



## DUPLICATE OR MODIFIED PRE-LIST REQUEST FORM

If you wish to request additional pre-list forms, please indicate your Employer Code, Office Code (if applicable), type of pre-list, and quantity in the spaces provided below.

**EMPLOYER CODE \_\_\_\_\_**

**OFFICE CODE \_\_\_\_\_**

**TYPE OF PRE-LIST**

**QUANTITY**

DUPLICATE = A duplicate copy of the most recent Pre-list sent.

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MODIFIED TYPE A = A duplicate copy of the most recent pre-list sent with Pay Rate, Earnings, Member Normal Contribution, and Tax Deferred Contribution fields blank.

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MODIFIED TYPE B = A duplicate copy of the most recent pre-list sent with the Earnings, Member Normal Contribution, and Tax Deferred Contribution fields blank.

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**Mail or fax your requests to:**

CalPERS  
Actuarial & Employer Services Branch  
Payroll Processing Unit  
FAX – (916) 795-3005  
PO Box 942709  
Sacramento, CA 94229-2709