

AESD-1 Instructions

County Codes

(will be printed in 1999 revision of CalPERS Procedures Manual)

1 Social Security Number

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

2 Current Name

Enter **First Name**, **Middle Name/Initial**, then **Last Name**. If the name is being *changed* (see #5 below), enter here the name that you currently want on CalPERS' records.

3 Birthdate

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

EXAMPLE:

MM DD YYYY

June 5, 1962 = 06 | 05 | 1962

4 Gender

Check appropriate box to indicate Female, or Male.

5 Former Name

If changing name, enter *former/incorrect* name, as **First Name**, **Middle Name/Initial**, then **Last Name**. You must also check the "**K - Name Change**" box in #14 below.

6 Address

Enter complete mailing address of employee, consisting of:

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

Street/P.O. Box: Enter one or the other, not both.

City: Do not use abbreviations.

State: Use 2-character abbreviation, or complete name.

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

7 Remarks

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

SSN corrected from XXX-XX-XXXX – see SS card attached
Correcting gender to "Male"
Correcting the Effective Date from 7/1/1999 to 7/10/1999

8 Employer Name

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

9 Effective Date of Action

Enter 8-digit numerical date, indicating the month, day, and year of the action indicated in Box #14 below:

EXAMPLE:
MM DD YYYY
July 1, 1999 = 07 | 01 | 1999

10 Subject to 20306

(To be used *only* by agencies which provide for an Alternate Retirement Plan, pursuant to Government Code Section 20306.) Check "Yes" or "No," to indicate whether the employee will be subject to the Alternate Retirement Plan, should her/his time base drop to less than 20 hours per week.

11 Employer Code

Enter the 4-digit code that CalPERS assigns to each employer; this may be found in your Coverage Key (item 1). **Your AESD-1 cannot be processed without this code.**

12 District Code

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

13 County Code

Enter 2-digit code indicating your county; listing of codes is found in "County Codes" section of Payroll Procedures section.

14 Type of Action

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

A - Appointment/Membership: This should be checked:

1. For new hires who qualify for membership;
2. For current employees, who have just qualified for membership (see section on "Determining Membership Eligibility" and following);
3. For persons reinstating from retirement;
4. For persons electing "optional" membership (see Box #22 below).

B - Return from Leave: This should be checked when member is returning from a status of "**D - Separation, Temp (³ 2 months).**"

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

D – Separation, Temp (³ 2 months): This should be checked when member is temporarily separated from employment for ***two or more months***, but ***is*** expected to return. NOTE: Separations of *less than two months* should ***not*** be reported to CalPERS--the member should remain in "Active" status, in such situations.

E – Alternate Retirement Plan: This should be checked when a non-vested member working less than 20 hours per week must switch to an Alternate Retirement Plan, pursuant to Government Code Section

20306 (AB 2400, Statutes of 1996). Box #10 should also be checked.

F – Military Leave: This should be checked when the member is absent from work due to active service with one of the armed forces of the United States. NOTE: This should reflect the date that the person is first *absent from work*, and not necessarily the date that entry into the armed forces takes place; for example, if the person separates from work on June 5th, but does not actually enter the armed forces until June 10th, you should enter June 6th as this date.

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

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

I – Maternity/Paternity (aka "Family") Leave: This should be checked when the member is on approved leave for the purpose of giving birth, or caring for newborn child.

J – Retired Annuitant: NOTE: DO NOT USE THIS BOX until you have been instructed by CalPERS, via Circular Letter, to use this box, where applicable. (When it is used, this should be checked when the member is retired *for service* from CalPERS, but is lawfully working after retirement. NOTE: See section on "Employment of a Retiree" for restrictions applicable for employment of a retiree.)

K – Name Change: This should be checked when the member is changing/correcting her or his name on CalPERS’ records; e.g., due to marriage, divorce, etc. The name that should currently be on CalPERS’ records should be shown in Box #2 above, and the former/incorrect name should be shown in Box #5 above.

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

M – Time Base Change: This should be checked when either the *Appointment Tenure* (Box #15) or *Time Base* (Box #16) changes.

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

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

O – 21228 Disability Reemployment:
NOTE: DO NOT USE THIS BOX until you have been instructed by CalPERS, via Circular Letter, to use this box, where applicable. (When it is used, this should be checked when the person is retired from CalPERS for disability, but is lawfully working after retirement in a position for which he/she is *not* disabled; e.g., when disabled Police Officer is working as an analyst, or as a dispatcher.)

15 Appointment Tenure

Check the appropriate box, based on the definitions given below:

PERMANENT: An open-ended appointment which will extend for *more than 12 months*; or, in the case of SCHOOL employees, an employment contract that will last for the school year (10-12 months) or more.

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. **IMPORTANT NOTE:** For Temporary employees, you *must* indicate either (1) the **number of months** of

the appointment, or (2) the **expiration date** [in MM/DD/YYYY format] of the appointment.

16 Time Base

Check the appropriate box, based on the definitions given below:

FULL-TIME: Employee works the full amount of time required for "full-time" employees; i.e., no other employees in this class can work more than the "full-time" employees. **NOTE:** If the "Hours Worked Per Week" are the same as the "Full-Time Weekly Hours" (e.g., **35** Hours Worked Per Week/**35** Full-Time Weekly Hours; see below), this is considered "Full-Time."

PART-TIME: Employee works less than full-time, but the average number of hours worked per week *can* be specified. For Part-Time employees, you **must** also enter the following:

Hours Worked Per Week: This is actual average number of hours worked per week; e.g., 20 hours per week (four hours per day, five days a week), 30 hours per week (6 hours per day, five days a week), 24 hours per week (two 12-hour shifts per week), etc.

Full-Time Weekly Hours: This is the amount of hours that would be worked by a "**full-time**" employee in this class; e.g., if full-time employees would work 8 hours per day, 5 days a week, you would enter "40." **NOTE:** Full-time weekly hours cannot be less than 34, or more than 60, without prior approval from the CalPERS Board of Administration.

NOTE: Do *not* enter **fractional** hours---round off, instead. E.g., 19½ hours = 20 hours, 19¼ hours = 19 hours.

EXAMPLES:

Part-Time: **20** hours worked per week; **40** full-time weekly hours (Employee works 4 hours per day, five days a week, in a position

where full-time employees would work 40 hours.)

Part-Time: **30** hours worked per week; **35** full-time weekly hours (Employee works 6 hours per day, five days a week, in a position where full-time employees would work 35 hours.)

Part-Time: **24** hours worked per week; **48** full-time weekly hours (Employee works two 12-hour shifts per week, in a position where full-time employees would work 48 hours.)

INDETERMINATE: Employee works less than full-time, and it is *not* possible to specify "average hours worked," due to variations in the time worked. If the person's hours (although varying) will average *at least 20 hours per week for one year or longer*, check this box as well.

For **SCHOOL DISTRICTS** : If the employee is employed in multiple districts, all district employment should be combined for qualification purposes and an AESD-1 should be submitted for each district with a different Unit Code on each AESD-1.

NOTE: If the person does not qualify for CalPERS membership on the basis of the Appointment Tenure and Time Base above (see section on "Determining Membership Eligibility" and following for information about qualification for membership), you must complete Section #22 below, indicating the **Basis for Membership Qualification**.

16 Coverage Group

Enter the 5-digit Coverage Group code (e.g., 60002, 70001, 75003, etc.) for this employee's position/class, identifying the type of retirement coverage.

18 Medical Group

(**ONLY** for agencies participating in the CalPERS Health Benefits program; leave blank if your agency does not participate in the CalPERS health program.) Enter numeric

code for the employee's bargaining unit; this is the **same 3-digit code** entered in **Box #27** (Bargaining Unit) on the Health Enrollment Form (HBD-12).

19 Job/Position Title

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

20 School Employees

For SCHOOL employees *only*, check the appropriate box indicating whether this person's position is **non-certificated** (i.e., classified) or **certificated**.

21 1/2 @ 55 Formula

Complete this Box *only* if the member is a "safety" employee covered under the 1/2 @ 55 for the 1-1/4 @ 60 retirement formulas, where contribution rates are based upon the employee's nearest age at entry into safety service covered by that retirement formula.

Figure the contribution rate for a new member covered by using a rate chart (the chart for members under the 1/2 @ 55 formula is given below; call us if you need the chart for the 1-1/4 formula). For the purpose of these charts, the age at entry is computed by subtracting the date of birth from the entry date.

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

1/2 @ Age 55 Retirement Formula Rate Chart:

20 - 5.64	35 - 12.02	50 - 9.65
21 - 5.87	36 - 11.70	51 - 9.83
22 - 6.13	37 - 11.38	52 - 10.01
23 - 6.39	38 - 11.08	53 - 10.20
24 - 6.68	39 - 10.76	54 - 10.38
25 - 6.99	40 - 10.43	55 - 10.58
26 - 7.33	41 - 10.10	56 - 10.78
27 - 7.69	42 - 9.78	57 - 10.99
28 - 8.08	43 - 9.47	58 - 11.20

29 - 8.50	44 - 9.16	59 - 11.41
30 - 8.97	45 - 8.83	60 - 11.63
31 - 9.47	46 - 9.00	61 - 11.86
32 - 10.02	47 - 9.15	62 - 12.08
33 - 10.62	48 - 9.31	63 - 12.31
34 - 11.29	49 - 9.48	64 - 12.55

22 Basis for Membership Qualification

Complete this section *only* if the person does not qualify for CalPERS membership on the basis of the **Appointment Tenure** (#15) and **Time Base** (#16) above; see "Positions to Monitor for Qualification" section above for information about qualification for membership. Check the appropriate box:

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

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

Optional Member: Check this box if the person has the option of electing membership, and is doing so at this time. **You must also submit the proper election form, along with the AESD-1.** The categories of optional members, with the appropriate election form, are shown below (refer to "'Optional' Members" section above for information about optional members):

ELECTIVE OFFICERS: MEM-59.
LEGISLATIVE EMPLOYEES: MEM-3.
PART-TIME EMPLOYEES UNDER 20325: MEM-229.

NOTE: These forms will be changed to AESD-prefixed forms as the supply runs out; e.g., the MEM-59 will become an AESD-59.

You may continue to use the MEM-prefixed forms until your supply runs out, if you wish.

23 Form Completed By

On the "Name and Title" line, sign *legibly* or print the name of the person who is actually *completing* the form, and who would be our "contact" person in the event we have questions about the completion of the form.

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

County Codes

1 Alameda	30 Orange
2 Alpine	31 Placer
3 Amador	32 Plumas
4 Butte	33 Riverside
5 Calaveras	34 Sacramento
6 Colusa	35 San Benito
7 Contra Costa	36 San Bernardino
8 Del Norte	37 San Diego
9 El Dorado	38 San Francisco
10 Fresno	39 San Joaquin
11 Glenn	40 San Luis Obispo
12 Humboldt	41 San Mateo
13 Imperial	42 Santa Barbara
14 Inyo	43 Santa Clara
15 Kern	44 Santa Cruz
16 Kings	45 Shasta
17 Lake	46 Sierra
18 Lassen	47 Siskiyou
19 Los Angeles	48 Solano
20 Madera	49 Sonoma
21 Marin	50 Stanislaus
22 Mariposa	51 Sutter
23 Mendocino	52 Tehama
24 Merced	53 Trinity
25 Modoc	54 Tulare
26 Mono	55 Tuolumne
27 Monterey	56 Ventura
28 Napa	57 Yolo
29 Nevada	58 Yuba