



Health Premium Statement

NON-CENTRAL BILLING KAISER PERMANENTE

Agency Name

Agency Address

Business Unit:

Customer ID:

Statement Number:

Statement Date:

Item ID	Description	Billing Month	Amount
	Kaiser Permanente California Subtotal	03/2020	
	Previous Amount Due: Kaiser Permanente California OVERPAYMENT Payment Applied Subtotal	02/2020	
	Previous Amount Due: Kaiser Permanente California Payment Applied REFUND OVERPAYMENT Subtotal	01/2020	

Total Payment Due By: 03/05/2020

Retain this Statement for your Records.

Health Premium payments are to be paid in full no later than by the **5th of each month.**

If paying health premiums by check, please include the Remittance Slip located on the last page of this Statement.

If you will be paying health premiums by the Electronic Funds Transfer (EFT) method, please log on to



the my|CalPERS.ca.gov and complete the payment summary/information sections which can be located by selecting the Quick Pay option on the Billing and Payment Summary page.

To view a detailed listing of your agency's Monthly Billing Roster, please log on to myCalPERS.ca.gov. The Monthly Billing Roster can be located within the Billing and Payment Summary section.

If you have questions, please contact the **CalPERS Customer Contact Center** at **888 CalPERS** (888-225-7377).



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REMITTANCE SLIP

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

Checks should include your agency's CalPERS ID Number and be made payable to the California Public Employees' Retirement System. Please mail check/money order to the following address:

California Public Employees' Retirement System
Financial Reporting & Accounting Services
P.O. Box 4032
SACRAMENTO, CA 95812-4032

NOTE: If paying via overnight mail, please remit payment, including Remittance Slip, to:

California Public Employees' Retirement System
Fiscal Services Division
400 Q Street
Sacramento, CA 95811-6201

CalPERS ID:

Amount Enclosed: \$ _____

Statement Number:

\$ _____

Statement Date:

Due Date:

Amount Due:

