

Notice of Exclusion from CalPERS Membership

Public Agency and Schools

Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit which includes service retirement, death, and disability benefits.

Section	1: Employee Inform	nation			
Last Name	First	M	iddle	DOB	CID CID= CalPERS ID#, fill out only if
Section	2: Employer Inform	ation			you are already a member of CalPERS
				Student	: Help
Name of Department		Division		Position Title	
Term of App	pointment: Permanent	✓ Temporary			
If Temporary Time Base:		months the appointment is expect Intermittent Part Time if part time enter			Appointment Date
1.	Your full time seasonal or Your part time appointmen Your appointment is an or you from membership unti year (July 1-June 30).	ency, you are excluded fro limited term appointment is lint is limited to less than an averagency and an averagency lyou have worked 1,000 hours by law. Explain the exclusion	mited to six month rerage of 20 hours v, substitute, or oth ers (or 125 days if p	s or less. per week fo er irregular paid on per	or less than one year. basis which excludes
5.	of city attorney, deputy cit You are employed as a strattending school in the sar You are a CalPERS retire Note: If you are a CalPER a refund of your contribution qualify for membership im	ontractor. er professional legal service of attorney, or assistant city at udent assistant by a school do me district. (This only applies and have not reinstated from the same and service credit) exclusions and service credit) exclusions and service credit.	tomey. istrict in a position to County Schools n retirement. ployment and have sions 1, 2, and 3 do	establisheds.) e not terminon not apply	d for students only while tated membership (taken to you. You should

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: Information regarding the benefits provided by CalPERS is available on the CalPERS website www.calpers.ca.gov.

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

CalPERS Privacy Notice

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.

- 1. Social Security numbers are used for the following purposes:
- Enrollee identification
- 3. Payroll deduction/state contributions
- 4. Billing of contracting agencies for employee/employer contributions
- 5. Reports to CalPERS and other state agencies
- 6. Coordination of benefits among carriers
- 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).