

# Social Security and Medicare Agreement Guide to myCalPERS

Student Guide

**May 13, 2024**

## Introduction

This student guide is a resource to assist with your Section 218 Agreement and Social Security Administration (SSA) Annual Information Request (AIR) within myCalPERS.

## Disclaimer

As a security safeguard, business partner (BP) and participant information has been masked within the figures in this procedure guide.

## Additional Resources

- [Introduction to myCalPERS for Business Partners \(PDF\)](#)
- [myCalPERS System Access Administration \(PDF\)](#)

## State Social Security Administrator

Authorized by California Government (Gov.) Code section 22200, the California Public Employees' Retirement System (CalPERS) is the official State Social Security Administrator (SSSA) for the State of California's Section 218 Agreement. A Section 218 Agreement provides Social Security and/or Medicare coverage for state and local government employees.

The SSSA office assists public agencies, state, and school employers with:

- Securing Section 218 coverage for their employees
- Resolving issues related to Social Security and Medicare tax withholding
- Communicating with the SSA and the Internal Revenue Service (IRS) to address coverage-related issues and questions
- Requests for education and training for employers and employees

## For Non-CalPERS Business Partners

The SSSA office is committed to assisting all state and public agencies in California as required by federal and state law.

myCalPERS is available to agencies that do not participate in the CalPERS retirement and health program. As a non-CalPERS agency, myCalPERS will allow you to view or request changes to a Section 218 Agreement and complete your AIR electronically.

Contact the SSSA office for more information about services provided to California's public agencies and state departments.

## SSSA Contact Information

- [Email](#)
- Phone: (916) 795-0810
- Mail: CalPERS

State Social Security Administrator

P.O. Box 720720

Sacramento, CA 94229

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## Unit 1: Access myCalPERS

In this unit, you will learn how to obtain myCalPERS access and log into the myCalPERS system.

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## Scenario 1: Obtain Access to myCalPERS

### New Agency-Level Access

If your agency does not currently have myCalPERS system access, a System Access Administrator (SAA) will need to be assigned.

To request myCalPERS access and assign an SAA, contact CalPERS:

- [Email](#)
  - Include the requested SAA's contact information (i.e., name, title, phone number, and email address)
- Phone: 888-225-7377

### System Access Administrators

Your agency SAA is responsible for granting and maintaining user access for your agency. Refer to the [System Access Administrators](#) page on the CalPERS website for more information.

### New User-Level Access

If you handle Social Security and Medicare related business for your agency, your SAA will need to grant you the following access roles:

- Business Partner Social Security

## Scenario 2: Log into myCalPERS

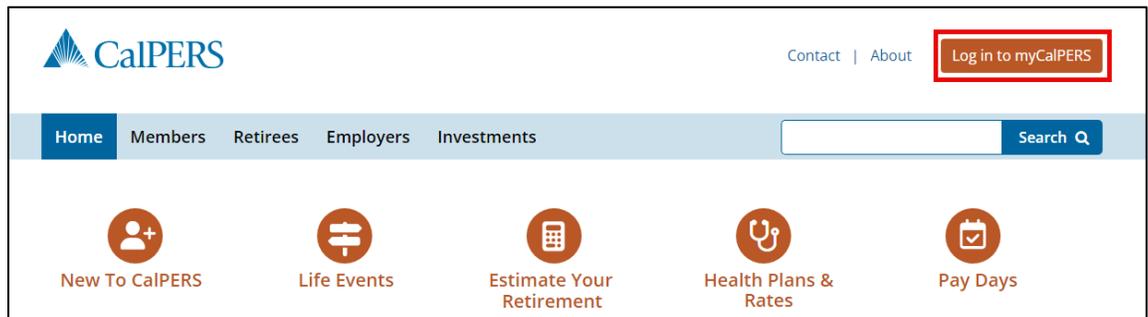
Complete the following steps to log in to myCalPERS.

**Note:** For additional assistance with logging in, contact CalPERS at **888 CalPERS** (or **888-225-7377**) or TTY (877) 249-7442.

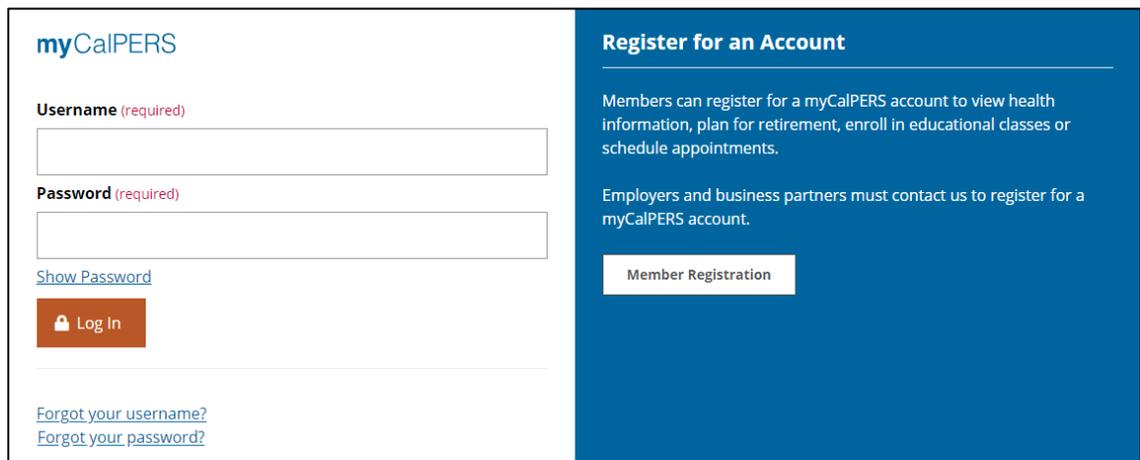
### Step Actions

Step 1 Navigate to the [CalPERS](#) website

Step 2 Select **Log in to myCalPERS**



Step 3 Enter your username and password

The image shows the myCalPERS login page. On the left, there are input fields for 'Username (required)' and 'Password (required)', a 'Show Password' link, and a 'Log In' button. Below these are links for 'Forgot your username?' and 'Forgot your password?'. On the right, there is a blue sidebar with the heading 'Register for an Account', a paragraph of text, and a 'Member Registration' button.

Step 4 Select **Log In**

**You have completed this scenario**

## Unit 2: Social Security Administration Annual Information Request

As of July 1, 2018, agencies are required to file their Annual Information Request (AIR) form online.

The California State Social Security Administrators (SSSA) office requires all public agencies in the State of California to complete an AIR. The process surveys Social Security and Medicare tax reporting practices for the agency.

### What to Know Before You Begin

The following information will be requested on the AIR:

1. Federal Tax Identification (ID) number/Employer Identification Number (EIN)
2. Supporting documentation for organization changes (e.g., name change, merger, dissolution, etc.)
3. Contracted public retirement system
4. Social Security and Medicare withholding practices
5. Information for agency subcomponents (departments) using different tax ID number

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## Scenario 1: Annual Information Request (AIR) Notifications

### CalPERS Business Partner

Based on your notification preferences in myCalPERS, you will receive notification either by mail or email advising to file the AIR electronically.

**Note:** The AIR notifications are sent monthly by county. You must wait until you receive the notification to complete the AIR.

### School Employer

The County Office of Education (COE) and school districts will receive AIR notifications in March and April. COEs and school districts have 60 days from the date of notification to complete the AIR in myCalPERS.

### Non-CalPERS Agency

Agencies not currently covered by CalPERS health and/or retirement programs will receive the initial notification by mail. Once a profile is set up in myCalPERS, annual notifications will be sent by mail or email based on the selected notification preference.

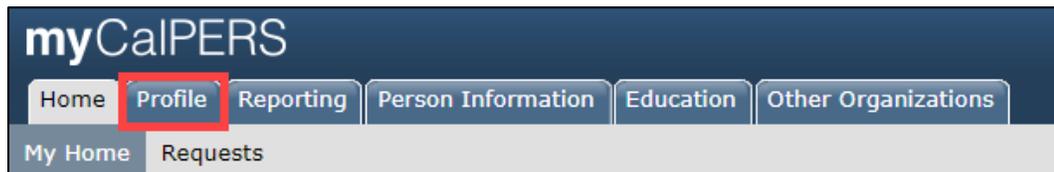
For steps on how to set up a new account in myCalPERS, refer to [Unit 1; Scenario 1: Obtain Access to myCalPERS](#).

## Scenario 2: Complete an AIR – Public Agencies

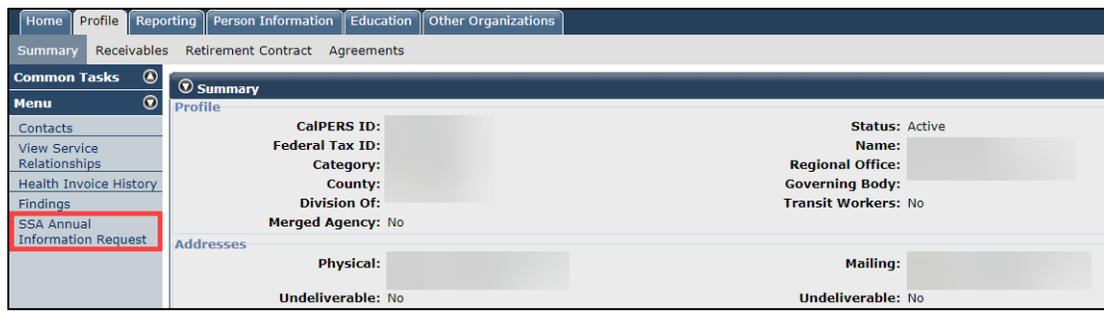
Complete the following steps to file the AIR form electronically in myCalPERS if you are a public agency.

### Step Actions

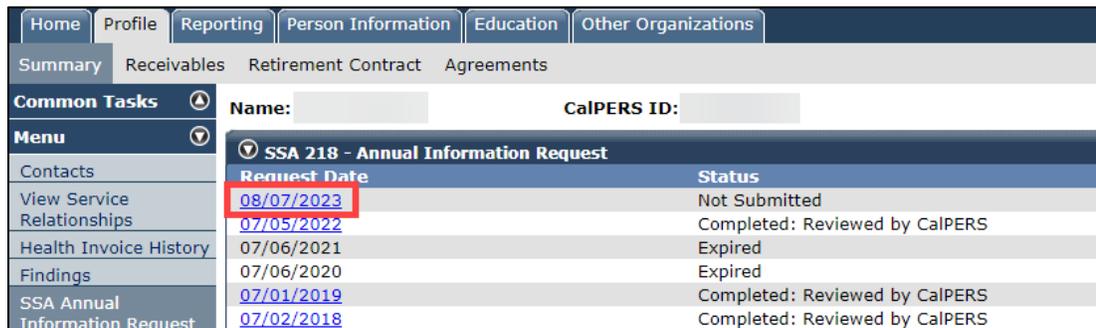
Step 1 Select the Profile global tab



Step 2 Select the **SSA Annual Information Request** left-side navigation link



Step 3 Select the hyperlink in the **Request Date** column to open the request



Step 4 Enter your Federal Tax ID/EIN in the **Federal Tax ID** field



**Note:** If your agency has an EIN to conduct business with the IRS and you have misplaced it, visit the [IRS website](#) for steps on how to locate your missing EIN.

- Step 5 Has the department had a name change in the past year?  
**Yes**, select the **Yes** radio button. Continue to **Step 6**.  
**No**, select the **No** radio button. Skip to [Step 13](#).

**Annual Information Request**  
 For instructions, please use the Social Security & Medicare Agreement

**Federal Tax ID:**

**Has the Department had any name changes in the past year?**  
 Yes  No

- Step 6 Has the department reported the change to the SSSA?  
**No**, select the **No** radio button. Continue to **Step 7**.  
**Yes**, select the **Yes** radio button. Skip to [Step 13](#).

**Has the Department had any name changes in the past year?**  
 Yes  No

**Has the Department reported the change to SSSA?**  Yes  No

- Step 7 Complete the **Previous Agency Name**, **Begin Date**, and **End Date** fields as applicable

**Has the Department had any name changes in the past year?**  
 Yes  No

**Has the Department reported the change to SSSA?**  Yes  No

Please submit legal evidence that substantiates the employer's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
 Please list the previous name(s) and submit documentation:

Previous Department Name	Begin Date	End Date	Upload Document
<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Upload Document</a> <input type="button" value="Add More"/>

- Step 8 Select **Upload Document** to upload legal evidence for the name change

**Has the Department had any name changes in the past year?**  
 Yes  No

**Has the Department reported the change to SSSA?**  Yes  No

Please submit legal evidence that substantiates the employer's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
 Please list the previous name(s) and submit documentation:

Previous Department Name	Begin Date	End Date	Upload Document
<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Upload Document</a> <input type="button" value="Add More"/>

- Step 9 Select **Upload** from the **Submission Method** drop-down list

- Step 10 Select **Choose File** in the **Path** field and locate the document for upload

- Step 11 Select **Submit**

**Submit Documentation**  
 For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.

**Document Category:** Social Security Administrator  
**Document Type:** SSA - Correspondence - AIR  
**Submission Method:**   
**Path:**  No file chosen

Step 12 Select **Add More** to upload additional documents if needed



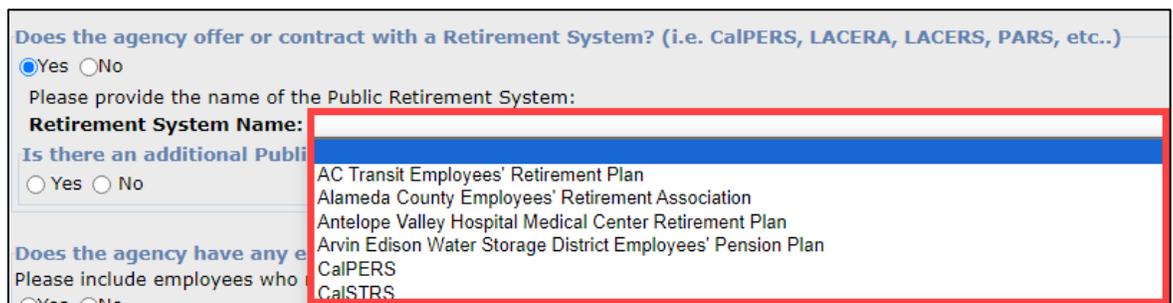
Step 13 Does the agency offer or contract with a retirement system?

**Yes**, select the **Yes** radio button. Continue to **Step 14**.

**No**, select the **No** radio button. Skip to [Step 17](#).



Step 14 Select the retirement system that covers positions under your agency from the drop-down menu



Step 15 Is there an additional public retirement system?

**Yes**, select the **Yes** radio button. Continue to **Step 16**.

**No**, select the **No** radio button. Skip to [Step 17](#).

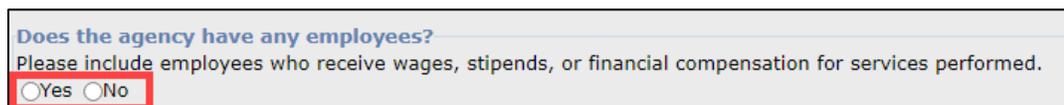


Step 16 Select the other retirement system that covers positions under your agency from the drop-down menu

Step 17 Does the agency have any employees?

**Yes**, select the **Yes** radio button. Continue to **Step 18**.

**No**, select the **No** radio button. Skip to [Step 21](#).



Step 18 Enter the number of employees

**Does the agency have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

Please provide total number of employees in the agency:

Step 19 Do you have any employees who were hired prior to April 1, 1986, and have no break in service with the agency?

**Yes**, select the **Yes** radio button. Continue to **Step 20**.

**No**, select the **No** radio button. If you selected “Yes” on **Step 13**, skip to [Step 24](#). If you selected “No” on **Step 13**, skip to [Step 29](#).

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the agency?**  Yes  No

Step 20 Does the agency withhold Medicare for this group of employees?

Select the appropriate radio button.

**Does the agency withhold Medicare for this group of employees?**  Yes  No

If you selected “Yes” on **Step 13**, skip to [Step 24](#).

If you selected “No” on **Step 13**, skip to [Step 29](#).

Step 21 Does the agency have an active governing body?

Select the appropriate radio button

**Does the agency have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

**Does the agency have an active governing body?**  Yes  No

Step 22 Has the agency been dissolved, merged, or become inactive?

**Yes**, select the **Yes** radio button. Continue to **Step 23**.

**No**, select the **No** radio button. Skip to [Step 33](#).

**Does the agency have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

**Does the agency have an active governing body?**  Yes  No

**Has the agency dissolved/merged or become inactive?**  Yes  No

Step 23 Select **Upload Document** to provide the supporting documentation and skip to **Step 32**

Has the agency dissolved/merged or become inactive?  Yes  No  
[Upload Document](#)  
Please submit legal evidence that substantiates the agency's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.

For employees who are members of the public retirement system:

Step 24 Does the agency withhold both Social Security and Medicare?

**No**, select the **No** radio button. Continue to **Step 25**.

**Yes**, select the **Yes** radio button. Skip to [Step 26](#).

For employees who are members of the Public Retirement system, does the agency:  
Withhold both Social Security and Medicare?  Yes  No

**Note:** Respond to questions based on your agency's current withholding practices for each group.

Step 25 Does the agency withhold only Medicare?

Select the appropriate radio button. Skip to [Step 33](#).

For employees who are members of the Public Retirement system, does the agency:  
Withhold both Social Security and Medicare?  Yes  No  
Withhold only Medicare?  Yes  No

Step 26 Does the agency exclude any positions from Social Security withholding?

**Yes**, select the **Yes** radio button. Continue to **Step 27**.

**Note:** Refer to the [Positions Excluded from Social Security and Medicare Tax](#) section.

**No**, select the **No** radio button. Skip to [Step 28](#).

For employees who are members of the Public Retirement system, does the agency:  
Withhold both Social Security and Medicare?  Yes  No  
Exclude any positions from Social Security withholding?  Yes  No

Step 27 Select the checkboxes for the positions excluded

For employees who are members of the Public Retirement system, does the agency:

**Withhold both Social Security and Medicare?**  Yes  No

**Exclude any positions from Social Security withholding?**  Yes  No

**Please select the position(s) excluded:**

- Elective Positions
- Part-Time Positions
- Fee-Basis Positions
- Agricultural Labor
- Election Worker Services
- Student Services
- Other

Step 28 Does the agency have employees who are not members of the agency's public retirement system?

**Yes**, select the **Yes** radio button. Continue to **Step 29**.

**No**, select the **No** radio button. Skip to [Step 35](#).

Does the agency have employees who are not members of the agency's public retirement system?

Yes  No

For employees who are not members of the retirement system:

Step 29 Does the agency withhold both Social Security and Medicare?

**Attention:** Be certain you are selecting the correct radio button on first selection. No changes can be made as the appropriate follow up questions will not populate.

**No**, select the **No** radio button. Skip to [Step 32](#).

**Yes**, select the **Yes** radio button. Continue to **Step 30**.

Does the agency have employees who are not members of the agency's public retirement system?

Yes  No

Does the agency withhold both Social Security and Medicare for employees who are not members of the retirement system?  Yes  No

**Note:** Respond to questions based on your agency's current withholding practices for each group.

Step 30 Does the agency exclude any positions from Social Security withholding?

**Yes**, select the **Yes** radio button. Continue to **Step 31**.

**Note:** Refer to the [Positions Excluded from Social Security and Medicare Tax](#) section.

**No**, select the **No** radio button. Skip to [Step 33](#).

Does the agency have employees who are not members of the agency's public retirement system?  
 Yes  No

Does the agency withhold both Social Security and Medicare for employees who are not members of the retirement system?  
Exclude any positions from Social Security withholding?  
 Yes  No

Step 31 Select the checkboxes for the positions excluded. Skip to [Step 33](#).

Does the agency withhold both Social Security and Medicare for employees who are not members of the retirement system?  
Exclude any positions from Social Security withholding?  
 Yes  No

Please select the position(s) excluded:  
 Elective Positions  
 Part-Time Positions  
 Fee-Basis Positions  
 Agricultural Labor  
 Election Worker Services  
 Student Services  
 Other

Step 32 Does the agency withhold only Medicare?

Select the appropriate radio button.

Withhold only Medicare?  
 Yes  No

Step 33 Within the agency, has a new subdivision, component, or division been created with its own Federal Tax ID Number?

Select the appropriate radio button

Within the agency, has a new subdivision, component or division been created with its own Federal Tax ID Number?  
 Yes  No

Step 34 Does the agency offer a FICA replacement plan to its employees?

Select the appropriate radio button

Does the agency offer a FICA replacement plan to its employees?  
 Yes  No

Step 35 Select **Submit**

**You have completed this scenario.**

## Positions Optionally Excluded from Social Security Tax

The Social Security and Medicare tax withholding questions capture information for employees (members and non-members) with a public retirement system. The table below provides definitions for excluded position types:

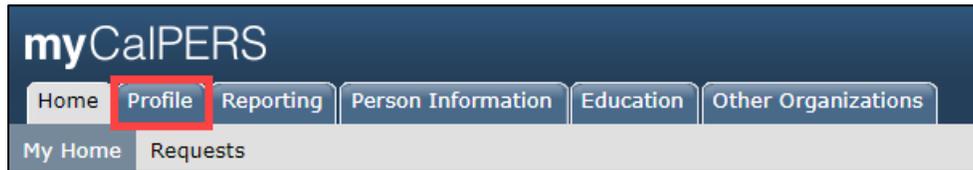
<b>Exclusion Type</b>	<b>Definition</b>
Elective Positions	Positions filled by an election. The method of selection must constitute an election under state law (e.g., mayor, member of legislature, county commissioner, county or city attorney, and board members, etc.).
Part-Time Positions	The number of work hours normally required by the position in a week or pay period is less than the normal time requirements for the majority of positions in the employing entity.
Fee-Basis Positions	A fee-based public official who receives and retains remuneration directly from the public (e.g., justice of the peace, local registrar, etc.).
Agricultural Labor Positions	Agricultural services that would be excluded from Social Security and Medicare tax if performed by a private employment.
Election Worker Positions	Election workers can be excluded if paid less than the threshold amount mandated by law. For this amount, contact the SSSA.
Student Services	A student performing services who is employed by a school, college, or university where the student is enrolled and regularly attending class.

### Scenario 3: Complete an AIR for State Agencies

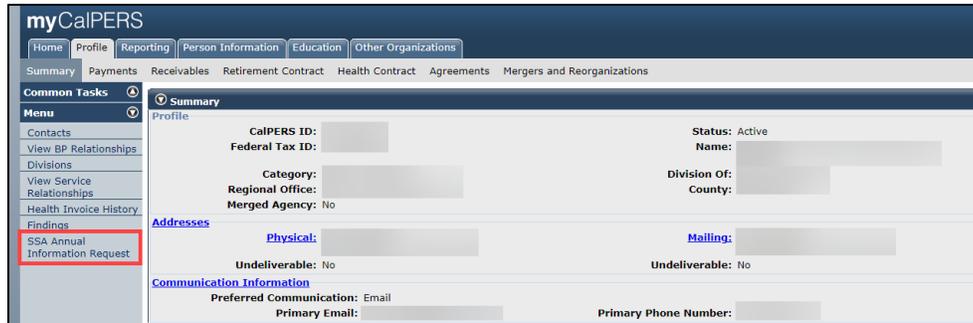
Complete the following steps to file the AIR form electronically in myCalPERS if you are a state agency.

#### Step Actions

Step 1 Select the **Profile** global tab



Step 2 Select the **SSA Annual Information Request** left-side navigation link



Step 3 Select the hyperlink in the **Request Date** column to open the request



Step 4 Enter your Federal Tax ID/EIN in the **Federal Tax ID** field



**Note:** If your agency has an EIN to conduct business with the IRS and you have misplaced it, visit the [IRS website](https://www.irs.gov) for steps on how to locate your missing EIN number.

Step 5 Has the department had a name change in the past year?

**Yes**, select the **Yes** radio button. Continue to **Step 6**.

**No**, select the **No** radio button. Skip to [Step 13](#).

**Annual Information Request**  
For instructions, please use the Social Security & Medicare Agreement  
Federal Tax ID:   
Has the Department had any name changes in the past year?  
 Yes  No

Step 6 Has the department reported the change to SSSA?

**No**, select the **No** radio button. Continue to **Step 7**.

**Yes**, select the **Yes** radio button. Skip to [Step 13](#).

Has the Department had any name changes in the past year?  
 Yes  No  
Has the Department reported the change to SSSA?  Yes  No

Step 7 Complete the **Previous Department Name**, **Begin Date**, and **End Date** fields

Has the Department had any name changes in the past year?  
 Yes  No  
Has the Department reported the change to SSSA?  Yes  No  
Please submit legal evidence that substantiates the employer's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
Please list the previous name(s) and submit documentation:  
Previous Department Name Begin Date End Date Upload Document  
   [Upload Document](#) Add More

Step 8 Select **Upload Document** to upload legal evidence for the name change

Has the Department had any name changes in the past year?  
 Yes  No  
Has the Department reported the change to SSSA?  Yes  No  
Please submit legal evidence that substantiates the employer's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
Please list the previous name(s) and submit documentation:  
Previous Department Name Begin Date End Date Upload Document  
   [Upload Document](#) Add More

Step 9 Select **Upload** from the **Submission Method** drop-down list

Step 10 Select **Choose File** in the **Path** field to locate the document for upload

Step 11 Select **Submit**

**Submit Documentation**  
For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.  
Document Category: Social Security Administrator  
Document Type: SSA - Correspondence - AIR  
Submission Method:   
Path:  No file chosen

Step 12 Select **Add More** to upload additional documents if needed



Step 13 Enter the total number of all employees



Step 14 Select **Submit** below the *Annual Information Request* panel



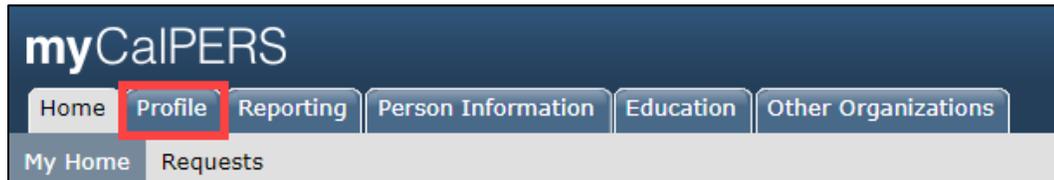
**You have completed this scenario.**

## Scenario 4: Complete an AIR – Schools

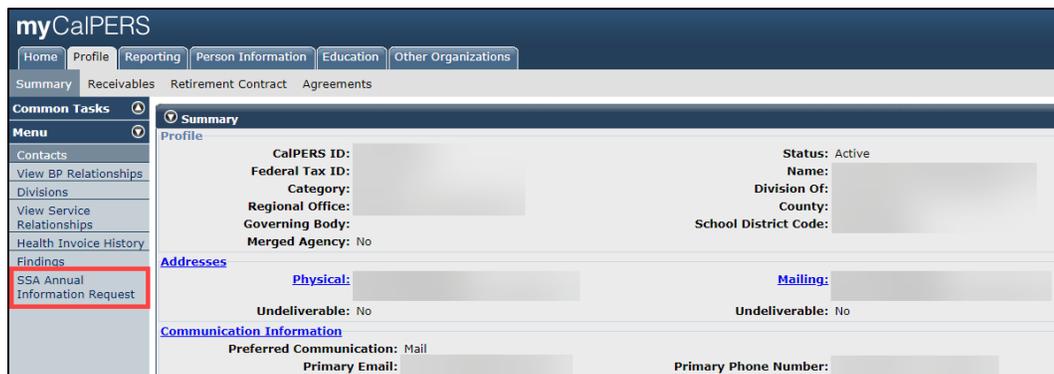
Complete the following steps to file the AIR form electronically in myCalPERS if you are a school employer.

### Step Actions

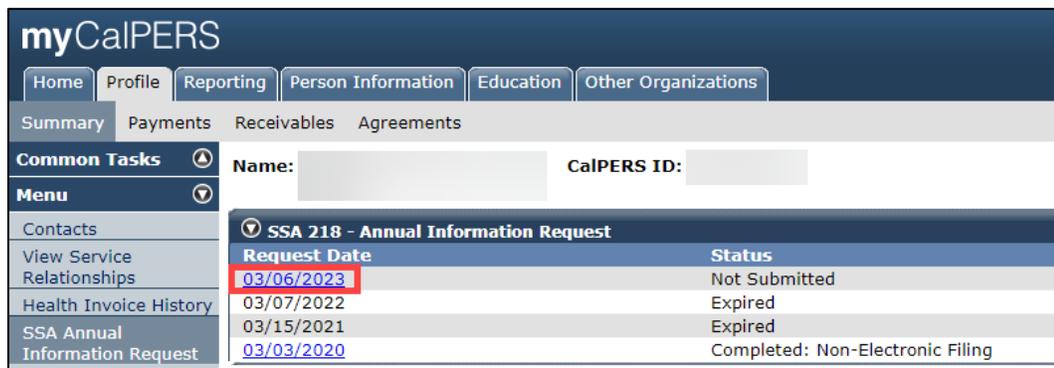
Step 1 Select the **Profile** global tab



Step 2 Select the **SSA Annual Information Request** left-side navigation link



Step 3 Select the hyperlink in the **Request Date** column to open the request



Step 4 Enter your Federal Tax ID/EIN in the **Federal Tax ID** field

The screenshot shows the myCalPERS interface. At the top, there are navigation tabs: Home, Profile, Reporting, Person Information, Education, and Other Organizations. Below these are sub-tabs: Summary, Payments, Receivables, and Agreements. A 'Common Tasks' section is visible. The main content area is titled 'Annual Information Request' and includes a 'Federal Tax ID' field, which is highlighted with a red box. A note below the field provides instructions on where to find the Social Security & Medicare Agreement Student Guide.

**Note:** If your agency has an EIN to conduct business with the IRS and you have misplaced it, visit the [IRS website](#) for steps on how to locate your missing EIN number.

Step 5 Has the employer had a name change in the past year?

**Yes**, select the **Yes** radio button. Continue to **Step 6**.

**No**, select the **No** radio button. Skip to [Step 13](#).

This screenshot shows the 'Annual Information Request' form. It includes a 'Federal Tax ID' input field. Below it is the question 'Has the employer had any name changes in the past year?' with two radio buttons: 'Yes' and 'No'. The 'No' radio button is highlighted with a red box.

Step 6 Has the employer reported the change to SSSA?

**No**, select the **No** radio button. Continue to **Step 7**.

**Yes**, select the **Yes** radio button. Skip to [Step 13](#).

This screenshot shows the 'Annual Information Request' form. It includes the question 'Has the employer reported the change to SSSA?' with two radio buttons: 'Yes' and 'No'. The 'Yes' radio button is highlighted with a red box.

Step 7 Complete the **Previous Department Name**, **Begin Date**, and **End Date** fields

This screenshot shows the 'Annual Information Request' form. It includes the question 'Has the Department had any name changes in the past year?' with two radio buttons: 'Yes' and 'No'. Below this is another question: 'Has the Department reported the change to SSSA?' with two radio buttons: 'Yes' and 'No'. Below these questions are three input fields: 'Previous Department Name', 'Begin Date', and 'End Date', all highlighted with a red box. To the right of these fields is an 'Upload Document' button and an 'Add More' button.

Step 8 Select **Upload Document** to upload legal evidence for the name change

Has the Department had any name changes in the past year?  
 Yes  No

Has the Department reported the change to SSSA?  Yes  No

Please submit legal evidence that substantiates the employer's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
Please list the previous name(s) and submit documentation:

Previous Department Name	Begin Date	End Date	Upload Document
<input type="text"/>	<input type="text"/>	<input type="text"/>	<a href="#">Upload Document</a> <input type="button" value="Add More"/>

Step 9 Select **Upload** from the **Submission Method** drop-down list

Step 10 Select **Choose File** in the Path field to locate the document for upload

Step 11 Select **Submit**

**Submit Documentation**

For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.

Document Category: Social Security Administrator  
Document Type: SSA - Correspondence - AIR  
Submission Method:   
Path:  No file chosen

Step 12 Select **Add More** to upload additional documents if needed

**Upload Document**

[Upload Document View Response Document](#)

Step 13 In addition to CalPERS and CalSTRS, does the employer offer a FICA replacement plan?

**Yes**, select the **Yes** radio button. Continue to **Step 14**.

**No**, select the **No** radio button. Skip to [Step 17](#).

In addition to CalPERS and CalSTRS, does the Employer offer a FICA replacement plan? (i.e. APPLE, iCMA, PARS, etc.)

Yes  No

Step 14 Select the retirement system that covers positions under your agency from the **Retirement System Name** drop-down list

In addition to CalPERS and CalSTRS, does the Employer offer a FICA replacement plan? (i.e. APPLE, iCMA, PARS, etc.)

Yes  No

Please provide the name of the Public Retirement System:

Retirement System Name:

Is there an additional Public Retirement System?  
 Yes  No

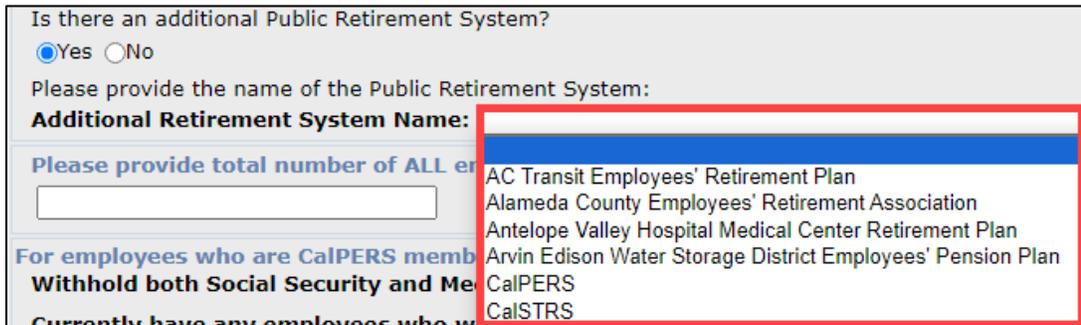
Please provide total number of positions covered by the Public Retirement System:

- AC Transit Employees' Retirement Plan
- Alameda County Employees' Retirement Association
- Antelope Valley Hospital Medical Center Retirement Plan
- Arvin Edison Water Storage District Employees' Pension Plan
- CalPERS
- CalSTRS

Step 15 Is there an additional public retirement system?  
**Yes**, select the **Yes** radio button. Continue to **Step 16**.  
**No**, select the **No** radio button. Skip to [Step 17](#).



Step 16 Select the other retirement system that covers positions under your agency from the **Additional Retirement System Name** drop-down list



Step 17 Provide total number of all employees who were issued a Form W-2 in the most recent calendar year



*For Employees who are CalPERS members, does the employer:*

Step 18 Withhold both Social Security and Medicare?  
**Yes**, select **Yes** radio button. Continue to **Step 19**.  
**No**, select **No** radio button. Skip to [Step 21](#).



Step 19 Exclude any CalPERS-covered positions from Social Security withholding?  
**Yes**, select **Yes** radio button. Continue to **Step 20**.  
**No**, select **No** radio button. Skip to [Step 22](#).



Step 20 Select the position(s) excluded. Skip to [Step 22](#).

**For employees who are CalPERS members, does the Employer:**

**Withhold both Social Security and Medicare?**  Yes  No

**Exclude any CalPERS-covered positions from Social Security withholding?**  Yes  No

**Please select the position(s) excluded::**

- Elective Positions
- Part-Time Positions
- Fee-Basis Positions
- Agricultural Labor
- Election Worker Services
- Student Services
- Other

Step 21 Withhold only Medicare?

Select the appropriate radio button

**For employees who are CalPERS members, does the Employer:**

**Withhold both Social Security and Medicare?**  Yes  No

**Withhold only Medicare?**  Yes  No

Step 22 Currently have any employees who were hired prior to April 1, 1986, and have been in continuous employment with the employer?

**Yes**, select the **Yes** radio button. Continue to **Step 23**.

**No**, select the **No** radio button. Skip to [Step 24](#).

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the Employer?**  Yes  No

Step 23 Does the employer withhold Medicare for this group of employees?

Select the appropriate radio button

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the Employer?**  Yes  No

**Does the Employer withhold Medicare for this group of employees?**  Yes  No

*For employees who are CalSTRS members, does the employer:*

Step 24 Withhold both Social Security and Medicare?

**Yes**, select the **Yes** radio button. Continue to **Step 25**.

**No**, select the **No** radio button. Skip to [Step 27](#).

**For employees who are CalSTRS members, does the Employer:**

**Withhold both Social Security and Medicare?**  Yes  No

Step 25 Exclude any CalSTRS-covered positions from Social Security withholding?

**Yes**, select **Yes** radio button. Continue to **Step 26**.

**No**, select **No** radio button. Skip to [Step 27](#).

**For employees who are CalSTRS members, does the Employer:**  
**Withhold both Social Security and Medicare?**  Yes  No  
**Exclude any CalSTRS-covered positions from Social Security withholding?**  Yes  No

Step 26 Select the position(s) excluded. Skip to [Step 28](#).

**Please select the position(s) excluded::**

- Elective Positions
- Part-Time Positions
- Fee-Basis Positions
- Agricultural Labor
- Election Worker Services
- Student Services
- Other

Step 27 Withhold only Medicare?

Select the **Yes** or **No** radio button

**For employees who are CalSTRS members, does the Employer:**  
**Withhold both Social Security and Medicare?**  Yes  No  
**Withhold only Medicare?**  Yes  No

Step 28 Currently have any employees who were hired prior to April 1, 1986, and have been in continuous employment with the Employer?

**Yes**, select the **Yes** radio button. Continue to **Step 29**.

**No**, select the **No** radio button. Skip to [Step 30](#).

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the Employer?**  Yes  No

Step 29 Does the employer withhold Medicare for this group of employees?

Select the **Yes** or **No** radio button

**Does the Employer withhold Medicare for this group of employees?**  Yes  No

For employees who are not members of CalPERS or CalSTRS, does the employer:

Step 30 Withhold both Social Security and Medicare?

**Yes**, select **Yes** radio button. Continue to **Step 31**.

**No**, select **No** radio button. Skip to [Step 33](#).

For employees who are NOT member of CalPERS or CalSTRS, does the Employer:  
Withhold both Social Security and Medicare?  Yes  No

Step 31 Exclude any positions from Social Security withholding?

**Yes**, select the **Yes** radio button. Continue to **Step 32**.

**No**, select the **No** radio button. Skip to [Step 34](#).

For employees who are NOT member of CalPERS or CalSTRS, does the Employer:  
Withhold both Social Security and Medicare?  Yes  No  
Exclude any positions from Social Security withholding?  Yes  No

Step 32 Select the position(s) excluded. Skip to [Step 34](#).

For employees who are NOT member of CalPERS or CalSTRS, does the Employer:  
Withhold both Social Security and Medicare?  Yes  No  
Exclude any positions from Social Security withholding?  Yes  No  
Please select the position(s) excluded::  
 Elective Positions  
 Part-Time Positions  
 Fee-Basis Positions  
 Agricultural Labor  
 Election Worker Services  
 Student Services  
 Other

Step 33 Withhold only Medicare?

Select the appropriate radio button

For employees who are NOT member of CalPERS or CalSTRS, does the Employer:  
Withhold both Social Security and Medicare?  Yes  No  
Withhold only Medicare?  Yes  No

Step 34 Select **Submit** at the bottom of the screen

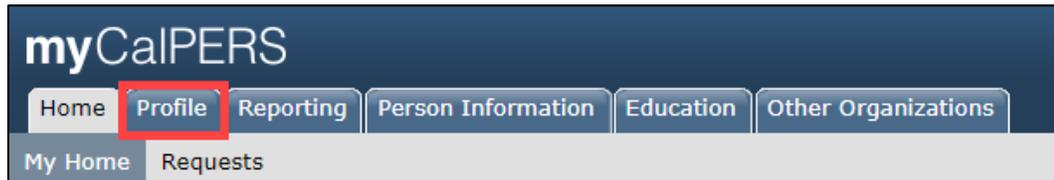
**You have completed this scenario.**

## Scenario 5: Complete an AIR – County Office of Education

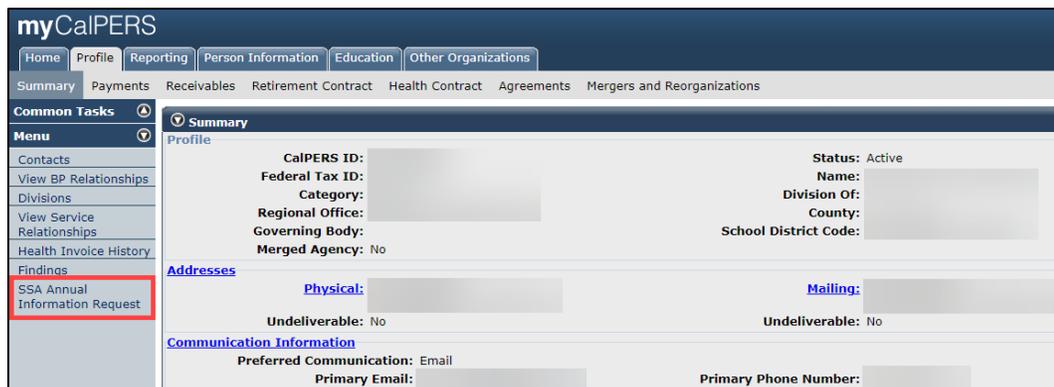
Complete the following steps to file the AIR form electronically in myCalPERS if you are a County Office of Education (COE).

### Step Actions

Step 1 Select the **Profile** global tab



Step 2 Select the **SSA Annual Information Request** left-side navigation link



Step 3 Select the hyperlink in the **Request Date** column to open the request

SSA 218 - Annual Information Request	
Request Date	Status
<a href="#">04/03/2023</a>	Not Submitted
<a href="#">04/04/2022</a>	Completed
<a href="#">04/05/2021</a>	Completed
03/03/2020	Expired
03/04/2019	Expired

Step 4 Enter your Federal Tax ID

The screenshot shows the "Annual Information Request" form. At the top, there is a heading "Annual Information Request" and a note: "For instructions, please use the Social Security & Medicare Agreement Student Guide located at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa) under resources". Below this, there is a field labeled "Federal Tax ID:" followed by a text input box. The input box is highlighted with a red rectangular box.

**Note:** If you have an EIN to conduct business with the IRS and you have misplaced it, visit the [IRS website](#) for steps on how to locate your missing EIN.

Step 5 Are there any organizational changes to school districts within the County Office of Education?

**Yes**, select the **Yes** radio button. Continue to **Step 6**.

**No**, select the **No** radio button. Skip to [Step 16](#).

**Annual Information Request**  
For instructions, please use the Social Security & Medicare Agreement Student Guide located at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa) under resources  
Federal Tax ID:   
**Are there any organizational changes to School Districts within the County Office of Education?**  
 Yes  No

**Note:** An organization change includes the a creation, dissolution, unification, unionization, annexation, or lapsation of any new school district(s).

Step 6 Are there school district(s) out of existence in the current fiscal year due to dissolution, unification, unionization, annexation, or lapsation?

**Yes**, select the **Yes** radio button. Continue to **Step 7**.

**No**, select the **No** radio button. Skip to [Step 11](#).

**Are there any organizational changes to School Districts within the County Office of Education?**  
 Yes  No  
**Are there school district(s) out of existence in the current fiscal year due to dissolution, unification, unionization, annexation or lapsation?**  
 Yes  No

Step 7 Select the **Please upload documents substantiating change** hyperlink

**Are there school district(s) out of existence in the**  
 Yes  No  
[Please upload documents substantiating change.](#)

Step 8 Select **Upload** from the **Submission Method** drop-down list

Step 9 Select **Choose File** in the Path field to locate the document for upload

Step 10 Select **Submit**

**Submit Documentation**  
For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.  
Document Category: Social Security Administrator  
Document Type: \* SSA - Correspondence - AIR  
Submission Method: \* Upload  
Path: \* Choose File No file chosen  
Submit

Step 11 Are there new school district(s) in existence in the upcoming fiscal year?

**Yes**, select the **Yes** radio button. Continue to **Step 12**.

**No**, select the **No** radio button. Skip to [Step 16](#).

**Are there new school district(s) in existence in the upcoming fiscal year?**  
 Yes  No

Step 12 Select **Please upload documents substantiating change** link

**Are there new school district(s) in existence in the upcoming fiscal year?**  
 Yes  No  
[Please upload documents substantiating change.](#)

Step 13 Select **Upload** from the **Submission Method** drop-down list

Step 14 Select **Browse** in the Path field to locate the document for upload

Step 15 Select **Submit**

**Submit Documentation**  
For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.  
**Document Category:** Social Security Administrator  
**Document Type:** SSA - Correspondence - AIR  
**Submission Method:** \* Upload   
**Path:** \* Choose File | No file chosen

Step 16 Does the County Office of Education have any employees?

**Yes**, select the **Yes** radio button. Continue to **Step 17**.

**No**, select the **No** radio button. Skip to [Step 18](#).

**Does the County Office of Education have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

Step 17 Enter the number of employees in your agency

**Does the County Office of Education have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No  
**Please provide total number of employees in the County Office of Education:**

Step 18 Select **Submit** below the *Annual Information Request* panel

**Annual Information Request**  
For instructions, please use the Social Security & Medicare Agreement Student Guide located at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa) under resources  
**Federal Tax ID:**   
**Are there any organizational changes to School Districts within the County Office of Education?**  
 Yes  No  
Please follow the instructions in the job aid located at <http://www.calpers.ca.gov/sssa>.  
**Does the County Office of Education have any employees?**  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

## Scenario 6: Confirm School Reorganization – County Office of Education

Complete the following steps to confirm a school reorganization. Access roles required to complete include:

- Business Partner Employer Maintenance
- Business Partner Health Contracts (for agencies with a PERS and/or non-PERS health contract)
- Business Partner Retirement Contracts (for agencies with a CalPERS retirement contract)

### Step Actions

Step 1 Select the **Mergers and Reorganizations** local navigation tab



Step 2 Select the most current date hyperlink under **Effective Date** column in the *School District Reorganizations* panel



Step 3 Did your district have an organizational change (e.g., addition or dissolution of a school district)?

**Yes**, contact the SSSA for further assistance. Do not proceed further.

**No**, you have completed this scenario.

## Unit 3: Social Security/Medicare Agreement

Learn more about your Social Security and/or Medicare Agreement and how to view and upload documents in myCalPERS.

### Content

Scenario 1: Understand Section 218 Agreement	32
Scenario 2: View Your Social Security/Medicare Agreement	33
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## Scenario 1: Understand Section 218 Agreement

A Section 218 Agreement allows Social Security and/or Medicare coverage to employees in government positions. Your agency is required to have this agreement to provide Social Security and/or Medicare coverage in addition to a government pension. For more information on a current, or to initiate a new Section 218 Agreement, [contact the SSSA office](#).

### Terminations

As of April 20, 1983, Social Security coverage extended by a Section 218 Agreement may not be terminated. Election to participate is irrevocable.

### Modifications

An agency may request to modify an existing Section 218 Agreement to cover:

- New positions
- Previously excluded positions
- Retirement system ineligibles
- Employees changing their vote in favor of coverage
- New positions joining a retirement system

## Scenario 2: View your Social Security/Medicare Agreement

Complete the following steps to view your agency's Section 218 Agreement in myCalPERS.

### Step Actions

Step 1 Select the **Profile** global tab



Step 2 Select the **Agreements** local navigation link



Step 3 Select the hyperlink in the **Agreement Type** column you wish to view

The screenshot shows the myCalPERS Agreements List table. The 'Social Security Agreement (218)' link in the 'Agreement Type' column is highlighted with a red box. The table has the following columns: Agreement Type, Agreement ID, Status, Program, Effective Date, Termination Date, Parent Agreement ID, and Member Category.

Agreement Type	Agreement ID	Status	Program	Effective Date	Termination Date	Parent Agreement ID	Member Category
<a href="#">Medicare Only Agreement (218)</a>		Active	Medicare				Miscellaneous
<a href="#">SIP - 457 Agreement</a>		Active	SIP - 457 Plan				
<a href="#">Social Security Agreement (218)</a>		Active	Social Security				

Step 4 Review the *Agreement Summary* panel to view summary details of your agency's Section 218 Agreement

The screenshot shows the myCalPERS Agreement Summary panel. The agreement is titled 'Social Security Agreement (218)' and is 'Active'. The panel includes sections for Retirement Plan, Social Security Selection, Agreement Effective Date, SSID Number, Agreement Type, Retirement Plan Name, Mod Number, Member Category, Election Type, Statutes, and Number of Employees. There are also sections for Optional Exclusions and Documents.

Exclusion Type	Start Date	End Date
No results found.		

Select	Document Name	Generation Date	Response Document	Response Date	Upload/Replace Response Document
<input type="checkbox"/>	<a href="#">SSA - 218 Modification - Misc</a>				<a href="#">Upload/Replace</a>
<input type="checkbox"/>	<a href="#">SSA - 2nd Chance Modifications</a>				<a href="#">Upload/Replace</a>
<input type="checkbox"/>	<a href="#">SSA - 2nd Chance Modifications</a>				<a href="#">Upload/Replace</a>

Step 5 Review any agreement exclusions in the *Optional Exclusions* panel

Step 6 Within the *Documents* panel, any active links are to scanned documents related to the Section 218 agreement

**You have completed this scenario.**

### Scenario 3: Upload Agreement Documents

Complete the following steps to upload agreement documents electronically in myCaPERS for review.

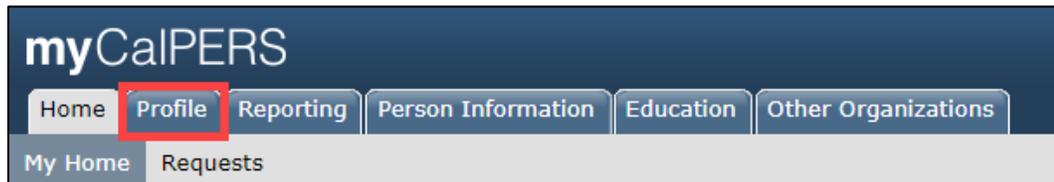
**Note:** Agencies are required to send original documents with wet signature after the SSSA has approved your document.

#### System Logic

- You will be able to view the packet submission and the date it was uploaded in the system.
- You can edit the document after submission by repeating the steps below.

#### Step Actions

Step 1 Select the **Profile** global tab



Step 2 Select the **Agreements** local navigation link



Step 3 Select the hyperlink in the **Agreement Type** column with the **Work in Progress** status



Step 4 Select **Upload/Replace**

Agreement Summary				
Agreement: Social Security Agreement (218) Status: Work In Progress				
Exclusions				
Exclusion Type	Start Date	End Date		
No results found.				
Documents				
Document Name	Generation Date	Response Document	Response Date	Upload/Replace Response Document
SSA - Step 1 - Social Security Packet				<a href="#">Upload/Replace</a>

Step 5 Select **Upload** from the **Submission Method** drop-down list

Step 6 Select **Choose File**

Step 7 Locate and upload the document from your computer

Step 8 Select **Submit**

Submit Documentation	
For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet is generated when you submit, please print the cover sheet and submit it along with the document you are sending to CalPERS.	
Document Category: Social Security Administrator	
Document Type:* SSA - Correspondence - AIR	
Submission Method:*	<input type="button" value="Upload"/>
Path:*	<input type="button" value="Choose File"/> No file chosen
<input type="button" value="Submit"/>	

**You have completed this scenario**