

www.calpers.ca.gov

Notice of Exclusion from CalPERS Membership

State Agency

Employers are legislatively mandated to provide an employee benefit package including service retirement, death, and disability benefits through the California Public Employees' Retirement System (CalPERS).

| Section 1: Em | pioyee | Information | | | |
|---|--|---|---|--|--|
| | | | | | |
| Name | | | Date of Birth | CalPERS ID | |
| Section 2: App | ointme | ent Information | on | | |
| | | | | | |
| Department Name | | | | | |
| Position Title | | | | Appointment Date | |
| Is the appointment p | ermaner | nt or temporary? | | | |
| O Permanent O Te | emporary, | nearest number of | whole months the appointment is | expected to last: month(s) | |
| What is the time bas | se of the | appointment? | | | |
| O Full time O Inte | rmittent | O Indeterminate | O Part time, fraction of full time | : | |
| Position Exclusion | n Reas | on: | | | |
| O Part-time appointm O Appointment is an hours, or 125 days | ent is limi on-call, in if paid on | ited to less than an termittent, emerger per diem basis, ha | s limited to six months or less.* average of 20 hours per week for leading, substitute, or another irregulated been worked in a fiscal year (Juniof exclusion that applies below: | r basis excluded from membership until 1,000 | |
| O Position is an inde | • | - | stated from retirement. | | |
| *Does not apply to employees who are CalPERS members from previous employment and have not terminated | | | | | |

immediately in this position.

membership (taken a refund of contributions and service credit). These employees should qualify for membership

Employees who believe their employment does qualify for CaIPERS membership should ask their employer to provide an explanation. Employees can also contact us directly by sending a letter explaining the reason(s) why they believe they qualify for CaIPERS membership. Letters can be sent to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 942709-2709.

| Certifying Officer Signature | Title | Date |
|------------------------------|-------|------|
| | | |
| Employee Signature | | Date |

Note: CalPERS benefits are described in the *A Benefits Guide for State Members (Pub 4)*, available on our website www.calpers.ca.gov.

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

CalPERS 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 to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information 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 either on a mandatory or 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 CalPERS. For questions about this notice, our Privacy Policy, or your rights, write to:

CalPERS

CalPERS Privacy Officer 400 Q Street Sacramento, CA 95811

You may also call us at 888 CalPERS (or 888-225-7377).