



California Public Employees' Retirement System
Financial Office
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888 CalPERS (or 888-225-7377) phone
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Certification of Memorandum of Understanding (MOU) Impairment

Agency Name: _____

CalPERS ID: _____

The undersigned is the duly elected or appointed _____ of _____ (the "Public Agency") and is authorized to execute this Certification of MOU Impairment (the "Certification") on behalf of the Public Agency.

The undersigned, as the Public Agency's authorized signatory, hereby certifies that the terms of that certain Memorandum of Understanding, dated _____ (the "MOU"), would be impaired by Public Agency's compliance with the requirements of one or more provisions of section 7522.30 of the Government Code. Therefore, pursuant to section 7522.30(f) of the Government Code, Public Agency is notifying CalPERS that it will not comply with those provisions of section 7522.30 that would impair the MOU until such time as the MOU expires under its terms, or is terminated, amended, renewed, or extended. Notwithstanding an MOU impairment, Public Agency acknowledges and agrees that the sum total of all member and employer contributions must be paid when due (whether paid by the employer or the member), and an MOU impairment shall not result in a reduction of such sum total. Public Agency further acknowledges and agrees that for purposes of crediting member contributions, CalPERS will treat the member contribution rate for new members as being the rate described in Government Code section 7522.30(c). The undersigned agrees that the Public Agency shall immediately notify CalPERS upon the expiration, renewal, termination, amendment or extension of the MOU, and at such time will fully comply with section 7522.30 of the Government Code.

The undersigned further certifies that, to the best of his or her knowledge, the information provided below is true, complete and correct in all material respects.

Membership Group Impacted	Type of Impairment (EPMC and/or Cost Sharing)	MOU Expiration Date

Name: _____

Signature: _____

Title: _____

Date: _____