



**California Public Employees' Retirement System**  
P.O. Box 942715 Sacramento, CA 94229-2715  
**888 CalPERS** (or 888-225-7377) | Fax: (800) 959-6545  
TTY: (877) 249-7442 | [www.calpers.ca.gov](http://www.calpers.ca.gov)

## NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP FOR STATE AGENCIES

Your employer is legislatively mandated to provide an employee benefit package which includes service retirement, death, and disability benefits through the California Public Employees' Retirement System (CalPERS).

Section 1. Employee Information				
Name: Last	First	Middle	DOB	CID

Section 2. Employer Information		
Name of Department		Position Title
Term of Appointment	If Temporary, enter nearest number of whole months the appointment is expected to last.	
<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary	Months	
Time Base		
<input type="checkbox"/> Full Time <input type="checkbox"/> Intermittent <input type="checkbox"/> Indeterminate <input type="checkbox"/> Part Time, if part time enter the fraction of full time:		

**In your current position with this agency, you are excluded from CalPERS membership because:**

- ☐ Your full time seasonal or limited term appointment is limited to six months or less.
- ☐ Your part time appointment is limited to less than an average of 20 hours per week for less than one year.
- ☐ 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) in a fiscal year (July 1-June 30).
- ☐ Your position is excluded by law. Explain the exclusion that applies below:
- ☐ You are an independent contractor.
- ☐ You are a CalPERS retiree and have not reinstated from retirement.

**NOTE:** If you are a CalPERS member from previous employment and have not terminated membership (taken a refund of your contributions and service credit) exclusions 1, 2, and 3 do not apply to you. You should qualify for membership immediately in your current position. Please notify your employer to complete your enrollment and report your employment to CalPERS.

**If you believe your employment does qualify you for CalPERS membership, ask your employer to provide you with an explanation. You can also contact CalPERS directly by sending a letter that provides the reasons why you feel you should be a member to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 94229-2709.**

Signature of Certifying Officer	Title	Date
Signature of Employee		Date

**Note:** Benefits provided by CalPERS are described in the "State Miscellaneous and Industrial Member Benefits (PUB 6)" booklet, available on our website [www.calpers.ca.gov](http://www.calpers.ca.gov).

***The employer must retain this form in the employee's file for auditing purposes.***

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board 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 comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).