence or an intentional act of a party other than the employer.
5. Include a statement by the agency as to whether the member will be paid Advanced Disability Pension Payments, and if so how much?
6. Include a statement by the agency of the primary disabling condition.
7. Attach a certified copy of the Resolution (No. 3) of the Governing Body with each determination by the Official Delegate.
8. If the member came into safety membership with the agency after January 1, 1980, include a statement describing the type and occurrence of the disability and whether or not the agency believes the injury (a) is a direct consequence of a violent act perpetrated upon the member's person, or (b) occurred during the performance of those portions of the member's duties which are particularly hazardous and dangerous (Government Code Section 21292.6).

Benefits
Disability

RESOLUTION NO. 2

Pursuant to authority delegated to me by action of _____
(name of governing body)
of _____ (hereinafter referred to as Agency)
(name of agency)
dated _____, under Section 21034, Government Code, and after review of medical and other
(date)
evidence relevant thereto, I hereby determine that _____
(member's name)
a local safety member of the Public Employees' Retirement System, employed by the Agency _____
(is)/(is not)
incapacitated within the meaning of the Public Employees' Retirement Law for performance of his duties in the position
of _____
(job title)

(1) Pursuant to such authority I also determine that such incapacity _____ a result of injury or
(is)/(is not)
disease arising out of and in the course of his employment as local safety member. I further determine that
such disability _____ result from an injury which is the direct consequence of a violent act
(did)/(did not)
perpetrated upon the member. The injury or disease _____ occur during the performance
(did)/(did not)
of those portions of the member's duties which are particularly hazardous and dangerous. I certify that neither the Agency
nor the member has filed a petition for determination under Government Code Section 21026, to be made by the Workers'
Compensation Appeals Board.

OR

(2) A petition for determination under Government Code Section 21026 whether such disability is the result of injury or
disease arising out of and in the course of his employment by the Agency, in which he was a local safety member, has
been filed with the Workers' Compensation Appeals Board. A certified copy of such a determination

(is attached)/(will be provided when rendered)

Resolution No. 2 — Continued

(3) I hereby certify that the member was separated from his employment in the position _____

(job title)
after expiration of his leave rights under Section 21025.4, Government Code, effective _____
(date)
and that no dispute as to the expiration of such leave rights is pending.

OR

(4) I hereby certify that the member was separated from his employment in the position of _____

(job title)
effective _____, the day upon which the condition causing his disability
(date)
became permanent and stationary as determined by the Workers' Compensation Appeals Board in the attached finding.

(5) There _____ a possibility of third party liability.

(6) Advanced Disability Pension payments _____ be made. (If payments will be made, provide amount and
(is)/(is not) (will)/(will not)
frequency.) The payments will be made _____ in the amount of \$ _____ beginning _____.
(bi-weekly, monthly, etc.) (date)

(7) The primary disabling condition is _____. (If condition is psychological, add the following.) The member
(See 3-59 No. 5)
_____ competent to act on his own behalf in legally binding retirement matters.
(is)/(is not)

(8) If the member entered the safety position with your agency after January 1, 1980, add the following: The member's
disabling condition _____ a direct consequence of a violent act perpetrated upon the member's person or
(is)/(is not)

(b) _____ occur during the performance of those portions of the member's duties which are particularly
(did)/(did not)
hazardous and dangerous.

(name)

(office or position)

(agency)

RESOLUTION NO. 3 — DELEGATION OF AUTHORITY

RESOLUTION OF _____
(name of governing body)

WHEREAS, the _____ (name of agency) (hereinafter referred to as Agency)
is a contracting agency of the Public Employees' Retirement System;

WHEREAS, the Public Employees' Retirement Law requires that a contracting agency determine whether an employee of such agency in employment in which he is classified as a local safety member is disabled for purposes of the Public Employees' Retirement Law and whether such disability is "industrial" within the meaning of such Law:

WHEREAS, _____ (name of governing body) has determined upon legal advice that it may delegate authority under Section 21034 of the Government Code to make such determinations to the incumbent of the office/position of _____ (title)

NOW, THEREFORE, BE IT RESOLVED:

That the _____ (name of governing body) delegate and it does hereby delegate to the incumbent of the office/position of _____ (title) authority to make determinations under Section 21023 (c), Government Code, on behalf of the Agency, of disability and whether such disability is industrial and to certify such determinations and all other necessary information to the Public Employees' Retirement System; and

BE IT FURTHER RESOLVED that such incumbent be and he is authorized to make applications on behalf of the Agency for disability retirement of employees and to initiate requests for reinstatement of such employees who are retired for disability.

10/92

P.A. MANUAL 3-74

CalPERS PRA #1577 000749

HHHH-749

MEMBER ALTERNATIVES FOLLOWING APPROVAL OF DISABILITY

Once the member has been found to be "disabled", the member will be notified of the finding and advised that he must be retired "forthwith". *The member cannot cancel the application for disability retirement after disability has been determined.* However:

1. If the member is also eligible and applies to retire for service (prior to the effective date of retirement for disability or within 30 days of notification of disability), the member may be retired for service.
2. The member may also elect to separate from employment and accept a refund of accumulated contributions in lieu of all future rights and benefits under this System.

Benefits
Disability

INSTRUCTIONS FOR COMPLETION—PERS-BAS-194

When the System receives an application for disability retirement, the Benefit Application Services Division will request advanced payroll information.

The Benefit Application Services Division will complete the heading of the form PERS-BAS-194 (see copy on following pages) as follows:

1. Member's name
2. Social Security number
3. Retirement date requested by the applicant
4. Employer name, agency and unit codes

The following is to be completed by the employer:

Part I

1. Separation date
2. Last day on payroll
3. Beginning and ending dates and type of leave of absence with compensation

NOTE: If a member retires on the day following the last day on the payroll, then the date of separation and the last day on the payroll will be the same date.

If a member goes on leave of absence or is absent without leave, etc., at the time of retirement, then the date of separation and the last day on the payroll may not be the same.

Part II

1. Inclusive dates of pay periods (monthly, semi-monthly, bi-weekly, or quadri-weekly) for the month of separation and each of the three months preceding separation.
2. Amount of full-time pay rate
3. Time worked in each pay period
 - a. month
 - b. days
 - c. hours

It may be necessary for the employer to estimate the last month's payroll information so that the payroll form may be received by PERS thirty days in advance of the member's retirement.

4. Amount earned in each pay period
5. Amount of normal retirement contributions for each pay period
6. Amount of other than normal contributions
7. Under "Specify" column heading, explain the other than normal contributions.

NOTE: 1. Do not combine contributions for maintenance and Special Compensation with normal contributions.
2. Do not deduct retirement contributions for lump sum vacation payments.
3. Do not delay submission of this form pending final payroll reporting. Where applicable, provide an estimate of the final payroll and label this line "ESTIMATE".

Part III

Authorized officer (Accounting/Payroll) signs name, title, and date.

Immediately forward the original copy of the Form PERS-BAS-194 to the Benefit Application Services Division. Nonreceipt of the form by the Benefit Application Services Division on a timely basis may result in a delayed warrant to the recipient.



PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 PERS-BAS-194 (1/91)

Telephone (916) 326-3232
 Telecommunications Device for the Deaf (916) 326-3240

NOTICE OF APPLICATION FOR RETIREMENT - REQUEST FOR ADVANCE PAYROLL INFORMATION
 PLEASE COMPLETE AND RETURN AS SOON AS POSSIBLE

TO: Public Employees' Retirement System P.O. Box 942711 Sacramento, CA 94229-2711	FROM: (Name of Agency) City of Rangerville	Agency Code: 0000
		Unit Code:
Name: Joe P. Smith	Social Security Number: 123-45-6789	Requested Retirement Date: October 1, 1991

THE ABOVE NAMED MEMBER HAS APPLIED TO THE SYSTEM FOR DISABILITY RETIREMENT

Your cooperation in immediately providing an advance estimate of the following information is an important part of accurately placing the member on the retirement rolls at the earliest possible date.

PART I - EFFECTIVE DATES REGARDING SEPARATION (Last day on pay status will be upon expiration of accrued sick leave or compensated time off.)

Separation Date: September 30, 1991	Last Day on Pay Status: September 30, 1991
--	---

LEAVE OF ABSENCE WITH COMPENSATION	Please explain difference between date of separation and last day on pay status, if any.
Beginning Date:	
Ending Date:	
Type of Compensation:	

PART II - ADVANCE ESTIMATE OF PAYROLL AND CONTRIBUTION INFORMATION

Please report, by payroll service period, for the last four months on pay status. Contributions should not be deducted after separation.

PAY PERIOD		PAY RATE	TIME WORKED			AMOUNT EARNED	RETIREMENT CONTRIBUTIONS		
FROM	THRU		MOS.	DAYS	HOURS		NORMAL	OTHER	(SPECIFY)
6/1/91	6/30/91	2,000	1			2,000	130.00		
7/1/91	7/31/91	2,000	1			2,000	130.00		
8/1/91	8/31/91	2,000	1			2,000	130.00		
9/1/91	9/30/91	2,000	1			2,000	130.00		

For Public Agency employers, please refer to the Public Agency Procedures Manual, or contact the Benefit Application Services Division for information regarding the completion of the BAS-194.

PART III - CERTIFICATION OF EMPLOYER

The above information is an estimate based on payroll information currently available.

Don Bush
 Signature of Payroll Officer

Personnel Assistant _____ 9/1/91 _____ (804) 322-1234
 Title Date Telephone

EMPLOYMENT OF A RETIREE

GENERAL RULE

Government Code Section 21150 provides that a retired person receiving a monthly allowance from this System shall not, except as otherwise provided, be employed in any capacity thereafter by a PERS employer unless he has first been reinstated from retirement. Any person employed in violation of this Section shall be reinstated to PERS membership as of the date the unlawful employment occurred. The person will be required to:

1. Reimburse PERS for any retirement allowance received during the period of employment in violation.
2. Pay PERS employee contributions that should have been paid during the period of unlawful employment, plus interest.
3. Pay toward reimbursement to PERS for administrative expenses incurred in handling the situation.

The employer who employs a retired person in violation of the law will be required to:

1. Pay PERS employer contributions which should have been paid during the period of unlawful employment, plus interest.
2. Pay toward reimbursement to PERS for administrative expenses incurred in handling the situation.

EXCEPTIONS TO GENERAL RULE

NOTE: Under the following provisions, reinstatement from retirement is not required (except as noted), and no employee or employer contributions should be made to PERS. It is the employer's responsibility to monitor the employment as to whether reinstatement is required.

1. Temporary Employment - All Employers*

Any retired person may be employed by the appointing power of a state agency or any other employer of this System for a period not exceeding 120 working days or 960 hours in any calendar year, for all employers, either during an emergency to prevent stoppage of public business or because the retired employee has skills needed in performing work of limited duration. The rate of pay for persons employed under this Section may not be less than the minimum, nor exceed that paid by the employer to other employees performing comparable duties. The retired person and his or her employer should decide whether the conditions of the particular employment best fits under the "120 working days" or "960 hours" provision (Government Code Section 21153).

2. Juror or Election Officer*

Any retired person may serve as a juror or election officer and receive fees for such service (Government Code Section 21151 (c)).

3. School Crossing Guards*

Any retired person may be employed as a school crossing guard (Government Code Section 21151 (b)).

4. Temporary and Substitute Employment by State Agencies*

(a) Upon approval of the State Board of Control, a state agency may employ a retired person previously employed by that agency, where by reason of actual or potential litigation, or a proceeding before the State Board of Control, the services of such person are or may be necessary in preparing for trial or in testifying as to matters within or based upon his knowledge acquired while employed. The retired person may be paid a per diem and travel expenses not to exceed the rate paid other persons by state agencies for similar services. The per diem is then reduced by the retirement allowance paid to the retired person for the days of employment (Government Code Section 21152).

Benefits
Employment of Retiree

- b) The State Department of Education may employ any retired person as a substitute in a position requiring certification qualifications pursuant to Section 25558 or 25804 of the Education Code at the California School for the Deaf, or the California School for the Blind. The total of this service and any service rendered under Section 14376 of the Education Code shall not exceed 90 teaching days in any fiscal year (Government Code Section 21154).

5. Academic Staff of State Colleges or University of California*

- a) A retired person may be employed as a member of the academic staff of California Community Colleges, or of the University of California not to exceed 90 working days in any fiscal year (Government Code Section 21155); (b) A retired person may be employed, in any fiscal year, as a member of the academic staff of a California State University and College not to exceed 90 working days or 50 percent of the hours the member was employed during the last fiscal year of service prior to retirement (Government Code Section 21155.1); (c) A retired person may be employed if appointed by a school employer or by the Trustees of the California State University and Colleges because the retiree has skills needed in performing specialized work, of limited duration, which cannot exceed, in any fiscal year, 120 working days or 960 hours (Government Code Section 21158).

6. Appointive Positions*

- a) The Governor, director of a state department, Speaker of the Assembly, the President pro Tempore of the Senate or the governing board of a contracting agency, may appoint any retired member to serve as a member of any salaried or non-salaried board, commission or advisory committee (Government Code Section 21151 (a)).
b) The governing body of a contracting agency may appoint a retired person as an appointive member of the governing body; compensation for that office cannot exceed \$100.00 per month (Government Code Section 21151 (e)).
c) The Legislature, or either house, or a legislative committee, may appoint any retired person to a position deemed by the appointing power to be temporary in nature (Government Code Section 21151 (f)).
d) The governing body of a contracting agency may appoint a retired person to a position deemed by the governing body to be of limited duration and requiring specialized skills. The appointment shall be only to fill a temporary vacancy until a permanent appointment can be made by the governing body (Government Code Section 21151 (g)).

7. Elective Positions*

Any retired person may serve as an elective officer without reinstatement from retirement provided that any part of the retirement allowance based on previous service in that same elected office shall be suspended during incumbency in such office (Government Code Sections 21151 (d), 21151.1).

*Remember: No employee or employer contributions are made to PERS for this type of employment.

EMPLOYMENT OF RETIRED SCHOOL TEACHERS BY SCHOOL DISTRICT

School districts considering employment of retired school teachers should refer to Section 45134, 45135, 88033, and 88034 of the Education Code concerning the restrictions of such employment.

EMPLOYMENT BY A NON-PUBLIC EMPLOYEES' RETIREMENT SYSTEM EMPLOYER

A retired person receiving a monthly allowance from this System may be employed by any employer not participating with this System without being reinstated from retirement. A disability retirement pension (except in the case of Industrial Disability Retirement) may be subject to reduction during such employment, depending upon the salary of the new position, until the retired person attains the minimum age for voluntary service retirement applicable to members of his/her classification. It will be the responsibility of the retiree to report to PERS any salary earned with a non-PERS employer.

EMPLOYMENT OF A DISABILITY RETIREE IN A DIFFERENT MEMBER CLASSIFICATION

The Board may approve PERS reemployment without reinstatement for a member receiving a disability retirement allowance (who is offered a specific job in a member classification other than that from which he/she retired). Such employment cannot begin prior to the Board's approval (Government Code Section 21157).

To request reemployment approval, the member must submit:

1. Written request for reemployment
2. Letter of intent, to hire, from the prospective employer
3. Current copy of the job duty description for the position
4. Current report from the treating physician stating that the person was examined and found able to perform the tasks of the position without restriction or limitation

Upon approval of the reemployment, the retiree will be required to report monthly earnings to PERS, as the disability retirement pension is subject to an earnings limit for as long as the employment continues.

Questions regarding employment of a retiree should be directed to the Post Retirement Services Division at (916) 326-3848.

Benefits
Reinstatement

REINSTATEMENT FROM RETIREMENT

If you wish to hire a retired person on a permanent basis rather than a temporary basis, the retired person must reinstate from retirement. It is possible for a retiree to work under the "120 days or 960 hours" rule prior to reinstatement, but the retired person must be approved for reinstatement prior to being hired as a regular employee. Please contact the Post Retirement Services Division at (916) 326-3848 if you have questions regarding reinstatement.

SERVICE RETIREMENT

The Board, pursuant to the provisions of Government Code Section 21101, may reinstate a person who has been retired under this System for service upon:

1. The retiree's application to the Board for reinstatement.
2. PERS' receipt of a letter from the potential employing agency stating that if the retired member is reinstated from a service retirement, they will hire the retiree in a specific position on a specific date. A current duty statement for the new position should accompany this letter.
3. A statement from a medical doctor that the retiree is able to perform the required duties of the prospective position.

A person who has been retired under this System for service, following an involuntary termination of the person's employment, and who is subsequently reinstated to such employment by action on or after October 1, 1965, pursuant to an administrative or judicial proceeding, shall be reinstated from retirement. The requirements of Section 21101 shall not apply to such reinstatement (Government Code Section 21101.5).

A person who has been retired under this System for service may be reinstated from retirement pursuant to this article without regard to the requirements of Section 21101, upon the retiree's application to the Board, if upon reinstatement, the retiree will be appointed by the Governor to any state office or employment (Government Code Section 21101.6).

Reinstatement cannot be effective retroactively. The effective date of such reinstatement shall be the first day of compensated employment following approval of reinstatement and the service credit at the time of original retirement will be restored in full (Government Code Section 21101).

When a person is reinstated from retirement, the retirement allowance is cancelled and the retiree becomes a member of the System as of the date of reinstatement. The retiree's individual account shall be credited with the actuarial equivalent of the retiree's annuity at the date of reinstatement, not to exceed the amount of accumulated contributions at the date of retirement (Government Code Section 21102).

DISABILITY RETIREMENT

1. The Board may require any miscellaneous member receiving a disability retirement allowance, under the minimum age for voluntary retirement for service, to undergo a medical examination. If the Board determines that such recipient is not incapacitated for duty, the contracting agency shall be notified that such person is eligible for reinstatement to duty. The fact that the member was retired for disability does not prejudice any right to reinstatement to duty which the member may claim. The member's disability retirement allowance will be cancelled upon the employer's offer to re-employ the member (Government Code Sections 21028 and 21029).
2. Any retiree from a miscellaneous classified position may request approval from PERS to **reinstate** whereby the retirement allowance is cancelled and the member resumes active member status, including earning additional service credit towards his/her subsequent retirement. To request approval, the member must request reinstatement in writing, provide a current job description for the position, and a current statement from his/her treating physician that indicates he/she was examined and is found able to perform the tasks of the position without limitation. If the member is requesting reinstatement into a different position than from which retired, he/she must also submit a letter of intent to hire from the prospective employer (Government Code Section 21029).

3. A member retired for **industrial disability** may request approval from PERS to reinstate to a position which is classified as miscellaneous. The same documents as noted in the preceding paragraph are required to request approval for this type of reinstatement. Upon subsequent retirement, the member's allowance will be recalculated using the same benefit formula for industrial disability and adding an annuity for the additional time worked after reinstatement. If the member is eligible for a service retirement after the miscellaneous employment, he/she may receive whichever allowance is greater, but will retain the industrial disability retirement classification (Government Code Section 21101.1).

4. Any local agency may require their safety members receiving disability retirement benefits, under the minimum age for voluntary retirement for service, to undergo medical examination. If the agency determines that such recipient is not incapacitated for duty and such recipient has been offered employment in his former position or class, that person's disability retirement allowance shall be cancelled and such person will be reinstated to active membership.

The local agency must notify PERS to cancel the retirement, and PERS will establish an appropriate reinstatement date. Any employment prior to the established reinstatement date will be considered employment subject to limitations outlined in the section entitled "Employment of a Retiree", P.A. Manual 3-81.

5. If the member whose disability retirement has been cancelled does not re-enter PERS covered employment, an amount which is the actuarial equivalent of the member's annuity at cancellation shall be credited to the individual account, and shall be refunded unless the member is eligible to elect, and does elect, to allow his/her accumulated contributions to remain in the retirement fund (Government Code Section 21033).

6. Any safety member receiving a disability retirement allowance may submit a request for reinstatement to the governing body of the agency from which he/she retired. Such a person will be reinstated (a) upon determination by the governing body, or its lawful delegate, that the member is not incapacitated for duties to be assigned and (b) upon receipt of the employer's offer of re-employment.

The local agency must notify PERS to cancel the retirement, and PERS will establish an appropriate reinstatement date. Any employment prior to the established reinstatement date will be considered employment subject to limitations outlined in the section entitled "Employment of a Retiree", P.A. Manual 3-81.

Benefits
Beneficiary/Option

BENEFICIARY DESIGNATION (AFTER RETIREMENT)

NOTIFICATION OF CHANGE IN BENEFICIARY'S STATUS

It is now more important than ever for a retired annuitant to notify PERS when changes in beneficiary status occur as a result of his/her marriage, the dissolution or annulment of his/her marriage, the birth or adoption of a child, or the death of a named beneficiary. Some retirees who elected benefit Option 2, 3, or 4, under the "pop-up" provisions, may be entitled to an increase in their monthly allowance upon the death of their named beneficiary. Under "pop-up" provisions, PERS would adjust the eligible retired annuitant's allowance to the present value of his/her Unmodified Allowance, provided that the beneficiary's death occurred after January 1, 1990, and the retiree requested the "pop-up" benefit in writing and provided PERS a copy of the death certificate.

The events mentioned previously will cancel an existing beneficiary designation for the balance of option 1, the lump sum death benefit, or the balance of temporary annuity payments. If the designation for these benefits is cancelled, the statutory beneficiaries will be paid. For a list of statutory beneficiaries, see the Beneficiary Designation (PERS-STD 241) form on page 3-5.

If an active member does not like the statutory order, he/she may redesignate his/her beneficiary after a change in beneficiary status has occurred; see page 3-9.

A retired member may redesignate a beneficiary by contacting PERS Post Retirement Services Division to obtain a Beneficiary Designation (PERS-PRS-509) form, and by returning the completed form to PERS. Please see the following section, "Changing Optional Settlements and Beneficiary Designations," for explanation of the limited situations under which members may change their optional settlement of beneficiary designation after retirement.

After the death of a retiree, a survivor or beneficiary may designate a beneficiary to receive any unpaid death benefits by contacting PERS Post Retirement Services Division to obtain a Designation for Beneficiary's or Survivor's Prorated Allowance (PERS-PRS-509B) form, and by returning the completed form to PERS. **Please reference the sample PERS-PRS-509 and PERS-PRS-509B forms on the following pages.**

CHANGING OPTIONAL SETTLEMENTS AND BENEFICIARY DESIGNATIONS

1. A member who elected the Unmodified Allowance or optional Settlement 1:
 - a. May change the beneficiary for the lump sum death benefit at any time.
 - b. May change the beneficiary for the balance of Option 1 at any time.
 - c. May name a spouse as beneficiary to receive Option 2, 3, or 4. If married prior to January 1, 1988, the election must be made by January 1, 1989 (Government Code Section 21340).

NOTE: If the member has not elected by January 1, 1989, or if the marriage occurred after January 1, 1988 and no new election was made within 12 months of marriage, the member still retains the right to make an election. However, the election will not be effective until 12 months after it is received by PERS. If either the member or the beneficiary dies prior to the effective date of the election, the election will not be effective.

2. A member who elected optional Settlement 2, 3, or 4:
 - a. May change the beneficiary for the lump sum death benefit at any time.
 - b. May change the beneficiary designation and option selection in the event of the beneficiary's death. This must be done within twelve months of the beneficiary's death or within twelve months of marriage, if a new spouse is named as beneficiary (Government Code Section 21339). If either event occurred before January 1, 1988, the member has until January 1, 1989 to designate a new beneficiary (Government Code Section 21339).

NOTE: If the member has not elected by January 1, 1989, or if the death or marriage occurred after January 1, 1988, and no election was made within twelve months, the member still retains the right to make an election. However, the election will not be effective until 12 months after it is received by PERS, unless the member or beneficiary dies prior to the effective date of the election.

c. May change the beneficiary and option selection within twelve months of the date of entry of judgment in the event of a divorce, legal separation, or annulment if the judgment awarded the member the total interest in PERS. If the date of entry of judgment occurred prior to January 1, 1988, the member must elect by January 1, 1989 to enable the effective date of the election to be the date specified (Government Code Section 21339).

NOTE: If the member does not elect by January 1, 1989, or if the date of entry of judgment occurred after January 1, 1988, and no election was made within 12 months, the member still retains the right to make an election. However, it will not be effective until 12 months after it is received by PERS. If either the member or beneficiary dies prior to the effective date of the election, the election will not become effective.

1) If the member does not wish to choose a different option, an election can be made to modify the present option to provide that no monthly allowance be paid upon the member's death (Government Code Section 21331.5).

NOTE: Changing an optional settlement will cause a reduction in the member's allowance.

DEATH OF A RETIREE

Immediately upon learning of the death of a retiree, the agency should provide the System with the name, birthdate, Social Security number, and date of death of the deceased, as well as the names, relationships, and addresses of the next of kin. A written or telephone communication detailing this information is acceptable for death notification provided it is given by a responsible official of the agency concerned. *A Form PERS-BEN-738 SHOULD NOT be submitted for a retired person's death.*

INFORMATION FOR FAMILY OF DECEASED

When a PERS retiree dies, there are several important steps a spouse or family member can take to help assure prompt payment of any benefits payable by PERS.

The first step is to notify PERS, Post-Retirement Services' Telephone Information Center, by telephone at (416) 326-3848 or by letter. We will need the following information:

1. Name, Social Security number, and PERS retirement number of deceased retiree.
2. The date of death.
3. Name, address, and telephone number of person providing notice of death.
4. Name, address, and telephone number of surviving spouse, other next of kin, or the person who will be settling the estate.

The second step is to accumulate documentation. The System will ask for:

1. A copy of the death certificate.
2. A newspaper clipping reporting the death, if available.
3. If the member's estate is to be paid any death benefits, letters of administration must be submitted by the executor of the estate.
4. Other documents which are not included in the member file such as marriage certificates or birth certificates.

The third step is completing the "Claimant Statement and Survivor Questionnaire" form that is sent by PERS (See copy on following pages). This form is used to determine whether any event has occurred to void the beneficiary designation or to identify persons who might be beneficiaries by law. It is a formal application to receive payment of death or survivor benefits determined payable by PERS. The person completing this form is certifying that he/she is the person identified therein. This form should be completed in full and returned to PERS with the other documentation, death certificate, marriage certificate, newspaper clipping, etc.) as quickly as possible. Enclosed with the "Claimant Statement and Survivor Questionnaire" form will be a "Withholding Tax Election-Death Benefits" form so an election may be made for Federal and State Tax withholding (See copy on following pages).

HEALTH INSURANCE

If the beneficiary or survivor is entitled to continue coverage under the Public Employees' Medical and Hospital Care Act, as administered by PERS, the coverage will be continued automatically. A "Health Benefits Plan Enrollment Form", HBD-12, is completed by PERS and a copy will be sent to the beneficiary or survivor.

WARRANTS ISSUED AFTER RETIREE'S DEATH

All checks or retirement warrants issued (dated) after the retiree's death should be promptly returned to the System. If warrants have been mailed to a bank for direct deposit to the retiree's account, a check for the full amount of warrants issued after the retiree's death should be sent to the System. Any allowance accrued but unpaid prior to the retiree's death, will be paid to the eligible beneficiary.



**INFORMATION AND INSTRUCTIONS FOR DESIGNATION
OF BENEFICIARY AFTER RETIREMENT**

A. This form is to be used by **RETIRED MEMBERS** only to designate a beneficiary for the benefits listed below. You may not name a beneficiary for a monthly allowance with this form.

- **The Lump Sum Death Benefit**
- **The Option 1 Balance**
- **The Balance of Temporary Annuity**

If you wish to name a different beneficiary for the Lump Sum and Option 1 or balance of Temporary Annuity, please request a second form.

B. If you wish to modify the optional settlement you elected at retirement, there are limited circumstances which may allow you to make a new election. Such an election will result in a reduction to your allowance. A new election may be made under the following circumstances:

- If, at retirement, you elected the Unmodified or Option allowance and you are married, you may elect to change your optional settlement in order to name your spouse as beneficiary for a monthly allowance.
- If, at retirement, you elected Option 2, 3, or 4, and your beneficiary dies, or, if you marry, or, if your spouse was named as beneficiary and you have since divorced, your marriage has been annulled, or you are legally separated and the judgement dividing the community property has awarded you total interest in your PERS retirement, you may elect to change your optional settlement.

You must make a specific request for a recalculation of option and provide your new beneficiary's birthdate to receive a new election document.

C. Retirement Law provides a member's marriage, dissolution or annulment of marriage, the birth or adoption of a child, **WILL AUTOMATICALLY REVOKE** any beneficiary designation for the benefits listed on the PERS-PRS-509. If no beneficiary designation is in effect on the date of death, lump sum death benefits payable will be paid to your survivors in the following order: 1) your spouse, 2) your children, 3) your parents, 4) your brothers and sisters, 5) your estate if probated. If your estate is payable but does not require probate, benefits will be paid to your surviving next of kin in the order prescribed by law.

D. Please use the attached form if you wish to designate a beneficiary other than the statutory beneficiaries listed above or in a different order. You may designate or change your beneficiary at any time by completing a new Beneficiary Designation form.

E. You may name as beneficiary any person, a corporation, or your estate. Payment cannot be made to an estate unless it is probated. You may designate a trust as beneficiary; however, you should provide the name of the trust, date of the trust, and the name and address where the trust is filed. Please do not designate the trustee by name as this is subject to change. You may designate your children or grandchildren, as a group. You may not designate a guardian to receive benefits for another person.

SEE REVERSE OF THIS PAGE FOR INSTRUCTIONS ON COMPLETING THIS FORM

PERS-PRS-509 (REV. 4/89)

Benefits
PRS-509

INSTRUCTIONS

1. 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".)
2. Press firmly and print clearly with ball point pen or type all information requested. If you make an error, make the necessary correction by lining through the error and initialing the change. No erasures can be accepted.
3. Check either Box 1 or Box 2. **Do not** check the benefit types listed under Box 2 if you check Box 1.
 - The Lump Sum Death Benefit is payable for most retired members.
 - Option 1 Balance is only payable if you elected Option 1. It is the return of any contributions not used to fund your benefit.
 - Temporary Annuity Balance is only payable if you chose to receive a temporary annuity based on your Social Security Benefit at age 62 or 65 and have not yet attained age 62 or 65.
4. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries. You should also indicate on the beneficiary designation form, PRS-509, that you have attached an additional sheet.)
5. Your spouse must sign your designation form to acknowledge being aware of the change of beneficiary you have made. **IMPORTANT:** If you are unable to obtain a spouse's signature, you must complete and return the attached form, PRS-800, Statement of Reason for Absence of Spouse's signature on PERS-PRS-509.
6. Sign the form. Enter the date you signed the form and your current mailing address.
7. Mail original and duplicate of the completed form to the Public Employees' Retirement System at the address shown.
8. After review and acceptance, the member copy will be returned for your records.

PLEASE NOTE: Your Beneficiary Designation cannot be processed without your spouse's signature or the completed Statement of Reason for Absence of Spouse's signature, PRS-800. The Beneficiary Designation may be invalid if the form contains erasures, if corrections are not initialed, or if the form is not dated. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System. If you are legally separated, or divorced, check to be sure your beneficiary designation does not violate the terms of your marital settlement agreement. If it does, your beneficiary designation may be invalid.

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. 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, 400 P Street, P. O. Box 942702, Sacramento, California, 94229-2702.

CALIFORNIA PERS
 STATE OF CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
 P.O. BOX 9427 16
 SACRAMENTO, CA 94229-2716

BENEFICIARY DESIGNATION
 PERS-PRS-509 (Rev. 12/89)

Member's Full Name (Please Print)		Retirement Roll and Account Number	
Social Security Number	Birthdate	Telephone Number ()	

CHECK EITHER BOX 1 OR BOX 2. IF YOU CHECK BOX 2, INDICATE BENEFIT TYPE.

1. I hereby designate the following person(s) who survive me, SHARE AND SHARE ALIKE, as BENEFICIARIES for any lump sum Death Benefits under the Public Employees' Retirement Law in the event of my death as a retired person.
- (OR)
2. I wish to designate separate beneficiaries for the various lump sum benefits that may be payable. This designation is for:
- Lump Sum Death Benefit
 - Option 1 Balance
 - Temporary Annuity

PRIMARY BENEFICIARIES

First Name	Middle Name	Last Name	Relationship to Member	Social Security Number
Address		City	State	ZIP Code
First Name	Middle Name	Last Name	Relationship to Member	Social Security Number
Address		City	State	ZIP Code
First Name	Middle Name	Last Name	Relationship to Member	Social Security Number
Address		City	State	ZIP Code

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		City	State	ZIP Code
First Name	Middle Name	Last Name	Relationship to Member	Social Security Number
Address		City	State	ZIP Code

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 PERS 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'S ACKNOWLEDGMENT*	
Signature (Member's Full Name)	Date	BY SIGNING THIS BENEFICIARY DESIGNATION FORM, I ACKNOWLEDGE I AM AWARE OF THE DESIGNATION MADE BY MY SPOUSE. I ALSO HEREBY STATE I AM THE CURRENT SPOUSE.	
Address		Signature of Spouse	Date
City	State	ZIP Code	Date of Marriage

* NOTE: IF SPOUSE DOES NOT SIGN, the attached form, PRS-800, must be completed and returned with this beneficiary designation.

Benefits
PRS-509



STATE OF CALIFORNIA
PUBLIC EMPLOYEES' RETIREMENT SYSTEM
P.O. BOX 942718
SACRAMENTO, CA 94229-2718
STATEMENT OF REASON FOR ABSENCE
SPOUSE'S SIGNATURE ON PERS-PRS-509
PERS-PRS-800 (09/89)

		FOR PERS USE ONLY	
Member's Full Name (Please Print)	Retirement Roll and Account Number		
Social Security Number	Birthdate	Telephone Number ()	

UNDER CALIFORNIA GOVERNMENT CODE SECTION 21209, THE CURRENT SPOUSE OF A RETIRED PERS MEMBER MUST BE MADE AWARE OF ANY CHANGE OF BENEFICIARY MADE BY THE RETIRED MEMBER.

WHEN THE SPOUSE'S SIGNATURE DOES NOT APPEAR ON THE DOCUMENT FILED WITH PERS TO RECORD A CHANGE IN BENEFICIARY DESIGNATION, A STATEMENT MUST BE FILED GIVING AN EXPLANATION FOR THE ABSENCE OF THE SPOUSE'S SIGNATURE.

**STATEMENT OF REASON FOR ABSENCE OF SPOUSE'S SIGNATURE
ON BENEFICIARY DESIGNATION FORM, PERS-PRS-509**

I, (Name) _____, have submitted a Designation of Beneficiary After Retirement Form, PERS-PRS-509, dated _____ that will affect payment of death benefits. There is no signature in the Spouse's Signature Acknowledgement block for the reason indicated below:

I AM NOT LEGALLY MARRIED.

- Please enter explanation:
- I have never been married.
 - I am divorced or my marriage was annulled.
Date marriage ended: _____
 - My spouse is deceased. Date of Death: _____

NOTE: If you are divorced or your spouse is deceased and PERS has not been furnished with a copy of the court order or death certificate, please provide PERS with a copy for placement in your file.

I AM MARRIED, BUT MY SPOUSE DID NOT SIGN THE FORM FOR THE REASON CHECKED BELOW:

- My spouse has been advised of my intent to change my beneficiary and has refused to sign the Beneficiary Designation Form, PERS-PRS-509.
- The whereabouts of my spouse is unknown. I have made every reasonable attempt to determine his/her whereabouts, but have been unable to locate him/her.
- My spouse is incapable of signing the beneficiary designation form because of an incapacitating mental or physical condition.
- My spouse has no identifiable community property interest in the benefit.
- My spouse and I have executed a marriage settlement agreement which under the Civil Code makes the community property law inapplicable to our marriage.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

THIS FORM MUST BE COMPLETED IF BENEFICIARY DESIGNATION DOES NOT CONTAIN SPOUSE'S SIGNATURE



**INFORMATION AND INSTRUCTION FOR DESIGNATION OF BENEFICIARY FORM
FOR PRO-RATED ALLOWANCE**

A. This form should only be used by a survivor or beneficiary of a retired PERS member to designate a beneficiary for the prorated allowance payment due upon their death.

B. The possible small amount of the benefit should be considered when naming a beneficiary.

NOTE: The prorated allowance is based on the number of days the benefit recipient was living. For example, if death occurs on March 15, the prorated allowance is 15/31 of the normal monthly benefit payable on April 1. Special quarterly increases are not included.

C. The Retirement Law provides that this designation is **NOT** revoked by any action other than the filing of another designation. If no beneficiary designation is in effect on the date of death the prorated benefit payable will be paid to your survivors in the following order:

- | | |
|-----------------------------|--|
| 1.) your probated estate, | 6.) step-children, |
| 2.) your spouse, | 7.) grandchildren, including step-grandchildren, |
| 3.) your children, | 8.) nieces & nephews, |
| 4.) your parents, | 9.) great grandchildren, or |
| 5.) your brother & sisters, | 10.) cousins |

D. Please use the attached form if you wish to designate a beneficiary or 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 by completing a new Beneficiary Designation form.

E. You may name as beneficiary any person, a corporation, or your estate. Payment cannot be made to an estate that is not probated. You may designate a trust as your beneficiary; however, you should provide the name of the trust, date of trust, and the name and address where the trust is filed. We ask you not to designate the trustee by name as this is subject to change. Also, under request to the System, you may name your children or grandchildren as a group or class. You may not name or designate a guardian to receive the benefits for another person by use of this document.

SEE REVERSE SIDE OF THIS PAGE FOR INSTRUCTIONS ON COMPLETING THIS FORM

Benefits
PRS-509B

INSTRUCTIONS

1. 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".)
2. Press firmly and print clearly with ball point-pen or type all information requested. If you make an error, made the necessary correction by lining through the error and initialing the change. No erasures can be accepted.
3. Enter on the form the full name of your beneficiaries, relationship, social security number (if known), and the complete address for each. (If the form does not provide enough space, you may attach additional sheets provided you indicate whether you are designating "primary" or "secondary" beneficiaries.)
4. Sign the form in the presence of a witness (witness cannot be a named beneficiary) with your full name, as "John Edward Smith". Have the witness clearly sign the form.
5. Enter the date you signed the form and your current mailing address.
6. Mail original and duplicate of the completed form to the Public Employees' Retirement System at the address shown.
7. After review and processing, the payee copy will be returned for your records.

PLEASE NOTE:

The Beneficiary Designation may be invalid if the form contains erasures, if corrections are not initialed, or if the form is not dated. The effective date of the Beneficiary Designation is the date the completed form is received by the Retirement System.

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. 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, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.



State of California

BENEFICIARY DESIGNATION

Designation For Beneficiary's or Survivor's Prorated Allowance

TO: Board of Administration
Public Employees' Retirement System
P.O. Box 942716
Sacramento, CA 94229-2716

FOR PERS USE ONLY

FROM: _____
Name

Social Security Number

Deceased Member's Name

Member's Social Security Number

Section 21204.5 of the California Government Code permits a person receiving a monthly allowance from PERS, as a beneficiary or survivor of a deceased PERS member, to designate a beneficiary to receive the prorated allowance which may become payable upon his/her death.

PRIMARY BENEFICIARY

I hereby designate the following person, if he/she survives me, to receive payment of any prorated allowance which may be payable upon my death.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP	SOCIAL SECURITY #
ADDRESS (NO. & STREET)		CITY	STATE	ZIP CODE

SECONDARY BENEFICIARY

In the event I survive the person named above, I hereby designate the following person, if he/she survives me, to receive payment of any prorated allowance which may become payable upon my death.

FIRST NAME	MIDDLE NAME	LAST NAME	RELATIONSHIP	SOCIAL SECURITY #
ADDRESS (NO. & STREET)		CITY	STATE	ZIP CODE

Should I survive all persons named above, I understand the prorated allowance, if any, will be paid to my estate if probated. If my estate is not probated, the prorated allowance, if any, will be paid to my surviving next of kin in the order prescribed by law.

SIGNATURE

SIGNATURE OF WITNESS

ADDRESS (NO. & STREET)

DATE

CITY STATE ZIP CODE

PERS-PRS-509B (3/89)

BENEFICIARY'S PRORATA DESIGNATION

Benefits
PRS-509B

**INFORMATION AND INSTRUCTION FOR DESIGNATION OF BENEFICIARY FORM
FOR PRO-RATED ALLOWANCE**

A. This form should only be used by a survivor or beneficiary of a retired PERS member to designate a beneficiary for the prorated allowance payment due upon their death.

B. The possible small amount of the benefit should be considered when naming a beneficiary.

NOTE: The prorated allowance is based on the number of days the benefit recipient was living. For example, if death occurs on March 15, the prorated allowance is 15/31 of the normal monthly benefit payable on April 1. Special quarterly increases are not included.

C. The Retirement Law provides that this designation is **NOT** revoked by any action other than the filing of another designation. If no beneficiary designation is in effect on the date of death the prorated benefit payable will be paid to your survivors in the following order:

- | | |
|-----------------------------|--|
| 1.) your probated estate, | 6.) step-children, |
| 2.) your spouse, | 7.) grandchildren, including step-grandchildren, |
| 3.) your children, | 8.) nieces & nephews, |
| 4.) your parents, | 9.) great grandchildren, or |
| 5.) your brother & sisters, | 10.) cousins |

D. Please use the attached form if you wish to designate a beneficiary or 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 by completing a new Beneficiary Designation form.

E. You may name as beneficiary any person, a corporation, or your estate. Payment cannot be made to an estate that is not probated. You may designate a trust as your beneficiary; however, you should provide the name of the trust, date of trust, and the name and address where the trust is filed. We ask you not to designate the trustee by name as this is subject to change. Also, under request to the System, you may name your children or grandchildren as a group or class. You may not name or designate a guardian to receive the benefit for another person by use of this document.

89 87298

PUBLIC EMPLOYEES' RETIREMENT SYSTEM
POST-RETIREMENT SERVICES DIVISION
P.O. BOX 942716 (400 P STREET)
SACRAMENTO, CA 94229-2716
(916) 326-3848
TELECOMMUNICATIONS DEVICE FOR THE DEAF--(916) 326-3240

Member Name: _____
Social Security Number: _____
Date of Death: _____

CLAIMANT STATEMENT AND SURVIVOR INFORMATION

1. WAS THE DECEASED PERS MEMBER MARRIED ON THE DATE OF DEATH? YES NO
Spouse's Name: _____ Telephone No. (____) _____
Spouse's Address: _____
Date of Marriage: _____ Date of Birth: _____
IF NO: REASON: Never Married Spouse Deceased, Date: _____ Divorce/Other, Date: _____

2. DID THE DECEASED PERS MEMBER HAVE ANY NATURAL OR ADOPTED CHILDREN? YES NO
If yes, give name, birthdate, address and indicate if child was disabled prior to attaining age 18. Attach a second sheet if necessary.

Name	Birthdate	Address (or date of death, if deceased).	Disabled prior to age 18? Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No
_____	_____	_____	Yes/No

3. ARE THE DECEASED PERS MEMBER'S PARENTS (OR PARENT) LIVING? YES NO
If yes, please identify and give address. If no, please give name and date of death.

Name	Address	Date of Death
_____	_____	_____

4. DID THE DECEASED PERS MEMBER LEAVE SURVIVING BROTHERS AND SISTERS? YES NO
If yes, please identify all and give address(es). Attach a second sheet if necessary.

Name	Address
_____	_____

5. WILL THE DECEASED PERS MEMBER'S ESTATE REQUIRE PROBATE? YES NO DON'T KNOW
If yes, give name and address of:
Executor or Administrator: _____
Attorney Handling Probate: _____

6. WAS THE DECEASED A MEMBER OF ANOTHER RETIREMENT SYSTEM IN CALIFORNIA?
 YES. Name of System: _____ NO DON'T KNOW

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THE INFORMATION PROVIDED BY ME IS CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO HEREBY CLAIM ANY BENEFITS TO WHICH I MAY BE ENTITLED. I UNDERSTAND THAT COMPLETING THIS DOCUMENT DOES NOT NECESSARILY ENTITLE ME TO BENEFITS.

NAME (PLEASE PRINT): _____ TELEPHONE NUMBER: (____) _____

SIGNATURE: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____ RELATIONSHIP TO DECEASED: _____

ADDRESS FOR PAYMENT

ADDRESS FOR OTHER CORRESPONDENCE

City State Zip Code City State Zip Code

PERS-PRS-97 (01/89)

Benefits
PRS-87

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 file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.

COMPLETE, SIGN AND RETURN TO:
 Public Employees' Retirement System
 P.O. Box 942716
 Sacramento, CA 94229-2716

Reply to Section:
 Member SS#
 Account #

Telephone Information Center (916) 326-3848
 Telephone Device for the Deaf (916) 326-3240

WITHHOLDING TAX ELECTION - DEATH BENEFITS	
You may be eligible for a lump sum and monthly payment. Please complete <u>all</u> sections of this form. Failure to return this form will be considered an election to have withholding.	
I. FEDERAL TAX WITHHOLDING ELECTION (W-4P) (OMB No. 1545-0415)	
CAUTION: There are penalties for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in Publication 505. Send request for this publication to: Internal Revenue Service, P.O. Box 12626, Fresno, California 93778.	
A. LUMP SUM (NON-PERIODIC PAYMENTS) <input type="checkbox"/> No, Do not withhold Federal Tax. <input type="checkbox"/> Yes, Withhold Federal Tax.	B. MONTHLY (PERIODIC PAYMENTS) <input type="checkbox"/> No, Do not withhold Federal Tax. <input type="checkbox"/> Yes, Withhold \$ _____ .00 monthly. <input type="checkbox"/> Withhold based on tax tables for: <input type="checkbox"/> Married, _____ exemptions <input type="checkbox"/> Single, _____ exemptions In addition to the withholding based on the tax table, withhold \$ _____ .00 monthly.
II. STATE OF CALIFORNIA TAX WITHHOLDING ELECTION (DE-4P)	
A. LUMP SUM (NON-PERIODIC PAYMENTS) <input type="checkbox"/> No, Do not withhold State of California income tax. <input type="checkbox"/> Yes, Withhold State of California income tax.	B. MONTHLY (PERIODIC PAYMENTS) <input type="checkbox"/> No, Do not withhold State of California income tax. <input type="checkbox"/> Yes, Withhold \$ _____ .00 monthly for State of California income tax. <input type="checkbox"/> Withhold based on tax tables for: <input type="checkbox"/> Married, _____ exemptions <input type="checkbox"/> Single, _____ exemptions In addition to the withholding based on the tax table, withhold \$ _____ .00 monthly.
I HEREBY MAKE THE ELECTIONS CHECKED ABOVE:	
_____ Signature	_____ Date
_____ Printed Name	_____ Social Security Number (Tax Identification Number)

PRS-PRS-281 (3/89)

Benefits
PRS-281

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 file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, 400 P Street, P.O. Box 942702, Sacramento, California, 94229-2702.

OFFICE LOCATION, MAIL, AND TELEPHONE INFORMATION

Headquarters Office Location*

Board of Administration
Public Employees' Retirement System
400 P Street, Room 3340
Sacramento, CA 95814
(916) 326-3000 Regular or Telephone Device for the Deaf

Regional PERS Offices

Los Angeles Area Office*

Public Employees' Retirement System
107 S. Broadway, Room 4005
Los Angeles, CA 90012
(213) 897-0917

Sacramento Area Office*

Public Employees' Retirement System
400 P Street, Room 1490
Sacramento, CA 95814
(916) 326-3630

San Bernardino Field Office*

Public Employees' Retirement System
State Building, Room 214
303 West Third Street
San Bernardino, CA 92401
(909) 383-4431

Mailing Addresses

Correspondence and forms:

Board of Administration
Public Employees' Retirement System
P.O. Box 942715
Sacramento, CA 94229-2715

See next page for specific Division's P.O. Box and Zip code

San Diego Field Office*

Public Employees' Retirement System
State Building, Room 3012 1350 Front Street
San Diego, CA 92101
(619) 525-4515

San Francisco Area Office*

Public Employees' Retirement System
350 McAllister Street, Room 3248
San Francisco, CA 94102
(415) 557-0582

Santa Ana Field Office**

Public Employees' Retirement System
1200 No. Main Street, Room 534
Santa Ana, CA 92701
(714) 558-4604

Payroll contribution payments, health benefit plan premiums, Contingency Reserve Fund contributions, and any supporting documentation:

Board of Administration
Public Employees' Retirement System
P.O. Box 1982
Sacramento, CA 95809-1982

Social Security contributions and any supporting documentation:

Board of Administration
Public Employees' Retirement System
P.O. Box 2349
Sacramento, CA 95811-2349

* These facilities are accessible to persons with disabilities.

** This facility may be made accessible to persons with disabilities if prior arrangements are made.

Appendix

Division/Function	P.O. Box No.	Zip Code
Executive & Board Members	942701	94229-2701
Operations Support Services	942702	94229-2702
Fiscal Services	942703	94229-2703
Member Services	942704	94229-2704
Legislative Services	942705	94229-2705
Data Processing Services	942706	94229-2706
Legal	942707	94229-2707
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Contract Services	942709	94229-2709
Field Services	942710	94229-2710
Benefit Application Services	942711	94229-2711
Special Projects	942712	94229-2712
Health Benefits	942714	94229-2714
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Human Resources	942718	94229-2718
Information & Program Development	942719	94229-2719

SERVICE AND SUPPLY ORDER PERS-OSS-3A

The Supply Section (360) of PERS will fill your orders for forms, booklets, etc. To order supplies, complete an OSS-3A, Service and Supply Order. An illustration of the form is on the following page.

COMPLETING THE FORM

Instructions for the use of the OSS-3A are located on the back of the form. You should submit the form typed in duplicate. One copy will be kept for our system records and one copy will be returned with your order.

Order supplies by form number and title. Indicate the number of forms or booklets under NUMBER OF UNITS. One unit represents one sheet, form or booklet. If you need additional space, please use additional forms. When completing SHIP TO include both street address and P.O. Box number. PERS will determine the best shipping method.

SIZE OF ORDER

When ordering supplies, please limit your order to a six months supply only. The system keeps a record of the supply needs of each agency. If an excess number of forms or booklets are ordered, the Supply Section will reduce the order to the maximum allowed for your agency.

10/92

P.A. MANUAL 9-4

CalPERS PRA #1577 000779

HHHH-779

AGENCY SUPPLY ORDER
PERS-OSS-3A (3/89)



INSTRUCTIONS ON REVERSE

TO: PUBLIC EMPLOYEES' RETIREMENT SYSTEM
ATTENTION: CENTRAL SUPPLY UNIT
P.O. BOX 942715
SACRAMENTO, CA 94229-2715

SHIP TO :		EMPLOYER CODE NUMBER :
CONTACT PERSON :		PHONE NUMBER ()

FORM NUMBER	TITLE	NUMBER OF UNITS	UNIT OF MEASURE	REORDER DATE

PLEASE TYPE IN SHIPPING ADDRESS ON LABEL BELOW USE STREET ADDRESS ONLY	PERS USE ONLY
FROM CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM 400 P STREET P.O. BOX 942715 SACRAMENTO, CA 94229-2715 TO	DATE SENT TO AGENCY :
	COMPLETED BY :
	DATE RECEIVED IN CSU :

RETAIN PINK COPY FOR YOUR RECORDS, SUBMIT BLUE AND YELLOW COPIES TO PERS

Appendix

INSTRUCTIONS

1. PLEASE TYPE ALL ENTRIES.
2. SUBMIT BLUE AND YELLOW COPIES TO PERS, RETAIN THE PINK COPY FOR YOUR RECORDS. THE YELLOW COPY WILL BE USED AS A PACKING SLIP WHEN YOUR ORDER IS SHIPPED.
3. THE CENTRAL SUPPLY UNIT WILL PROVIDE A REORDER DATE FOR ITEMS NOT IN STOCK. IT WILL BE NECESSARY TO SUBMIT A NEW OSS-3A FOR BACK-ORDERED ITEMS ON THE REORDER DATE INDICATED.
4. THE EMPLOYER CODE NUMBER **MUST** BE PROVIDED ON THIS REQUEST.
5. FILLING OUT THE ATTACHED LABEL WILL EXPEDITE YOUR ORDER. WHEN COMPLETING THE "SHIP TO" AND "LABEL" PORTIONS, USE **STREET ADDRESS ONLY**.
6. INCLUDE FORM NUMBER, TITLE, AND UNIT OF MEASURE (LISTED BELOW).

FORM NUMBER	TITLE	UNIT OF MEASURE
PERS-MEM-1	PERS MEMBERSHIP FORM	SET
PERS-MEM-211	SUMMARY CORRECTION FORM	EACH
PERS-BAS-167	REPORT OF STATUS CHANGE OR SEPARATION	SET
PERS-MEM-624	SUPPLEMENTAL PAYROLL REPORTING FORM	PAD (50 SHEETS/PAD)
PERS-ACC-625A	PAYROLL LISTING FOR PERS	SET
PERS-ACC-626	SUMMARY REPORT	SET
PERS-ACC-1279	SUMMARY REPORT OF EMPLOYER CONTRIBUTIONS DUE PERS FOR CONTINGENCY RESERVE FUND HEALTH BENEFIT PLANS	EACH
PERS-OSS-3A	AGENCY SUPPLY ORDER	SET
PERS-PUB-21	ANNUAL FINANCIAL REPORT - OPERATIONS	EACH
PERS-PUB-22	ANNUAL FINANCIAL REPORT - INVESTMENTS	EACH
PERS-PUB-20	ANNUAL REPORT TO THE GOVERNOR AND LEGISLATURE	EACH
PERS-HBD-12	HEALTH BENEFITS PLAN ENROLLMENT FORM	SET
PERS-HBD-21	DIRECT PAYMENT AUTHORIZATION	SET
PERS-HBD-DO-22	SUPPLEMENT TO MEDICARE	EACH
PERS-HBD-DO-29	BASIC HEALTH PLAN	EACH
PERS-HBD-38	HEALTH STATEMENT REQUEST	EACH
PERS-PUB-1	PLANNING YOUR RETIREMENT	EACH
PERS-PUB-3A	STATE MISCELLANEOUS - 2% @ 60	EACH
PERS-PUB-5A	LOCAL MISCELLANEOUS - 2% @ 60	EACH
PERS-PUB-5F	LOCAL MISCELLANEOUS-2% @ 55	EACH
PERS-PUB-2	SCHOOL MEMBERS - 2% @ 60	EACH
PERS-PUB-3B	STATE INDUSTRIAL - 2% @ 60	EACH
PERS-PUB-3C	STATE SAFETY - 2% @ 55	EACH
PERS-PUB-3D	STATE PATROL - 2% @ 50	EACH
PERS-PUB-5B	LOCAL SAFETY - 2% @ 50	EACH
PERS-PUB-5C	LOCAL SAFETY - 2% @ 55	EACH
PERS-PUB-5D	LOCAL SAFETY - 1/2 PAY @ 55	EACH
PERS-PUB-3E	STATE PEACE OFFICERS/FIREFIGHTERS - 2.5% @ 55	EACH
PERS-PUB-10	DISABILITY RETIREMENT	EACH
PERS-PUB-11	INDUSTRIAL DISABILITY RETIREMENT	EACH
PERS-PUB-12	SERVICE CREDIT	EACH
PERS-PUB-13	TEMPORARY ANNUITY	EACH
PERS-PUB-14	PARTIAL SERVICE RETIREMENT	EACH
PERS-PUB-4A	STATE MISCELLANEOUS -1.25% @ 65	EACH
PERS-PUB-15	PUBLIC EMPLOYEES' RETIREMENT LAW BOOK	EACH
PERS-PUB-16	RECIPROCITY	EACH
NO NUMBER	PUBLIC AGENCY PROCEDURES MANUAL	EACH
NO NUMBER	MEMBER HOME LOAN BROCHURE	EACH

10/92

P.A. MANUAL 9-6

CalPERS PRA #1577 000781

HHHH-781

PERS BENEFIT BOOKLETS AND LEAFLETS

BOOKLETS

PERS publishes several booklets containing specific information about benefits based on each employment class. The booklets discuss pre-retirement benefits, how to calculate a simple estimate for retirement, optional choices, survivor continuance, death benefits, etc.

Select *booklets* from the following list:

BOOKLET NAME

- School Members 2% @ 60
- * Local Basic Booklet
- Local Miscellaneous Benefits 2% @ 60
- Local Miscellaneous Benefits 2% @ 55
- Local Safety Benefits 2% @ 50
- Local Safety Benefits 2% @ 55
- Local Safety 1/2 pay @ 55
- Local Safety Benefits 2.5% @ 55
- ** 2.35% @ 56 Information Attachment

PUBLICATION NO.

- PERS-PUB-2
- PERS-PUB-5
- PERS-PUB-5A
- PERS-PUB-5F
- PERS-PUB-5B
- PERS-PUB-5C
- PERS-PUB-5D
- PERS-PUB-5E
- PERS-PUB-6

- * This is a jacket containing basic information that should be provided with publication PERS-PUB-5A through PERS-PUB-5E.
- ** Members under this benefit formula should also be provided with PERS-PUB-5C.

LEAFLETS

PERS leaflets discuss specific subjects that may not be applicable to all PERS members.

Select *leaflets* from the following list:

LEAFLET NAME

- Planning Your Service Retirement
- Disability Retirement
- Industrial Disability Retirement
- Service Credit
- Temporary Annuity
- Reciprocity

PUBLICATION NO.

- PERS-PUB-1
- PERS-PUB-10
- PERS-PUB-11
- PERS-PUB-12
- PERS-PUB-13
- PERS-PUB-16

MISCELLANEOUS PUBLICATIONS

The following miscellaneous publications are also available:

MISCELLANEOUS PUBLICATION NAME

- PERS Law Book
- Annual Report to The Governor & Legislature
- Annual Financial Report - Operations
- Annual Financial Report - Investments
- UPDATE Newsletter
- CONTACT Newsletter
- SPECTRUM Newsletter

PUBLICATION NO.

- PERS-PUB-15
- PERS-PUB-20
- PERS-PUB-21
- PERS-PUB-22
- PERS-PUB-26
- PERS-PUB-27
- PERS-PUB-28

NOTE: BE SURE TO USE THE PROPER PUBLICATION NUMBER WHEN ORDERING.

TO BE COMPLETED BY MANUAL COORDINATOR ONLY*

EMPLOYER CODE: _____ EMPLOYER NAME: _____

Detach and mail this card to PERS for the following reasons:

- Increase/decrease in manual quantity:**
TOTAL number of manuals/revisions needed _____ Number agency is currently receiving _____
- Replacement manual needed:** (Note: This *will not* change the number of manuals your agency receives.)
Number of replacement manuals needed _____
- Revision to manual missing:**
Revision Circular Number _____ No. of copies needed _____
- Training in PERS procedures needed:**
Contact person _____ Telephone No. () _____
- Change in manual coordinator:**
NEW Coordinator's name and title _____
Previous Coordinator's name and title _____
- Agency address change:**
New agency address _____
Street and/or Post Office Box
City _____ Zip Code _____ Telephone No. () _____

*Schools, please note: The County Superintendent's Office distributes manuals to school districts. Please contact them for additional manuals.

TO BE COMPLETED BY MANUAL COORDINATOR ONLY*

EMPLOYER CODE: _____ EMPLOYER NAME: _____

Detach and mail this card to PERS for the following reasons:

- Increase/decrease in manual quantity:**
TOTAL number of manuals/revisions needed _____ Number agency is currently receiving _____
- Replacement manual needed:** (Note: This *will not* change the number of manuals your agency receives.)
Number of replacement manuals needed _____
- Revision to manual missing:**
Revision Circular Number _____ No. of copies needed _____
- Training in PERS procedures needed:**
Contact person _____ Telephone No. () _____
- Change in manual coordinator:**
NEW Coordinator's name and title _____
Previous Coordinator's name and title _____
- Agency address change:**
New agency address _____
Street and/or Post Office Box
City _____ Zip Code _____ Telephone No. () _____

*Schools, please note: The County Superintendent's Office distributes manuals to school districts. Please contact them for additional manuals.

CalPERS PRA #1577 000783

FROM _____



Place stamp here.
Post office will
not deliver mail
without postage.

PUBLIC EMPLOYEES' RETIREMENT SYSTEM
FIELD SERVICES DIVISION
P.O. BOX 942710
SACRAMENTO, CA 94229-2710



FROM _____



Place stamp here.
Post office will
not deliver mail
without postage.

PUBLIC EMPLOYEES' RETIREMENT SYSTEM
FIELD SERVICES DIVISION
P.O. BOX 942710
SACRAMENTO, CA 94229-2710



PSN PRA #1577 000784



**Procedures
Manual**

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

CalPERS PRA #1577 000785

HHHH-785

CALIFORNIA
PERS
Circular Letter

California Public Employees' Retirement System

Date: May 1, 1993

Reference No.:

Circular
Letter No.: 535-12

Distribution: V, VI, XII, SPECIAL

Special:

TO: ALL PUBLIC AGENCY PROCEDURES MANUAL HOLDERS

SUBJECT: REVISED PERS PROCEDURES MANUAL

Please find enclosed the Spring 1993 semi-annual update of the PERS Procedures Manual. DO NOT destroy the manual you received in October 1992. This update is to be used in conjunction with the manual. Simply remove the old pages dated 10/92 (at the bottom of each page) and insert the newly revised pages dated 5/93.

Some items of note include:

1. The PERS Board of Administration's short-term policy on reportable compensation. This is in response to the "pension spiking" problems the System is addressing; pages 2-7 & 2-8.
2. The correct procedure when reporting an elected official's payrate on the PERS payroll reports; page 2-37.
3. The changes that have been instituted when completing the BAS-167 (Report of Status Change or Separation) as a result of new rollover and withholding tax requirements; pages 1-93 through 1-99.

The following is a section by section breakdown of the revised pages; insert the following pages dated 5/93:

CONTRACT COVERAGE

0-7 thru 0-12 0-33/0-34 0-37 thru 0-40

MEMBERSHIP

1-3/1-4 1-33 thru 1-38 1-45/1-48
1-51/1-56 1-69 thru 1-72 1-77/1-78
1-81 thru 1-84 1-89 thru 1/116

-2-

PAYROLL REPORTING

2-3 thru 2-10 2-25 thru 2-40 2-47/2-48 2-77/2-78

BENEFITS

3-29/3-30 3-39/3-42 3-61 thru 3-64 3-67 thru 3-76
3-81 thru 3-88

APPENDIX

9-1

The next scheduled revision for the PA Procedures Manual is to be in October 1993. 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

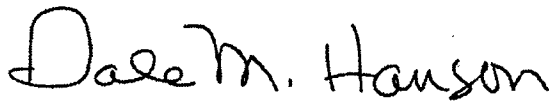
As an ongoing service to PERS' contracting agencies and county school employers, we have revised our Public Agency Procedures Manual to reflect recent changes. PERS' programs have become increasingly complex as we have sought to meet the changing needs of our employers and their employees. This manual 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	7-1-80	535-16			535-31		
535-2	PERS	7-1-81	535-17			535-32		
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535-4	PERS	1-1-85	535-19			535-34		
535-5	PERS	12-1-86	535-20			535-35		
535-6	PERS	12-1-87	535-21			535-36		
535-7	PERS	5-1-90	535-22			535-37		
535-8	PERS	4-1-91	535-23			535-38		
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10/92

P.A. MANUAL 0-2

CalPERS PRA #1577 000796

HHHH-796

TELEPHONE AND SECTION DIRECTORY

	<i>Telephone Number</i>	<i>Section Code*</i>
CONTRACT SERVICES DIVISION	(916) 326-3420	200
PUBLIC AGENCY CONTRACT SERVICES	326-3420	220
Optional Contract Provisions	326-3420	220
HEALTH BENEFIT SERVICES DIVISION	(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 22856 and 22857)—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 and 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. The 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 0-15.

Employer Cost: Valuation required.

Employer 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 may amend its contract to grant up to two years additional service credit to school members if the following conditions exist:

- 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. (This benefit cannot be provided on the basis of employee organization or non-represented groups.) 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 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 because of impending mandatory transfers, demotions, and layoffs that constitute at least 1 percent of the designated job classification, resulting from the curtailment of, or change in the manner of performing, its services.

In order to be eligible to receive this service credit, the employees must already have at least five years service credit. Because the member must be in employment status with the county superintendent of schools (office or their school district) during the designated period, the retirement date cannot be the first day of 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.

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 with the minimum of annual installments.

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.

**Miscellaneous Members
 (2% @ 60 Formula)**

Ages	With Social Security Coverage		Without Social Security Coverage	
	Males	Females	Males	Females
50-54	0.30	0.32	0.31	0.33
55-59	0.37	0.40	0.39	0.41
60-64	0.46	0.51	0.49	0.52
65-69	0.42	0.47	0.45	0.49

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.

COUNTY SCHOOL CONTRACT AMENDMENT PROCEDURES

The procedures for contracting for Section 20586 are as follows:

1. The County Superintendent of Schools must request to amend its PERS contract to provide Section 20586. An authorized representative may call or write to request the necessary documents. (Individual districts must work in conjunction with the County Superintendent's Office to insure that information provided to PERS is correct.)
2. Contract Services Division will provide the Resolution of Intention and other documents to be adopted by the governing body. Government Code Section 7507 requires that cost implications incurred by an increase in retirement benefits must be made public at a public meeting at least two weeks prior to the adoption of the final resolution. The County Superintendent of Schools will establish a designated period and identify the district and/or classifications or groups eligible for the additional service credit. **If the Resolution does not identify a specific district and/or classifications, all employees who retire during the designated period will receive the additional service credit.**
3. In addition to the Certification of Publication of Costs, the County Superintendent will be required to:
 - a. Certify 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. Certify that it is the intention at the time Section 20586 becomes operative 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 because of impending mandatory transfers, demotions, and layoffs that constitute at least 1 percent of the designated job classification, resulting from the curtailment of, or change in the manner of performing, its services.
4. 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.
5. After the contract has been amended to include Section 20586, the County Superintendent of Schools may provide an additional designated period for granting two years additional service credit for school members. Contract Services Division will provide the resolution and documents necessary to establish additional designated periods upon request of the County Superintendent of School's office. If the Resolution does not identify a specific district and/or classifications, all employees who retire during the designated period will receive the additional service credit. 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.
6. 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 with the minimum of annual installments.

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

Coverage
Schools—Amendment Provisions

1992 OPTIONAL PUBLIC AGENCY CONTRACT PROVISIONS AND AMENDMENT PROCEDURES

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 annual cost of the benefit to the employer. **This estimate should be used as a guide and not as an absolute.**

When estimated ranges are indicated, approximately 80% of the agencies that have amended to provide the benefit fall within the range. If employee data for the agency differs significantly from the averages used, the actual cost figures may 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, 1991 and June 30, 1992, the employer contribution rate will reflect the cost of the optional benefit(s) effective July 1, 1993 as a result of the annual actuarial valuation.

Employer rates are determined by actuarial valuation and 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.

PURCHASING POWER PROTECTION ACCOUNT (PPPA) AND COST-OF-LIVING ALLOWANCE (COLA) INCREASES

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

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

You and your retirees must be aware that 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 PPPA payments.

10/92

P.A. MANUAL 0-14

CalPERS PRA #1577 000808

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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 by submitting the 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. 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; and

b. 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 fee 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 fee 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 Anticipated 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 the agency's governing body. The initial set of documents includes the Resolution of Intention declaring the agency's intent 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 the final documents including two original contracts as amended for execution by the governing body, review the completed documents for compliance with the Government Code, and return the agency's copy of the contract when executed by PERS.

Coverage
Amendment Procedures

EMPLOYEE ELECTIONS

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

PUBLICATION OF COSTS

Government Code Section 7507 requires 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 the 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 the employees' contribution rate - the effective date of the amendment cannot be earlier than the first day of a payroll period following the effective date of the agency's final action.

OPERATIVE DATE

Amendments which require an adjustment to the retiree/beneficiary monthly benefit payments shall become operative the first of the month following the date which is 30 days after receipt of the final documents in the PERS Sacramento office. Public Agency Contract Services will notify the agency of the specific operative date when the executed copy of the amended contract is returned.

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
Telephone (916) 326-3420
(916) 326-3240 (Telecommunications Device for the Deaf)

1992 OPTIONAL CONTRACT PROVISIONS

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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 12 highest paid consecutive months. (Applicable only to members retiring or whose death occurs after the effective date of the contract amendment.)

Employer Cost: Valuation required.
Rough Estimate: 1.2% to 3.2% of payroll for miscellaneous groups;
2.6% to 5.5% of payroll for safety groups.
Employee Cost: 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 becomes a member of a reciprocal retirement system upon commencement of service in an elective office on or after January 1, 1977.

Employer Cost: No valuation required.
Employee Cost: None.

3. Section 20361.3 *Assistant City Attorney As An Elective Officer*

Any person holding the position of assistant city attorney would be included in the definition of "Elective Officer". The effect of adding this benefit to the contract is to provide optional membership and full time service credit to an assistant city attorney. A person holding the office of assistant city attorney who is compensated will cease to be a PERS member unless a written election (Election of Optional Membership) is filed with PERS.

Employer Cost: No valuation required.
Employee Cost: 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 the agency contracts for this benefit.

If this benefit is being considered as an alternative to mandatory Social Security coverage, PERS benefits do not meet the minimum requirements for part-time employees. Part-time employees who elect PERS membership may still be required to continue participation in Social Security.

Individuals who elect membership will receive partial service credit, have the same contribution rate as other employees in the same member classification, and are eligible to purchase previously excluded part-time service. Those part-time employees may exercise their membership election anytime while in employment.

Employer Cost: Costs will emerge in future valuations.
Employee Cost: 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:

Coverage
Optional Procedures

- 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-Millias-Brown Act. PERS will accept the agency's certification that it complies in this respect, 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 of 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 permits a contracting agency to remove a membership exclusion prospectively and not incur a liability for the employees earlier service. When an exclusion is removed prospectively, Section 20930 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 for all groups.

* does not include up to 0.3% impact of added payroll or liability from an elected official having either past or future full-salaried PERS-covered employment.

Employee Cost: None.

7. Section 20499 Full Formula Plus Social Security

This permits a contracting agency to provide full PERS coverage for past and future service of its employees who are employed on or after the effective date of the contract amendment. Because this benefit changes the employee's contribution, an employee election is required.

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 rather than one-fourth continuance.

Employer Cost: Valuation required.

Rough Estimate: Up to 0.8%* of payroll for all groups.

* Up to 4.0% if the agency's contract includes Sections 21263, 21263.1 and 21263.3.

Employee Cost: 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.
- b. If the agreement with the employee group is indefinite, the agency may wish to request several valuations, with the employees paying 0.5%, 1.0%, 1.5%, etc. of the current service costs.

There are several points to be emphasized:

- a. Amendment to this section requires that the employer and the employees agree in writing to share the cost of the applicable benefits. PERS will accept the agency's certification as to this agreement, 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.
- b. The increased employees' contributions will be credited to each employee's account as normal contributions and will be refunded to members who terminate their membership and elect to withdraw their retirement contributions.
- c. Some of the optional benefits available, such as 1959 Survivor Benefits, Military Service Credit and Post-Retirement Survivor Allowance may not be applicable to all employees. However, if the agency provides any of these in conjunction with Section 20500, the contribution rate would increase for all employees in the applicable member category.
- d. It is also possible to share the cost of a formula. A new contracting public agency may only share the cost of the 2.5% @ 55 and the 2% @ 50 formula with its local safety members or the 2% @ 55 with its local miscellaneous members. An amending public agency may share the cost of either the 2% @ 55, 2.35% @ 56, 2.5% @ 55, or 2% @ 50 formula with local safety members or the 2% @ 55 with local miscellaneous members.
- e. This section shall not apply to any optional benefit which is elected 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 only by an amendment to the contract.

Coverage
Optional Procedures

9. Section 20603.03 Employee Contribution Rate for CSUC Auxillary 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 contribution 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 contribution 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: Up to 5.0% of payroll for miscellaneous groups.
Employee Cost: Reduction in employee contributions as discussed above.

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 can not 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 the additional service credit;
- 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 it is its intention at the time it becomes subject to Section 20818 to keep all vacancies, or at least one vacancy in any position in any department or organizational unit, created by retirements under this section permanently unfilled.

To be eligible for this service credit, an employee must have at least five years service credit, be in employment status with the providing agency for at least one day during the designated period, and retire 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.

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.

Procedures for Calculation of Estimated Employer Cost

The cost of providing the two-years additional service credit is calculated based on the employee's annual reportable compensation, the cost estimate factors and whether the agency's contract provides the Post-Retirement Survivor Allowance (Survivor Continuance) and/or an increased Cost-of-Living Allowance of 3%, 4% or 5%.

The employer cost may be estimated as follows:

1. Determine the annual reportable compensation and the age of each person who will receive the additional service credit.
2. Locate the corresponding factor on the cost chart.
3. Multiply the annual reportable compensation by the corresponding factor.
4. Determine whether your agency's contract provides for the Post-Retirement Survivor Allowance. If yes, proceed to step 6.
5. If your agency's contract does not provide for the Post-Retirement Survivor Allowance, multiply the value determined in step 3, above, by 0.95.
6. Determine whether your agency's contract provides for the increased Cost-of-Living Allowance of 3%, 4% or 5%. If not, no further calculations are needed.
7. If your agency's contract provides the 3% cost-of-living allowance, multiply the value determined above by 1.07 to estimate the cost of providing the additional service credit. If your agency's contract provides the 4% cost-of-living allowance, multiply the value determined above by 1.14 to estimate the cost of providing the additional service credit. If your agency's contract provides the 5% cost-of-living allowance, multiply the value determined above by 1.21 to estimate the cost of providing the additional service credit.

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.

Cost Estimate Factors

Miscellaneous Members					Safety Members	
2% @ 60 formula					2% @ 55	2% @ 50
Ages	With Social Security Coverage		Without Social Security Coverage		All	All
	Males	Females	Males	Females		
50-54	0.30	0.32	0.31	0.33	0.40	0.59
55-59	0.37	0.40	0.39	0.41	0.45	0.63
60-64	0.46	0.51	0.49	0.52	0.42	0.58
65-69	0.42	0.47	0.45	0.49	0.38	0.52

2% @ 55 formula				
Ages	With Social Security Coverage		Without Social Security Coverage	
	Males	Females	Males	Females
50-54	0.40	0.43	0.41	0.44
55-59	0.47	0.51	0.49	0.52
60-64	0.47	0.52	0.50	0.54
65-69	0.42	0.47	0.45	0.49

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

An agency may provide credit for service rendered with a public agency if that agency or a function of that agency is, or was, assumed by the contracting agency.

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

Employer Cost: Valuation required.
Employee Cost: None.

Coverage
Optional Procedures

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

A contracting agency may limit prior service credit (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 that 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.

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 one 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 this benefit does not increase the maximum percentage allowable.

This section applies to members whose effective date of retirement is within four months of separation from employment and who retire after the effective date of the contract amendment.

Employer Cost: Valuation required.
Rough Estimate: 0.2% to 0.5% of payroll for all groups.
Employee Cost: None.

14. Section 20894.3 Military Service Credit as Prior Service

Employees who are/were on a military leave at the time the agency contracts for PERS coverage and return(ed) to employment with the agency within six months after discharge from active military duty, can receive service credit for the period of their absence. If the 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: None.

15. Section 20899.1 Credit for War Relocation Leave

A member is permitted 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 costs will emerge in future valuations.
Employee Cost: The amount required to purchase the credit is determined in accordance with Section 20932.

16. Section 20899.5 Refund of Contributions Made for War Relocation Credit

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 20930.3 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 costs will emerge in future valuations.

Employee Cost: It is not uncommon for the cost to the member to exceed \$5,000.00 for each year of military service.

18. 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 purchase 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 required. Actual costs will emerge in future valuations.

Employee Cost: Individual calculation required.

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

This provides public service credit to the employees of a public 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.

Coverage
Optional Procedures

If the 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 costs 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**

Employees of a contracting agency are permitted 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 costs will emerge in future valuations.
Employee Cost: Individual calculation required.

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

A contracting agency which is subject to Section 20930.3 may 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 permits employees to purchase prior service (service rendered to the agency prior to its contract date with PERS) which was excluded or limited in the agency's contract. 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 costs 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**

Members retired or retiring for Industrial Disability are permitted 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. Other local 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 20954 Partial Service Retirement

A member can reduce his/her work time by at least 20% but not more than 80%, continue working, and receive a partial service retirement allowance. To be eligible, the member must be at least age 50 with 20 years of service credit, or have the necessary years of service credit and have reached the necessary attained age for retirement and the member's age and years of service credit totals 65 years or more.

The partial retirement allowance is based on the reduction of work time. For example, if the member's work time is reduced by 30% (works 70% of full time), the allowance would be 30% of what it would have been if the member had retired with a full service retirement.

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

Employee Cost: None.

25. Section 20980.1 Age 60 Mandatory Retirement for Local Safety Members

An agency may specify 60 as the mandatory retirement age for local safety members if the agency has established that the age of a local safety member is a "bona fide occupational qualification reasonably necessary to the normal operation of the principal services provided by safety members".

Employer Cost: No valuation required.

Employee Cost: None.

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

This benefit 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 payroll for miscellaneous groups. Actual costs will emerge in future valuations.

Employee Cost: None.

27. Section 21222.4 One-Time 15% Increase for Certain Safety Members Who Retired for Service Retirement

A contracting agency may provide a 15% allowance increase to a local safety member whose retirement for service or nonindustrial death before retirement occurred 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.

Coverage
Optional Procedures

28. Section 21222.5 One-Time 15% Increase for Certain Safety Members Who Retired For Service, Industrial or Nonindustrial Retirement

A contracting agency may provide a 15% allowance increase to a local safety member whose retirement for service or nonindustrial death before retirement occurred, or who retired for industrial or nonindustrial retirement 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 survivors receiving a Special Death Benefit.

Employer Cost: Valuation required.
Employee Cost: None.

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

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

A contracting agency may provide a 15% allowance increase to local miscellaneous members who retired or died prior to July 1, 1971 and whose allowances were calculated on the 1/60th retirement formula. The increase applies to beneficiaries and survivors of such retirees as well as survivors of such members.

The increase also applies to beneficiaries of such retirees and to survivors of a member 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.

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

A contracting agency may provide a 4% allowance 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.

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

A contracting agency may 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.

<u>Period During Which Retirement Or Death Occurred</u>	<u>Percentage</u>
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.

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

A contracting agency may 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.

<u>Period During Which Retirement Or Death Occurred</u>	<u>Percentage</u>
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.

Coverage
Optional Procedures

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

A contracting agency may provide a one-time allowance increase with respect to members who retire 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:

<u>Period During Which Retirement Or Death Occurred</u>	<u>Percentage</u>
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.

34. 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 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 1992 is chosen, the first cost-of-living allowance increase would be effective April 1, 1994.

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.

35. 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. This formula provides to the member 2% of pay at age 55 for each year of service credited with that employer. Members age 63 or older will receive the same allowance as under the 2% @ 60 formula.

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 reportable earnings, exclusive of overtime. Those covered by the 2% @ 55 Modified formula (coordinated with Social Security) contribute 7% of gross reportable earnings minus \$133.33, exclusive of overtime.

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

36. Section 21252.01 2% @ 50 Full, Supplemental or Modified Formula for Local Safety Members

A contracting agency which has local safety members may amend its contract to provide the 2% @ 50 formula. (A formula change affecting the members' contribution rate requires an election of the affected members.) This formula provides to the member 2% of pay at age 50 for each year of service credited with that employer. The percent per year of service gradually increases for each attained age from 2% at age 50 to 2.7% at age 55+.

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

Local safety members subject to the 2% @ 50 Full or Supplemental formulas contribute 9% of gross reportable earnings, exclusive of overtime. Those covered under the 2% @ 50 Modified formula (coordinated with Social Security) contribute 9% of gross reportable 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: 7.0% to 18.0% of payroll for safety groups.
Employee Cost: As discussed above.

37. Section 21252.02 2.5% @ 55 Formula for Local Safety Members

A contracting agency which has local safety members may amend its contract to provide the 2.5% @ 55 formula. (A formula change affecting the members' contribution rate requires an election of the affected members.) This formula provides to the member 2.5% of pay at age 55 for each year of service credited with that employer. For members who retire earlier, the percentage of pay is reduced to 2% at age 50 which gradually increases for each attained age to 2.5% at age 55+.

Local safety members who are covered under the 1/2 @ 55 formula may choose, by individual election, to change to the new formula. All future hires will be subject to the 2.5% @ 55 formula.

Local safety members subject to the 2.5% @ 55 formula contribute 8% of gross reportable 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: 5.0% to 16.5% of payroll for safety groups.
Employee Cost: As discussed above.

Coverage
Optional Procedures

38. Section 21252.6 2% @ 55 Full, Supplemental or Modified Formula for Local Safety Members

A contracting agency which has local safety members covered by the 1 1/4 @ 60 formula and/or the 1/2 @ 55 formula may amend its contract to provide the 2% @ 55 formula for local safety members. (A formula change affecting the members' contribution rate requires an election of the affected members.) This formula provides to the member 2% of pay at age 55 for each year of service credited with that employer. For members who retire earlier, the percentage of pay is reduced to 1.426% at age 50 which gradually increases for each attained age to 2% at age 55+.

Local safety 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 formulas contribute 7% of gross reportable earnings, exclusive of overtime. Those covered under the 2% @ 55 Modified formula (coordinated with Social Security) contribute 7% of gross reportable earnings minus \$133.33, exclusive of overtime.

The total allowance for service retirement under the 2% @ 55 formula and the 2.5% @ 55 formula, combined, cannot exceed 75% of final compensation.

Employer Cost: Valuation required.
Rough Estimate: 2.0% to 4.0% of payroll for safety groups.
Employee Cost: As discussed above.

39. Section 21252.61 2.35% @ 56 Modified Formula for Local Safety Members

A contracting agency which has local police members or county peace officers, who are local safety members and who were participating in Social Security in April, 1983, may amend its contract to provide the 2.35% @ 56 formula. (A formula change affecting the members' contribution rate requires an election of the affected members.) This formula provides to the member 2.35% of pay at age 56 for each year of service credited with that employer. For members who retire earlier, the percentage of pay is reduced to 1.713% at age 50 which gradually increases for each attained age to 2.35% at age 56+.

Local safety members who are covered under the 1/2 @ 55 formula may choose, by individual election, to change to the new formula. All future hires will be subject to the 2.35% @ 56 formula.

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

The total allowance for service retirement under the 2.35% @ 56 formula cannot exceed 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, except for obvious deficiencies.

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

40. Sections 21263, 21263.1 & 21263.3 Post-Retirement Survivor Allowance

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 to the date of 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.

Employer Cost:	Valuation required.
Rough Estimate:	1.0% to 3.0% of payroll for miscellaneous groups with modified formula; 2.0% to 4.0% of payroll for miscellaneous groups with full formula; 3.0% to 7.0% of payroll for safety groups.
Employee Cost:	None.

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

41. Section 21266 Post-Retirement Survivor Allowance to Continue After Remarriage

If the surviving spouse remarries, the Post-Retirement Survivor Allowance will not cease. However, the surviving spouse may not add the new spouse or step- children as family members under any continued health benefits coverage of the surviving spouse.

This section is applicable only to remarriages that occur on or after the effective date of the contract amendment.

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

42. Section 21298 Improved Nonindustrial 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.

Coverage
Optional Procedures

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

43. Section 21305 Increased Industrial Disability Allowance to 75% of Final Compensation

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 allowance 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.

Employer Cost: Valuation required.
Rough Estimate: 3.0% to 7.0% of payroll.
Employee Cost: None.

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

44. Section 21307 Improved Industrial Disability Allowance for Local Safety Members

If the Workers' 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: 3.0% to 7.0% of payroll.
Employee Cost: None.

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

Local system service credit will be used 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.

46. Section 21365.6 Pre-Retirement Optional Settlement 2 Death Benefit

The spouse of a deceased member, who was eligible to retire for service at the time of death, may 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 1.0% of payroll.
Employee Cost: None.

47. Section 21367.53 \$600 Retired Death Benefit

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% of payroll for miscellaneous and safety groups.
Employee Cost: None.

48. 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.

49. 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, 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 section and Social Security is prohibited (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).

Coverage
Optional Procedures

50. 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, \$450 and \$225 respectively.

The increased benefits 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 the basic 1959 Survivor Benefits, Sections 21380-21387.

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

51. Section 21382.4 Third Level of 1959 Survivor Benefits

An agency may provide a higher level of 1959 Survivor Benefits than the levels provided under Sections 21380-21387 and the Increased Levels provided by Section 21382.2. Monthly allowances under this section will be increased to \$840, \$700, and \$350 respectively.

Employer Cost: \$2.50 per month per covered employee. 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 may 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 Benefits, Sections 21380-21387.

Public agencies contracting or amending to provide 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 providing 1959 Survivor Benefits who amend to provide 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 AMENDMENT TO THE 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. Employees of a city police department who were employed to perform identification or communication duties on August 4, 1972, as "Local Police Officers" by individual election (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 "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 Fire Fighters" (Section 20021.01).
9. Any officer or employee of a contracting agency performing a fire training function as "Local Fire Fighters" (Section 20021.1).
10. Employees of a sheriff's office who were employed to perform identification or communication duties on 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 service retirement formula by making an irrevocable election in writing no later than 90 days after notification by this system. Members who elect to be subject to the miscellaneous service retirement formula will be covered by safety industrial benefits (e.g. disability and death benefits).

Employer Cost:	Valuations required for the miscellaneous group and the safety group.
Rough Estimate:	Up to 3.5%* of safety payroll. The miscellaneous payroll may be affected. * does not include up to 3.5% impact of added safety payroll.
Employee Cost:	See cost information under the appropriate formula.

Coverage
Health Insurance

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 Act 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 (Act) 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 and 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), and two association plans. PERS CHOICE, an alternative fee-for-service plan will be available August 1, 1993.

All plans provide both Basic and Supplemental coverages.

PERS-CARE is self-funded, the State assumes the risk for the health benefits payable to PERS-CARE members and their providers. One of the major advantages of self-funding is the elimination of profit paid to the insurance carrier for carrying the risk of the program. Administrative fees currently paid to PERS-CARE vendors amount to 6 percent of premium, whereas administrative fees paid to PERS contracted HMOs amount to 12-15 percent.

PERS-CARE contracts with Blue Shield of California to allow PERS-CARE members access to their network of over 36,000 physicians and over 280 hospitals in California. When members use Blue Shield physicians and hospitals PERS-CARE pays 90 percent of the allowed amount, less applicable deductible and co-payments. PERS-CARE members can fill prescriptions with their PERS-CARE membership card with a \$5 co-payment for generic drugs and a \$10 co-payment for brand name drugs at any PAID Prescription's network of contracted pharmacies. PAID's pharmacy network includes virtually every pharmacy in California and over 51,000 nation-wide. PERS-CARE also offers a mail service program where the member can obtain brand name or generic drugs, up to a 90 day supply, for only \$5.

Health plans available during the 1993/94 contract year are:

PERS-CARE	(PPO)	Health Plan of the Redwoods	(HMO)
PERS Choice	(PPO)	Kaiser North	(HMO)
AETNA of Southern California	(HMO)	Kaiser South	(HMO)
AETNA of Northern California	(HMO)	Lifeguard, Inc	(HMO)
Blue Shield HMO	(HMO)	Maxicare	(HMO)
CaliforniaCare	(HMO)	PacifiCare	(HMO)
Calif. Professional Firefighters Assoc. (CPFA)	(Association Plan)	Qual-Med Plans for Health	(HMO)
CIGNA Health Plan	(HMO)	Peace Officers Research Assoc. of Calif. (PORAC)	(Association Plan)
Family Health Program	(HMO)	St. Joseph's OMNI	(HMO)
Foundation Health	(HMO)	TakeCare, Inc.	HMO)
Health Net	(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.
- 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 employees under the unequal option must be at least \$16.00 per month. The contribution for retirees under the unequal 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.
- C. Contribute a percent (0.0% (zero) for the 1993/94 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 1993/94 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
Telephone (916) 326-3364
(916) 326-3240 (Telecommunications Device for the Deaf)

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MEMBER SERVICES DIVISION TELEPHONE AND SECTION DIRECTORY

	<i>Telephone Number</i>	<i>Section Code*</i>
Member Services Division		
General Information	(916) 326-3141	
General Information (TDD only)	326-3240	
Facsimile (FAX) Number	326-3287	
Member Records Section		
Membership Status	(916) 326-3141	841
New Members and Membership Qualifications	326-3141	841
Reciprocity	326-3141	841
Member Statements	(916) 326-3141	823
Service Credit Section	(916) 326-3141	832
Subject		
Arrears and Adjustments of Member Contributions		
Birthdate Discrepancies		
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		
Temporary Disability Absences		
Service Payment Unit	(916) 326-3141	835
Refunds		
(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
CURRENT MEMBER (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			
NOT CURRENT MEMBER (has had contributions refunded 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, Page 3-77.

NOTICE OF EXCLUSION FROM PERS MEMBERSHIP PERS-MEM-139

PURPOSE

The Notice of Exclusion Form (MEM-139) is used to notify employees why they have been excluded from PERS membership.

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 of 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 the 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 EXPECTED TO LAST.
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		MONTHS: [] [] [] []
8. TIME BASE		8. APPOINTMENT DATE
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE		MM [] [] DD [] [] YY [] []
IF PART TIME, ENTER THE FRACTION OF FULL TIME → [] [] [] [] [] [] [] []		

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			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.		
2. CURRENT NAME (LAST)		(FIRST)			
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.		8. APPOINTMENT DATE	
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		<input type="text"/> <input type="text"/> MONTHS		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>MM DD YY</small>	
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			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>→</small>		

ITEM	BLOCK TITLE	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	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. DEPARTMENT OR SCHOOL DISTRICT NAME		5. JOB OR POSITION TITLE
3. NAME OF PUBLIC AGENCY		
6. TERM OF APPOINTMENT		
<input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY <input type="text"/> MONTHS		
IF TEMPORARY, ENTER NEAREST NUMBER'S APPOINTMENT DATE IF WHOLE MONTHS, THE APPOINTMENT IS EXPECTED TO LAST.		
MM DD 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"/>		

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 hours

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 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
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. Refer to public agency Coverage Key Item 10-Exclusions.) 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:

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.

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.

Membership

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.

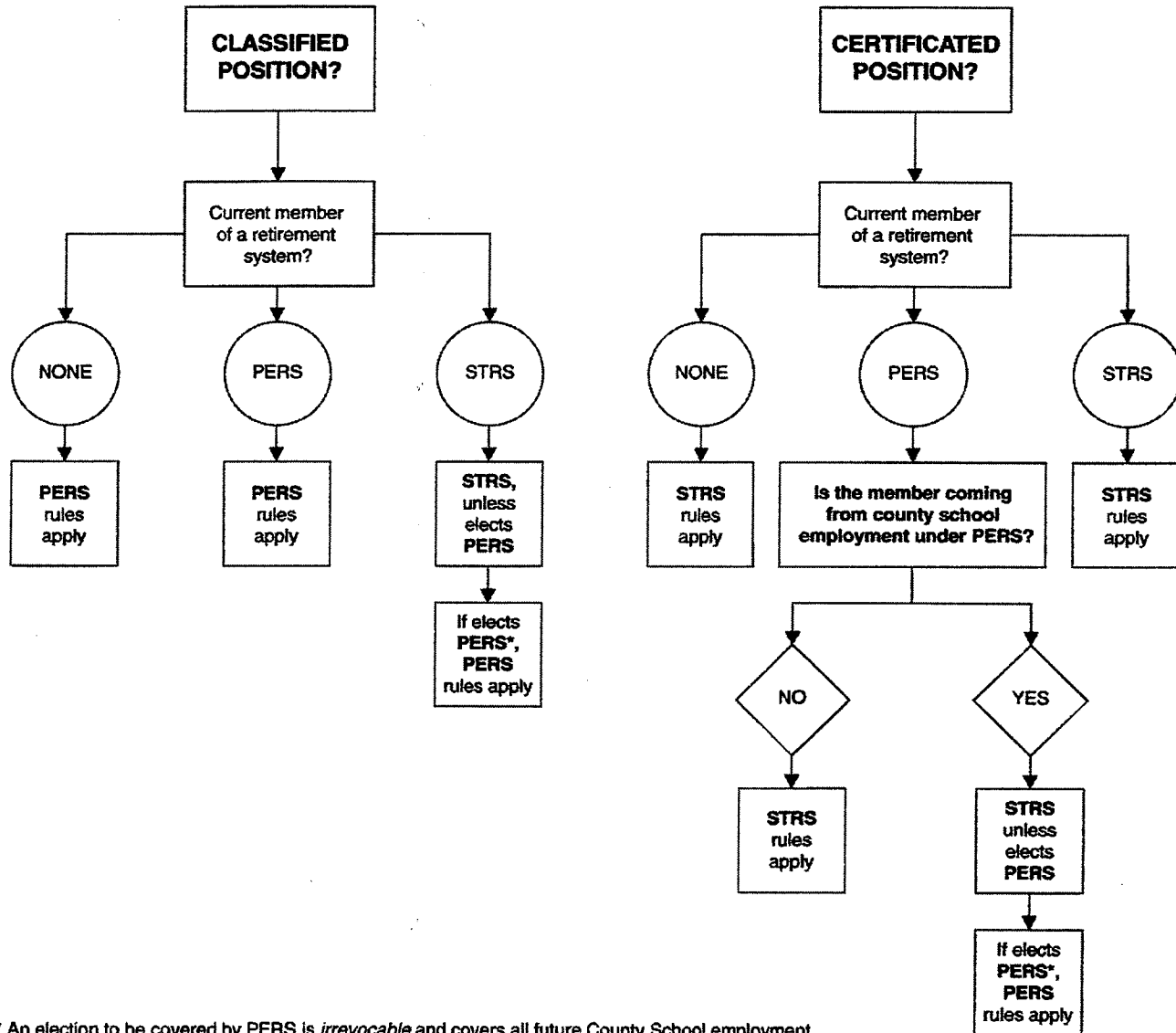
Use the following chart as a guide to determine the retirement system coverage for the employee.

	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*) and "local policemen" as 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 of 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 of 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 of equal or higher rank, or as firemen, hosemen, of 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 of 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 of 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 sections 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*).

CALIFORNIA
PERS
MEMBERSHIP FORM
PERS-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 os 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
		RIPIT
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER										PART I	
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 ENTER PRIOR FULL NAME → (LAST) (FIRST) (MIDDLE)											

PART II			
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 → _____ . _____	

PART III		
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:

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; TRIPPLICATE 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)			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. 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 ENTER PRIOR FULL NAME (LAST) (FIRST) (MIDDLE)									

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" style="margin-left: 40px;"> <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
		RIPIT
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. WHICH EMPLOYED ONLY <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED			
8. EMPLOYER CODE		9. UNIT CODE		10. COVERAGE GROUP		11. JOB OR POSITION TITLE					
12. 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 13 below)			
APPT. DATE MM DD YY			RETURN DATE MM DD YY			EFF. DATE MM DD YY					
13. NAME CHANGE (ENTER PRINT FULL NAME →)				(LAST) (FIRST) (MIDDLE)							

ITEM BLOCK TITLE INSTRUCTIONS

8 Unit Code 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			3. BIRTH DATE MM DD YY			4. SEX 1 <input type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE		
2. CURRENT NAME (LAST, FIRST, MIDDLE)			6. DEPARTMENT OR SCHOOL DISTRICT NAME			SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED		
5. NAME OF PUBLIC AGENCY		9. COVERAGE GROUP		10. JOB OR POSITION TITLE				
7. EMPLOYER CODE & UNIT CODE								
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 DATA IS REQUIRED) ON DATE: MM DD YY		
12. NAME CHANGE (ENTER PRIOR FULL NAME →)			LAST (LAST)			FIRST (FIRST)		
			MIDDLE (MIDDLE)					

ITEM BLOCK TITLE

INSTRUCTIONS

9 Coverage Group

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.

10 Job or Position Title

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
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER										PART I																
2. CURRENT NAME (LAST)					(FIRST)					(MIDDLE)					3. BIRTHDATE			4. SEX								
															MM DD YY			1. MALE 2. FEMALE								
5. NAME OF PUBLIC AGENCY										6. DEPARTMENT OR SCHOOL DISTRICT NAME										SCHOOL EMPLOYEES ONLY						
																				CERTIFICATED						
7. EMPLOYER CODE										8. UNIT CODE					9. COVERAGE GROUP					10. JOB OR POSITION TITLE					NON-CERTIFICATED	
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					RETURN DATE					EFF. DATE																
MM DD YY					MM DD YY					MM DD YY																
12. NAME CHANGE																										
ENTER PRIOR FULL NAME →										(LAST)					(FIRST)					(MIDDLE)						

ITEM BLOCK TITLE

INSTRUCTIONS

11 Type of Action and Effective Date

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) A current membership date for an employee now qualifying for membership pursuant to Government Code Section 20336 (refer to Determining Membership Eligibility).
 - e) A current membership date for 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.

12 Name Change

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

PART II		
13. TERM OF APPOINTMENT 1 <input type="checkbox"/> PERMANENT 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. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> 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		
15. IF 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: *

ITEM	BLOCK TITLE	INSTRUCTIONS
------	-------------	--------------

13	Term of Appointment	
----	---------------------	--

Enter "X" in the appropriate box. For the purpose of this form, use following definitions:

PERMANENT—an open-ended appointment which will extend for more than 12 months, or, in the case of SCHOOLS, an employment contract that will last for the school year (10-12 months) or more. (If employment is permanent part-time complete 13B.)

TEMPORARY—an appointment with a fixed ending date of 12 months or less, or, in the case of SCHOOL employees, an employment contract that will last for less than the school year.

If **TEMPORARY** 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.

NOTE: Refer to Determining Membership Eligibility, page 1-5, for further information.

Membership
 MEM-1

PART II

13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT (Categories 10B and 10C) <input type="checkbox"/> TEMPORARY (Categories 10A and 10B)		13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF MONTHS THE APPOINTMENT IS EXPECTED TO LAST: _____ MONTHS	13B. IF TEMPORARY, OR PERMANENT PART-TIME, CHECK AN APPROPRIATE BOX: <input type="checkbox"/> EMPLOYEE IS ALREADY A PERMANENT EMPLOYEE <input type="checkbox"/> EMPLOYEE HAS PREVIOUSLY WORKED FOR THIS DISTRICT AND PREVIOUS YEAR <input type="checkbox"/> EMPLOYEE WILL INCREASE AN HOUR'S WORK						
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: <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table> / <table border="1" style="display: inline-table;"><tr><td> </td><td> </td><td> </td></tr></table>						
15. IS THIS INDIVIDUAL AN ELECTIVE OFFICER, A STATE REPRESENTATIVE EMPLOYEE, MEMBER OF THE STATE OF CALIFORNIA OR IN SOME OTHER LEADERSHIP POSITION? (CHECK ONE) <input type="checkbox"/> YES <input type="checkbox"/> NO		16. EMPLOYEE IS CURRENTLY EMPLOYED WITH VARIABLE CERTIFICATION DATE: YES <input type="checkbox"/> NO <input type="checkbox"/> ENTER DATE: _____							

ITEM **BLOCK TITLE**
 14 Time Base

INSTRUCTIONS

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 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
---	---	---	---	---	---	---

PART II

<p>12. TERM OF APPOINTMENT</p> <p><input checked="" type="checkbox"/> PERMANENT (Complete 13B & Part Time)</p> <p><input type="checkbox"/> TEMPORARY (Complete 13A and 13B)</p>	<p>13A. IF TEMPORARY, THIS BLOCK MUST BE COMPLETED. ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.</p> <p style="text-align: center;">_____ MONTHS</p>	<p>13B. IF TEMPORARY OR PERMANENT PART-TIME CHECK APPROPRIATE BOX.</p> <p><input type="checkbox"/> EMPLOYEE IS ALREADY A PERS MEMBER</p> <p><input type="checkbox"/> EMPLOYEE HAS RECEIVED 120 DAYS OR MORE WORKS THIS FISCAL YEAR</p> <p><input type="checkbox"/> POSITION WILL AVERAGE 20 HOURS A WEEK</p>
<p>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)</p> <p>1 <input type="checkbox"/> YES (ATTACH APPROPRIATE PERS OPTIONAL MEMBER ELECTION FORM)</p> <p>2 <input checked="" type="checkbox"/> NO</p>		<p>16. IF EMPLOYEE IS A SAFETY MEMBER WITH A VARIABLE CONTRIBUTION RATE,</p> <p>ENTER RATE → _____ . _____</p>

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

13. TERM OF APPOINTMENT 1 <input checked="" type="checkbox"/> PERMANENT (Complete 13B or 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 90 DAYS IN PAST YEAR OF THIS FISCAL YEAR <input type="checkbox"/> POSITION WILL INCREASE IN HOURS A WEEK
14. PAY RATE 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, HEADER OF THE OFFICE OF CITY ATTORNEY, OR IN SOME OTHER QUALIFYING OFFICIAL 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 → _____ * _____

ITEM BLOCK TITLE INSTRUCTIONS

16 Variable Contribution Rate

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

17. THE EMPLOYEE IN THIS POSITION IS COVERED BY: (CHECK ONE ONLY)			18. IF EMPLOYEE IS A NON-CITIZEN WHO IS EXCLUDED FROM SOCIAL SECURITY, PROVIDE THE VISA TYPE AND EXPIRATION DATE:		
1	<input type="checkbox"/> SOCIAL SECURITY	2	<input type="checkbox"/> 1959 SURVIVOR BENEFIT	3	<input type="checkbox"/> NEITHER
				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	INSTRUCTIONS
17	1) Social Security Coverage	The description of the coverage group will indicate Social Security coverage. Refer to your Coverage Key (Items 3 and 5).
	2) 1959 Survivor Benefit	Coverage for any group is indicated by a date adjacent to the title "1959 Survivor Benefit" on your Coverage Key (Item 8.1).
	3) Neither	Self-explanatory.
18	Federal Social Security Exclusion	Enter "X" in appropriate box. LEAVE BLANK IF IT DOES NOT APPLY.
	Expiration Date	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 YES 2 NO IF YES, ENTER NAME OF AGENCY(IES) →

20. HAS THIS EMPLOYEE HAD ANY OTHER PUBLIC EMPLOYMENT IN CALIFORNIA, NOT COVERED BY PERS?

1 YES 2 NO IF YES, ENTER NAME OF AGENCY(IES) →

21. REMARKS:

22. FORM COMPLETED BY: _____ DATE: _____ TELEPHONE: () _____

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPPLICATE 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, T, I
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000		PART I	
2. CURRENT NAME (LAST) (FIRST) (MIDDLE) Sinclair James E.			3. BIRTHDATE MM DD YY 09 01 50
4. SEX 1 <input checked="" type="checkbox"/> MALE 2 <input type="checkbox"/> FEMALE			
5. NAME OF PUBLIC AGENCY City of San Luis Obispo		6. DEPARTMENT OR SCHOOL DISTRICT NAME Personnel Department	
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 APPT. DATE MM DD YY: 06 15 92			
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 → _____			

PART II		
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 → _____ . _____

PART III		
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: _____

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 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; TRIPLICATE 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		

PART I			
1. SOCIAL SECURITY NUMBER 000-00-0000			
2. CURRENT NAME (LAST) Anderson		3. BIRTHDATE MM DD YY 07 17 45	
(FIRST) Mary		4. SEX 1 <input type="checkbox"/> MALE 2 <input checked="" type="checkbox"/> FEMALE	
(MIDDLE) J.		SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED	
5. NAME OF PUBLIC AGENCY Contra Costa County Schools		6. DEPARTMENT OR SCHOOL DISTRICT NAME Oakley Union Elementary	
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 2 <input type="checkbox"/> RETURN FROM LEAVE 3 <input type="checkbox"/> NAME CHANGE (complete block 12 below)			
APPT. DATE MM DD YY 06 15 92		RETURN DATE MM DD YY	
EFF. DATE MM DD YY			
12. NAME CHANGE ENTER PRIOR FULL NAME → (LAST) (FIRST) (MIDDLE)			

PART II		
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.
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
IF PART TIME, ENTER THE FRACTION OF FULL TIME: 0 3 8 / 0 4 0		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 → .		

PART III		
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:

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 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; QUADRUPLICATE 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;
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000			PART I		
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		SCHOOL EMPLOYEES ONLY: <input type="checkbox"/> CERTIFICATED <input type="checkbox"/> NON-CERTIFICATED
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 01 22 92 MM DD YY	
12. NAME CHANGE ENTER PRIOR FULL NAME → Ramirez (LAST) Elizabeth (FIRST) R. (MIDDLE)					

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 → _____ . _____	

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: 01/23/92 TELEPHONE: (XXX) XXX-XXXX

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPPLICATE TO MEMBER'S FILE; QUADRUPLICATE 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
		R P T
FOR PERS USE ONLY		

1. SOCIAL SECURITY NUMBER 000-00-0000			PART I		
2. CURRENT NAME (LAST) (FIRST) (MIDDLE) Richardson Donna 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 → (LAST) (FIRST) (MIDDLE) Jensen Donna Jean					

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: (916) 326-3122

ORIGINAL TO PERS; DUPLICATE TO EMPLOYER; TRIPLICATE 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. 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.

Membership



Member Services Division
P.O. Box 942704
Sacramento, CA 94229-2704
Telecommunications Device for the Deaf - (916) 326-3240
(916) 326-3141

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 (PERS) 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. To qualify for membership the elective officer must receive compensation. Once elected, the membership remains in effect for all future service in an elective officer position unless there is a significant break in employment.

If your election of PERS membership will result in service concurrent with 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 _____
(Title)
of the _____
(Name of Employer)

My present term will expire on _____, 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 (PERS) as my election to become a member.

I UNDERSTAND THIS ELECTION IS **IRREVOCABLE** AS LONG AS I REMAIN AN ELECTIVE OFFICER.

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

	(Telephone Number)	

PERS-MEM-59 (Rev. 7/92)

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

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 file maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Coordinator, PERS, 400 P Street, 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.

ITEM	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)

ITEM	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 birth date 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 1-55 only if the discrepancy was not typographical or clerical error.
- 4) If the discrepancy is a typographical or clerical error submit a signed employer statement certifying that fact and provide the correct birthdate.
- 5) 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 1-55.



Member Services Division
P.O. Box 942704
Sacramento, CA 94229-2704
Telecommunications Device For
The Deaf - (916) 326-3240
(916) 326-3141

Reply to Section _____
Refer to No. _____

TO: _____ RE: _____
(Employer Code and Name) (Member Name)

Effective Date of Retirement: _____

The birthdate currently shown on our records differs from:

- the birthdate 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:

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

MEMBER'S HOME ADDRESS _____ (Street No. or P.O. Box)	EMPLOYER CERTIFICATION _____ (Signature of Certifying Officer)
(City & State) _____ (Zip Code) _____	(Agency Phone #) _____ (Date) _____

PERS-MEM-12 (Rev. 12/90)
MEM12.DOC

**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.

**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.



NOTICE OF CHANGE

Reply to Section:

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

Date:

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

EMPLOYER		EMPLOYEE	
EMPLOYEE RECORD SHOULD READ:		DELETE FROM EMPLOYEE RECORD:	
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
EMPLOYER ACTION: 			
COMMENTS: 			



CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

NOTICE OF CHANGE

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

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

Reply to Section:

1 Date:

EMPLOYER 2	EMPLOYEE 3
----------------------	----------------------

ITEM	BLOCKTITLE	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

EMPLOYEE RECORD SHOULD READ:		DELETE FROM EMPLOYEE RECORD:	
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

ITEM	BLOCKTITLE	INSTRUCTIONS
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.

EMPLOYER ACTION: 6
COMMENTS: 7

ITEM	BLOCKTITLE	INSTRUCTIONS
6	Employer Action	Indicate necessary action by agency or PERS. Please follow the instructions given.
7	Comments	Give the reason for the change.

RECIPROCITY AND SIMILAR BENEFITS

FULL RECIPROCITY

"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 RECIPROCITY 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 RECIPROCITY

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 RECIPROCITY

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 AND OTHER TYPES OF SERVICE CREDIT

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 **To receive this credit, a member's election must be filed with PERS before his/her retirement is effective** (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, page 1-70. **To receive this credit, a member's election must be filed with PERS before his/her retirement is effective.**

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.

CONTRACT EXCLUSIONS

If requested employment is excluded by the employers PERS contract, no credit is possible. If the exclusion was removed or superceded by law after the employment was rendered, credit rights would depend on the Government Code provisions under which the exclusion was removed.

Membership
Redeposit or SPM

PAYMENT METHODS

A member may elect, at any time prior to retirement, to make contributions for Redeposit or other types of service credit. If a member elects a cash lump-sum payment, no notification will be sent to the employer.

If 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 payroll deductions (MEM-823C). No 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.

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 832
P.O. Box 942704
Sacramento, CA 94229-2704

The member's inquiry should include:

Member's full name
Member's home address and telephone number
Member's 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 (832). Please include the following:

1. Member's full name.
2. Member's Social Security number.
3. Member's home 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.

Exception:

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).

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.

AGENCY NAME/CDDE	SOCIAL SECURITY NUMBER	POSITION(S) HELD -- (For Service Periods Below)	COVERAGE GRP	A/C	LS A/C										
IMPORTANT INSTRUCTIONS ON BACK															
PRIOR SERVICE RECORD															
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															
1975-76															
1976-77															
1977-78															
1978-79															
1979-80															
1980-81															
1981-82															
1982-83															
1983-84															
1984-85															
1985-86															
1986-87															
1987-88															
1988-89															
1989-90															
1990-91															
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
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.

Membership
Prior Service

AGENCY NAME/ CODE				
1				
NAME (Last, First, Middle)	SOCIAL SECURITY NUMBER	POSITION(S) HELD — (For Service Periods Below)	COVERAGE GRP	A/C
2				
				LS A/C

3	FISCAL YEAR	PRIOR SERVICE RECORD											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													

- | ITEM | 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 GRP | Enter the coverage group number for this member's position. |
| | A/C | Leave blank. |
| | LS A/C | Leave blank. |
| 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	POSITION(S) HELD — (For Service Periods Dates)	COVERAGE GRP	A/C
				LS A/C

3 FISCAL YEAR	PRIOR SERVICE RECORD												IMPORTANT INSTRUCTIONS ON BACK	PERS USE ONLY
	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE		
1971-72														<p>For additional information, refer to the back of the MEM17/MEM17A.</p>
1972-73														
1973-74														
1974-75														
1988-90														
1990-91														
1991-92														
1992-93														

ITEM	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

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	
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)

ITEM	BLOCK TITLE
4	Remarks Certification of Service Period

INSTRUCTIONS

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	SAMPLE	POSITIONS HELD -- (For Sameor Periodic Salary)	SAMPLE	COVERAGE GRP	SAMPLE	A/C	
NAME (Last, First, Middle)	SAMPLE	SOCIAL SECURITY NUMBER	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													
1984-85													
1985-86													
1986-87													
1987-88													
1988-89													
1989-90													
1990-91													
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 services reported on this sheet were 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.	I HEREBY CERTIFY that the services reported on this sheet were 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
PARTIAL YEARS	WAS
FULL YEARS	S/B
TOTAL YEARS	ADJ.
CONTRACT ALLOWS	TOTAL POSTED
	CALCULATED
	CHECKED/POSTED
	ADJUSTED CALC
	CHECKED/POSTED
	REPOSTED

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 (such as: DD214) 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 1-1-75 and amended 1-1-77 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 - 832
P.O. Box 942704
Sacramento, CA 94229-2704

Member should include:

Member's full name
Member's home address and telephone number
Member's Social Security number
Copy of discharge papers showing date of entry into and discharge from active duty (such as: DD 214).

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 in addition to 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.



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 04	NO. OF PAYMENTS	PAYMENT AMOUNT	PAYROLL TYPE

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. 9/89)

TELEPHONE: (816)

1	EMPLOYER CODE	EMPLOYER	AGENCY UNIT CODE	MAILING DATE
	SOCIAL SECURITY NUMBER	MEMBER NAME		COVERAGE GROUP
	EFFECTIVE DATE	CONTRIBUTION TYPE	CODE 04	PAYMENT AMOUNT
				PAYROLL TYPE

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

ITEM	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)

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 DUES CODE	MAILING DATE
2	SOCIAL SECURITY NUMBER		MEMBER NAME		COVERAGE GROUP
	EMPLOYEE DATE	CONTRIBUTOR TYPE	CODE	AMOUNT	PAYROLL TYPE
			04		

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

ITEM	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. 9/88)

TELEPHONE: (916)

EMPLOYER CODE		EMPLOYER		EMPLOY CODE		EMPLOYER TRADE	
EFFECTIVE DATE		CONTRIBUTION TYPE		CONT. CODE		PAYROLL TYPE	
3				04			

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

ITEM	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

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:

NOTE: Please review the enclosed Circular Letter 400-132 issued 11-3-92 regarding new federal tax legislation on refunds. The BAS-167 is being revised and will be forthcoming. A Circular Letter will be issued when the revised form is released.

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 page (reverse side of green copy of BAS-167) 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 item 19 "Address" 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.
7. If a member wishes to leave his or her contributions on deposit, box 1 in Part II should be checked.

Membership



Circular Letter

California Public Employees' Retirement System
P.O. Box 942711
Sacramento, CA 94229-2711
(916) 326-3232
Telecommunications Device For
The Deaf -- No Voice (916) 326-3240

Document No.

Date: NOVEMBER 3, 1992

File No.:

Index No.:

Distribution: VI, XII, XVI, SPECIAL

Circular Letter No.: 400-132

To: ALL PUBLIC AGENCIES, COUNTY SCHOOLS, AND STATE AGENCIES
WHO DO NOT REPORT UNDER THE PERSONNEL INFORMATION
MANAGEMENT SYSTEM "PIMS"

Subject: CHANGES TO FORM PERS-BAS-167 (REPORT OF STATUS CHANGE OR
SEPARATION) AS A RESULT OF NEW ROLLOVER AND WITHHOLDING
TAX REQUIREMENTS

This is to inform you that form PERS-BAS-167, Report of Status Change or Separation, must again be revised! Today, the most current version of this form is the 5/92 revision. A recent Circular Letter was distributed concerning those changes.

Now, due to Federal legislation (HR 5260, PL 102-318), the recently revised form will be obsolete for payments made on or after January 1, 1993. This new law imposes 20% federal income tax withholding on the taxable portion of ALL lump sum payments from qualified pension plans such as PERS. The ONLY way a member may avoid the 20% withholding is to request that PERS directly roll over the contributions to an eligible defined contribution plan or an Individual Retirement Arrangement (IRA).

There are no other exceptions to the 20% withholding. If the member elects a refund with the intention of later rolling over the funds, he or she will still be subject to 20% withholding.

Until the refund election form can be revised, interim procedures must be followed, as outlined in this letter:

Any member who permanently separates PERS-covered employment before November 15, 1992, must have their separation and refund document, PERS-BAS-167, immediately submitted to PERS. Otherwise, PERS cannot predict and will not guarantee that the refund payment may be made before January 1, 1993.

For any member separating employment and electing a refund November 15, 1992 or later, the attached form BAS-500 must be provided and the attached "Distribution of PERS Contributions" form MUST be completed and attached to the form PERS-BAS-167 or else the refund will not be processed.

PERS-ADM-69 (Rev. 5/85)

Membership

This new form provides space for the member to either confirm their refund election and acknowledge the withholding requirement or elect a rollover by direct transfer and provide information on the transferee plan. Processing of a refund payment requires between four to six weeks after receipt of properly completed election forms.

Since this new law is mandatory, PERS will have no discretion to "correct" withholding. If the payment is made on or after January 1, 1993, regardless of the reason for any delay, we must withhold 20%. Please do not hold any refund election documents!

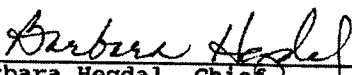
Any form received after approximately November 15, 1992 may not result in payment prior to January 1, 1993, and any form received after December 1, 1992, will not result in payment before the end of the year in the vast majority of cases.

Please note: PERS will not be able to make emergency payments in December because we are closing our tax year by preparing several thousand tax statements and the corresponding reports to the tax authorities. Only automated payments may be made and they require four to six weeks, as stated. Please disseminate this information to separating employees who are members of PERS!

Further, for payments which will be made after the end of 1992, a member may NOT elect "No Withholding" although the form does indicate this choice. If a refund election is received with "No Withholding" selected, we will have to return the form to you and this will result in the member not being paid before 20% withholding takes effect, if they still wish a refund.

Remember, any member, regardless of vesting, may leave his or her contributions on deposit and thus defer taxability.

If the member has questions about this legislation, they should be directed to the Internal Revenue Service or their U.S. Congressperson. If you have questions about these interim procedures or if you didn't receive a copy of our Circular Letter dated September 9, 1992, please contact PERS at (916) 326-3232.



Barbara Hegdal, Chief
Benefit Application Services Division

BH:MLF:ms

att: 3



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

**IMPORTANT NOTICE TO ALL MEMBERS REQUESTING A
REFUND OF THEIR PERS CONTRIBUTIONS**

This notice is to advise that for all members terminating from employment who are issued a refund of their PERS contributions on or after **January 1, 1993**, the taxable portion will be subject to mandatory 20% Federal withholding.

On July 3, 1992, President Bush signed legislation (H.R. 5260) imposing 20% withholding on lump sum pension distributions that are not rolled over directly into an individual retirement account or a defined contribution plan.

As PERS develops procedures to accomplish a valid rollover, members who elect to directly rollover their contributions should be aware that the usual processing time of four to six weeks may not be sufficient.

If you elect a refund of your PERS contributions, you must also complete the attached form in order for your refund to be processed.

*****SEE ATTACHED PERS-BAS-500 FOR REQUIRED
INFORMATION REGARDING PERS PAYMENTS*****

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

Membership



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

IMPORTANT TAX INFORMATION REGARDING YOUR PERS REFUND

PERS is required to provide you with this notice under Section 402(f) of the Internal Revenue Code. The Internal Revenue Code provides several complex rules on the taxation of the amount you receive as a refund of your contributions in the Public Employees' Retirement System. This notice merely summarizes these rules and is not intended as tax advice. You should promptly consult a tax advisor in deciding what course to follow with respect to your PERS refund. **PERS CANNOT PROVIDE TAX ADVICE.**

Note that federal tax rules require PERS to automatically deduct 20% federal tax withholding from the taxable portion of your refund unless you elect to roll over the taxable portion by Direct Rollover to an IRA (individual retirement arrangement) or other qualified defined contribution plan.

A total refund of your contributions in PERS because of your separation from PERS-covered employment is an "eligible rollover distribution". Your distribution also may constitute a "lump sum distribution". Special tax rules apply to eligible rollover distributions and lump sum distributions. The general requirements for these distributions and the special tax rules are described below.

ROLLOVERS

You may avoid current taxation on any portion of the taxable amount of an eligible rollover distribution by rolling over that portion into an individual retirement arrangement (IRA) or another qualified employer retirement plan that accepts rollover contributions.

Not all distributions are eligible to be rolled over. Any distribution that is part of a series of substantially equal periodic payments made at least annually under a life annuity, over life expectancy or over a specified period of 10 or more years is ineligible to be rolled over. Also ineligible for rollover treatment is the amount of a distribution that is necessary to satisfy the minimum distribution requirements that apply after you turn age 70 1/2.

A tax-free rollover of the taxable amount of an eligible rollover distribution is accomplished in one of two ways:

- You may take an in-hand distribution and, not later than 60 days after you receive the distribution, transfer the taxable portion of the distribution to an IRA or qualified plan that accepts rollovers after notifying the issuer of the IRA or trustee of the new plan that you are making a rollover contribution ("Regular Rollover"); or
- You may direct PERS to transfer the taxable portion of the distribution to a specified IRA or qualified defined contribution plan that accepts rollovers after providing PERS with any requested necessary information and completing and filing the required forms with PERS ("Direct Rollover"). Even if you plan to roll over the taxable portion of the eligible distribution, unless you elect a Direct Rollover, PERS is required to withhold federal taxes from the amount distributed at a rate of 20 percent. A Direct Rollover is the only way to avoid the otherwise mandatory 20 percent withholding.

PERS-BAS-500 (11/92)

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

(See Reverse Side)

Please note that a Direct Rollover cannot be made to another qualified defined benefit plan, such as PERS. If you make a Regular Rollover, tax will be withheld even though you will not owe any taxes on the distribution. If the taxable amount of the distribution you would have received were it not for the withholding is more than the net distribution and you wish to roll over the total taxable amount you will have to make up the difference out-of-pocket. When filing your individual tax return you then can get a refund of the amount withheld to the extent you have no further tax liability.

FIVE-YEAR AVERAGING

Generally, a lump sum distribution (as defined in Sec. 402(d) of the Internal Revenue Code) means a distribution of the entire amount in the plan (account balance) within one taxable year that is made because of your death or separation from service, or after you reach age 59 1/2. If your distribution qualifies under Sec. 402(d) of the Internal Revenue Code as a lump sum distribution, and no part of your distribution is rolled over, you may be able to elect to have the distribution taxed under special five-year averaging rules rather than having the entire amount taxed as ordinary income. Use of the five-year averaging rules may reduce the amount of income tax you will be required to pay on this distribution. Five-year averaging may not be elected unless you have participated in PERS, as the plan making the distribution, for any part of at least five years before the year of the distribution and unless you have attained age 59 1/2 at the time of the distribution. Generally, you may elect five-year averaging only once.

If you attained age 50 before January 1, 1986, you may elect to have your lump sum distribution taxed under a special rule. Under this rule, you may elect to have the pre-1974 portion of a lump sum distribution taxed at a 20-percent rate; the remainder may be taxed either at ordinary income rates, under five-year averaging provisions, or under special ten-year averaging provisions. If you elect ten-year averaging, 1986 tax rates will be used to compute the tax on the distribution subject to the ten-year averaging provisions. Finally, you may elect to receive the special tax treatment described in this paragraph (including five-year averaging) even if you are not age 59 1/2. Generally, only one election is available to an individual and, if made, it eliminates the ability to elect five-year averaging and capital gains treatment after attaining age 59 1/2. However, any ten-year averaging election made prior to January 1, 1987, and before attaining age 59 1/2, does not count toward your one election.

ADDITIONAL TAX ON EARLY DISTRIBUTIONS

As a result of changes in the law under the federal Tax Reform Act of 1986 and conforming State of California legislation, early distributions from qualified retirement plans are now subject to an additional 10-percent federal tax and a 2 1/2 percent California tax. In general, if you receive a distribution from a qualified retirement plan before you reach age 59 1/2, you must pay the additional federal and state tax on the taxable portion of the distribution, plus any income tax due on the distribution. There is no additional tax on the portion of the distribution that is a return of your after-tax contributions.

Exceptions to the additional tax. PERS service or disability retirement benefits, paid as a monthly allowance over your (or your and your beneficiary's) life are not subject to the additional tax. Lump sum distributions made to a beneficiary because of your death or made to you because of your disability or because of your separation from service after attaining age 55 are also not subject to this tax.

For tax information or advice, see your tax consultant, the Internal Revenue Service, or the State Franchise Tax Board. Consult the financial institution of your choice for additional information about rollovers. Once again, PERS does not, and cannot, provide tax advice.

Membership

DISTRIBUTION OF PERS CONTRIBUTIONS

Important: This form must be completed and returned to PERS with your refund election of PERS contributions. YOUR REFUND CANNOT BE PROCESSD UNTIL THIS FORM IS RECEIVED BY PERS, P.O. Box 942711, Sacramento, CA 94229-2711, Section 445.

Please read the instructions on the reverse of this form and type or print all responses.

1. _____ 2. _____
Member Name Social Security Number

3. _____ City _____ State _____ Zip Code
Street Address

4. () - _____
Daytime Phone

REFUND ELECTION

5. I have elected a refund of my retirement contributions, to be paid directly to me. I have received form PERS-BAS-500 providing tax information on my PERS refund. I understand that 20% of the taxable amount of my contributions and interest will be withheld for federal income taxes.

Member Signature Date

DIRECT ROLLOVER ELECTION

6. I request the taxable portion of my retirement contributions be directly rolled over to:

DO NOT SUBMIT TRANSFER FORM OF FINANCIAL INSTITUTION IN LIEU OF THIS FORM.

7. Type of Account: IRA Other eligible retirement plan.

8. _____ 9. _____
Name of Institution or Plan Account or Contract #

10. _____ City _____ State _____ Zip Code
Address of Institution

11. _____ 12. _____
Plan Name Plan Sponsor

13. _____ OR 14. _____
Routing # and Check Digit Employer Identification #

I certify that the institution or plan named above is eligible under the provisions of the Internal Revenue Code to accept a rollover by direct transfer and agrees to receive my PERS funds and deposit them as indicated.

15. _____
Member's Signature Date

IMPORTANT INFORMATION

It is your responsibility that the information you provide on the front of this form is accurate. PERS will not check to see if this information is correct.

1-6. Provide the requested information.

Please check with the financial institution or plan administrator for the following information.

7. **Type of Account.** Check the box that indicates whether your account will be transferred to an Individual Retirement Account (IRA) or another eligible retirement plan.
8. **Name of Institution or Plan.** Provide the name of the financial institution or plan that will receive the funds.
9. **Account or Contract Number.** Enter the account or contract number of the plan to which the money is to be transferred.
10. **Address.** Provide the address of the financial institution or plan.
11. **Plan Name.** Enter the name of the plan.
12. **Plan Sponsor.** (For eligible retirement plans only). Enter the name of the plan's sponsor, if it is different from the institution named in item 11.
13. **Routing Number and Check Digit.** If the check is to be sent to a financial institution for deposit in an IRA or similar account, enter the eight-digit routing number and check digit of the financial institution.

OR

14. **Employer Identification Number.** If the check is to be sent to an eligible plan sponsored by an employer, enter the plan's nine-digit employer identification number.

15. **Signature and Date.** Check that all the information you have provided is accurate and sign your name and the date. Return the form to: PERS, P.O. Box 942711, Sacramento, CA 94229-2711, Section 445.

Membership



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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 5-92)

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

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. TELEPHONE NUMBER _____

16. 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 separated from all employment covered by PERS. Interest will be paid through the date of refund.

1. I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT. I UNDERSTAND THAT MY CONTRIBUTIONS WILL CONTINUE TO EARN INTEREST, BUT I WILL NOT ACCRUE ANY FURTHER SERVICE CREDIT, UNLESS I RETURN TO EMPLOYMENT COVERED BY PERS.

- A. 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:
- B. 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: _____

2. 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.

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) (Important—If no initials, a request for a refund cannot be processed.)

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, your initials to waive your retirement rights, and either your spouse's signature or the completed *Justification for Non Signature of Spouse* form on the reverse of this form.

17. MEMBER SIGNATURE _____	18. DATE _____	19. C/O _____
20. 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: _____	21. MEMBER TELEPHONE NO. _____	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 TRIPPLICATE 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 2 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 unpaid leave has expired and prior to returning to employment by writing to the Refund Section at 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

At the present time the following systems are reciprocal with PERS:

— 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, the Southern California Rapid Transit District, East Bay Municipal Utility District, Contra Costa Water District, County of San Luis Obispo, City and County of San Francisco.

1. As a member of the Public Employees' Retirement System, accepting employment covered by one of the reciprocal retirement systems listed above, you will have certain rights if:
 - a. You enter employment within 6 months in which you become a member of a reciprocal system 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.
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. The basic death benefit or 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. If you elect to continue your membership:

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 (5/92)

97 94302



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

11/01/92
Date

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



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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 9-92)

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

1. SOCIAL SECURITY NUMBER		PART I. EMPLOYER: EMPLOYMENT INFORMATION			FOR PERS USE ONLY	
2. MEMBER NAME <i>(Last)</i> <i>(First)</i> <i>(Middle)</i>			3. BIRTHDATE MM DD YY		4. JOB OR POSITION TITLE	
5. NAME OF PUBLIC AGENCY			6. EMPLOYER CODE		7. UNIT CODE	

ITEM	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" style="display: inline-table; vertical-align: middle;"> <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



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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 5-82)

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

1. SOCIAL SECURITY NUMBER		PART I. EMPLOYER: EMPLOYMENT INFORMATION		FOR PERS USE ONLY	
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. <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		11. LAST PAY CONTRIBUTIONS WERE DEDUCTED		12. DATE OF STATUS CHANGE	
13. SIGNATURE OF MEMBER		14. TITLE		15. TELEPHONE NUMBER	

ITEM	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 and the change results in a different coverage group for the member. 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 2 months or more (approved leave), other than for Military, Sabbatical or Workers' Compensation leaves.

NOTE: If the member is going on leave status Part II is not completed unless the member is requesting a refund. (A member can request a refund only after being on leave six months.)

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.



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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 5-92)

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

PART I. EMPLOYER: EMPLOYMENT INFORMATION

FOR PERS USE ONLY

1. TYPE OF ACTION

2. TYPE OF SEPARATION

3. MILITARY LEAVE

4. SABBATICAL LEAVE

5. WORKERS' COMPENSATION

ITEM BLOCK TITLE INSTRUCTIONS

9
 (cont'd)

- Type of Action
- D. Military Leave
- E. Sabbatical Leave
- F. Workers' Compensation

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.

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.

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. 5-92)

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

SOCIAL SECURITY NUMBER		PART I. EMPLOYER: EMPLOYMENT INFORMATION			FOR PERS USE ONLY	
1. MEMBER NAME	2. DATE	3. AGENCY	4. POSITION	5. BIRTH DATE	6. AGENCY OR POST OFFICE	
7. NAME OF PUBLIC EMPLOYER				8. EMPLOYER CODE	9. FUND CODE	10. COVERAGE GROUP
11. TYPE OF ACTION						
<input type="checkbox"/> TERMINATION OF EMPLOYMENT (MEMBER SHOULD COMPLETE PART II)		<input type="checkbox"/> LEAVE OF ABSENCE		<input type="checkbox"/> SABBATICAL LEAVE		
<input type="checkbox"/> TRANSFER WITHIN SAME AGENCY CHANGING MEMBER'S COVERAGE GROUP (INCLUDE FORM MEM-11)		<input type="checkbox"/> MILITARY LEAVE		<input type="checkbox"/> WORKERS COMPENSATION		
10. EFFECTIVE DATE OF ABOVE ACTION			11. LAST DAY CONTRIBUTIONS WERE DEDUCTED		12. IF THE DATES IN BOXES 10 AND 11 ARE NOT THE SAME, PLEASE EXPLAIN:	
MM DD YY			MM DD YY			
13. SIGNATURE OF CERTIFYING OFFICER			14. TITLE		15. TELEPHONE NUMBER	

ITEM	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: 01-07-93
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: 01-07-93
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.



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

REPORT OF STATUS CHANGE OR SEPARATION
PERS-BAS-167 (REV. 5-92)

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

PART I. EMPLOYER: EMPLOYMENT INFORMATION FOR PERS USE ONLY

<input type="checkbox"/> NEW EMPLOYMENT			
<input type="checkbox"/> REEMPLOYMENT			
<input type="checkbox"/> SEPARATION			
<input type="checkbox"/> REEMPLOYMENT FROM SABATICAL LEAVE		<input type="checkbox"/> SABBATICAL LEAVE	
<input type="checkbox"/> LEAVE OF ABSENCE		<input type="checkbox"/> MILITARY LEAVE	
<input type="checkbox"/> MATERNITY LEAVE		<input type="checkbox"/> WOMEN'S COMPENSATION	
<input type="checkbox"/> UNEMPLOYMENT COMPENSATION		<input type="checkbox"/> OTHER	

13 SIGNATURE OF CERTIFYING OFFICER	14 TITLE	15 TELEPHONE NUMBER	16 DATE
---	-----------------	----------------------------	----------------

- | ITEM | 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 accuracy of the data being submitted. |
| 14 | Title | Enter the title of the officer. |
| 15 | Telephone Number | Enter the telephone number of the certifying officer. |
| 16 | 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 separated from all employment covered by PERS. Interest will be paid through the date of refund.

1. I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT. I UNDERSTAND THAT MY CONTRIBUTIONS WILL CONTINUE TO EARN INTEREST, BUT I WILL NOT ACCRUE ANY FURTHER SERVICE CREDIT, UNLESS I RETURN TO EMPLOYMENT COVERED BY PERS.

A. 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:

B. 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 17 through 21.

ITEM

INSTRUCTIONS

1 This election may be chosen if a member wishes to leave their funds on deposit.
A member choosing this election may at a later date apply for a retirement benefit (if vested) or request a refund of contributions by writing directly to PERS.

Contributions left on deposit will continue to earn interest.

1A If electing to have contributions remain in PERS because acceptance of employment is with an employer covered by a retirement system having reciprocity with PERS (refer to Section C on reverse side), indicate the employer name.

1B If electing to have contributions remain in PERS because acceptance of employment is with the State Teachers' Retirement System, Legislators' Retirement System or Judges' Retirement System (refer to Section D on reverse side) indicate the Retirement System name.

A member who is entering employment with a reciprocal employer or a California State retirement system employer may request a refund 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.

2. **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.**

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) (Important—If no initials, a request for a refund cannot be processed.)

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, your initials to waive your retirement rights, and either your spouse's signature or the completed Justification for Non Signature of Spouse form on the reverse of this form.

ITEM

INSTRUCTIONS

2

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 to 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.

17. MEMBER SIGNATURE	18. DATE	
	19. MEMBER TELEPHONE NO.	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 TRIPPLICATE TO EMPLOYER • QUADRUPLICATE TO MEMBER

ITEM	BLOCK TITLE	INSTRUCTIONS
17	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

18	Date	Date of member's signature.
19	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 8½" 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

20. 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:	21. MEMBER TELEPHONE NO. ()	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 TRIPPLICATE TO EMPLOYER • QUADRUPLICATE TO MEMBER

ITEM	BLOCK TITLE	INSTRUCTIONS
19	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>
20	Spouse Signature	The member's spouse's signature is required. If there is no spousal signature on the BAS-167, the Justification For Non Signature of Spouse must be completed by the member.
21	Member Telephone Number	Telephone number of the person requesting a refund.

No refund will be issued without the spouse's signature, unless the justification for nonsignature of spouse is completed/signed.

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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 5-92)

SEQ.	CORR.	SOURCE
		RPT

1. SOCIAL SECURITY NUMBER 000-00-0000		PART I. EMPLOYER: EMPLOYMENT INFORMATION		FOR PERS USE ONLY	
2. MEMBER NAME (Last) SINCLAIR (First) JAMES (Middle) E.		3. BIRTHDATE 08 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
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 DD YY 07 06 93		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY 06 22 93		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 CARRYING OFFICER <i>Jack Ryan</i>		14. TITLE PAYROLL OFFICER		15. TELEPHONE NUMBER (000) 000-0000	16. DATE 07/07/93

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 separated from all employment covered by PERS. Interest will be paid through the date of refund.

1. I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT. I UNDERSTAND THAT MY CONTRIBUTIONS WILL CONTINUE TO EARN INTEREST, BUT I WILL NOT ACCRUE ANY FURTHER SERVICE CREDIT, UNLESS I RETURN TO EMPLOYMENT COVERED BY PERS.
- A. 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:
- B. 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: _____

2. 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.

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: *JES* (Important—If no initials, a request for a refund cannot be processed.)

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, your initials to waive your retirement rights, and either your spouse's signature or the completed Justification for Non Signature of Spouse form on the reverse of this form.

17. MEMBER SIGNATURE <i>James E. Sinclair</i>	18. DATE 07/06/93	19. C/O
20. 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:	21. MEMBER TELEPHONE NO. (000) 000-0000	STREET ADDRESS 3333 WEST STREET CITY SAN LUIS OBISPO STATE CA ZIP CODE 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 TRIPLICATE TO EMPLOYER • QUADRUPPLICATE TO MEMBER

Membership
 BAS-167

EXAMPLE: LEAVE OF ABSENCE



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

REPORT OF STATUS CHANGE OR SEPARATION
 PERS-BAS-167 (REV. 5-92)

SEQ.	CORR.	SOURCE
		R, P, T

1. SOCIAL SECURITY NUMBER 000-00-0000		PART I. EMPLOYER: EMPLOYMENT INFORMATION		FOR PERS USE ONLY	
2. MEMBER NAME MARENO ALBERT 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 93		11. LAST DAY CONTRIBUTIONS WERE DEDUCTED MM DD YY 01 09 93		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. TELEPHONE NUMBER (000) 000-0000	
				16. DATE 01/09/93	

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 separated from all employment covered by PERS. Interest will be paid through the date of refund.

1. I ELECT TO CONTINUE MY MEMBERSHIP IN PERS AND LEAVE MY TOTAL ACCUMULATED CONTRIBUTIONS ON DEPOSIT. I UNDERSTAND THAT MY CONTRIBUTIONS WILL CONTINUE TO EARN INTEREST, BUT I WILL NOT ACCRUE ANY FURTHER SERVICE CREDIT, UNLESS I RETURN TO EMPLOYMENT COVERED BY PERS.
- A. 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:
- B. 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: _____
2. 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.

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.

→ _____ (Important—if no initials, a request for a refund cannot be processed.)
 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, your initials to waive your retirement rights, and either your spouse's signature or the completed *Justification for Non Signature of Spouse* form on the reverse of this form.

17. MEMBER SIGNATURE		18. DATE	19. C/D
20. 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)		21. MEMBER TELEPHONE NO. ()	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 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 *
Fiscal Services Division		
Cashier	(916) 326-3448	130
Employer Rates	326-3442	130
Member Services Division		
Information Processing Unit:		
Delinquency Reporting	326-3502	863
Pre-Lists	326-3501	863
FAX	(916) 326-3287	
Payroll Audits Unit:		
Payroll Reporting	326-3141	822
Compensation Review Unit:	326-3837	843
Contribution Adjustment Unit:		
Member Annual Statement Unit:	326-3141	823
Contribution Adjustment Unit	326-3141	823
Benefit Application Services Division		
Refund Section	326-3480	445
Information (Telephone Communications Device for the Deaf-TDD):		
Member Services Division	326-3240	
Benefit Application Services Division	326-3240	

* 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	DO NOT REPORT
<ul style="list-style-type: none">• 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.	<ul style="list-style-type: none">• <i>lump sum</i> 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 <div data-bbox="854 730 1459 989" style="border: 1px solid black; padding: 5px;"><p>Note: Overtime is usually any service in excess of what is considered by the employer to be fulltime 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 2-39).</p></div> <ul style="list-style-type: none">• 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)] <p>Example: Pay Rate = \$1,000 per month Earnings = \$1,000 per month Contributions due = \$70.00</p> <p>If the employer begins paying the \$70.00 contribution on behalf of the member, <i>do not</i> add the \$70.00 to the pay rate or earnings.</p> <ul style="list-style-type: none">• 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

- special compensation for performing *normally required* duties, including:
 - holiday pay*
 - uniform allowance**
 - bonuses for normally required duties [Government Code Section 20022(a)(8)]
 - educational incentive pay
 - bilingual pay
 - longevity pay
 - out-of-class pay
 - marksmanship pay
 - hazard pay
 - motorcycle pay
 - night-time duty pay
 - split-shift differential
 - substitute differential (Education Code Sections 45196 and 88196)
 - paramedic pay

DO NOT REPORT

- special compensation for additional services outside regular duties, including:
 - stand-by pay
 - call-back pay
 - court duty
 - auto allowances
 - bonuses for duties performed after regular work shift [Government Code Section 20022(b)(11)]

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 Compensation Review Unit (843) 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 2-38 for method of reporting equal payments.

FOR ADDITIONAL INFORMATION CONTACT THE PAYROLL AUDITS UNIT (822) OF THE MEMBER SERVICES DIVISION.

SHORT-TERM POLICY/REGULATIONS ON REPORTABLE COMPENSATION

The Board of Administration has adopted the following short-term policy regarding the reportability of compensation. Formal regulations will be adopted to reflect this policy.

This policy was adopted to curb pension abuse by limiting certain items of compensation to those which were provided by a labor agreement in effect on or before December 18, 1992, or is an extension of such an agreement. If a labor agreement first includes these items after December 18, 1992, such provisions will not be honored by PERS. (Reference PERS Circular Letter No. 310-171, dated December 22, 1992.)

COMPENSATION

For the period of December 18, 1992 through June 30, 1994, compensation shall include the following four provisions if they were contained in a labor agreement or legislative actions by the elected or appointed body of the agency or such other document used by the agency to specify the salary and benefits of represented or unrepresented employees (hereinafter referred to as "labor agreement") on December 18, 1992:

1. Conversion of Employer-Paid Member Contributions (EPMC) to compensation;
2. Conversion of unearned vacation leave credit to compensation;
3. Conversion of unearned sick leave credit to compensation;
4. Conversion of unearned "other leave" credit to compensation.

In addition, for the same period as stated above, the Board may use the basic principles of estoppel to approve other types of compensation provided to members through written labor agreements, except that individual detriment need not be proven if such agreements or provisions are the result of a misunderstanding of fact or based on written communication from the Board which includes PERS Circular Letters. If it was based only on a misunderstanding of fact, an agency will be required to demonstrate that the compensation was for an entire group or class of employment and has been funded over the entire period the compensation has been provided.

Payment(s) made because of any unfunded liability resulting from this action shall be by one of the following methods:

1. agency to pay in lump sum from their surplus asset account (if any) before any other method can be considered unless approved otherwise by the Board. Separate surplus asset accounts are established by miscellaneous and safety categories. Payments made from these accounts must be for the specified category(ies).
 2. the benefits will continue to be funded through the ratesetting process unless an agency selects one of the remaining methods.
 3. agency to pay in lump sum from their current year budget within 30 days or be subject to interest.
 4. lump sum payment by July 15, 1994, with interest from the billing date (*).
 5. amortized over time through a schedule of payments determined by the board with interest from the billing date (*).
 6. any combination of payments from #2-5 above.
- (* All interest shall be at the prior year interest crediting rate for employers.

OVERPAYMENTS

Any person who is overpaid any amount under this part is liable for the amount unless the Board determines that both of the following have occurred:

- (a) The overpayment was not due to fraud, misrepresentation, or willful nondisclosure on the part of the recipient.
- (b) The overpayment was received and recovery of the overpayment would be against equity and good conscience.

These provisions sunset on June 30, 1994, at which time appropriate legislative changes and regulations should be in place.