State of California
California Public Employees' Retirement System
www.calpers.ca.gov

Notice of Exclusion from CalPERS Membership

Public Agency and School

This employer 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 Information

Name **Date of Birth** **CalPERS ID**

Section 2: Appointment Information

Department Name **Division**

Position Title **Appointment Date**

Is the appointment permanent or temporary?

○ **Permanent** ○ **Temporary, nearest number of whole months the appointment is expected to last: _____ month(s)**

What is the time base of the appointment?

○ **Full time** ○ **Intermittent** ○ **Indeterminate** ○ **Part time, fraction of full time: _____**

Position Exclusion Reason:

○ **Full-time seasonal or limited-term appointment is limited to six months or less.***
○ **Part-time appointment is limited to less than an average of 20 hours per week for less than one year.***
○ **Appointment is an on-call, intermittent, emergency, substitute, or other irregular basis excluded from membership until 1,000 hours, or 125 days if paid on per diem basis, have been worked in a fiscal year (July 1-June 30).***
○ **Position is excluded by law. Provide explanation of exclusion that applies below:**

○ **Position is an independent contractor position.**
○ **Employee is employed to render professional legal service to a city. Exceptions include persons holding the office of city attorney, deputy city attorney, or assistant city attorney.**
○ **Employee is employed as a student assistant by a school district in a position established for students only while attending school in the same district. (This only applies to county schools.)**
○ **Employee is a CalPERS retiree and has not reinstated from retirement.**

*Does not apply to employees who are CalPERS members from previous employment and have not terminated membership (taken a refund of your contributions and service credit). These employees should qualify for membership immediately in this position.

Employees who believe their employment does qualify for CalPERS membership should ask their employer to provide an explanation. Employees can also contact us directly by sending a letter explaining the reasons why they believe they qualify for CalPERS membership. Letters can be sent to the Employer Account Management Division, P.O. Box 942709, Sacramento, CA 94229-2709.

Certifying Officer Signature	**Title**	**Date**

Employee Signature	**Date**

Note: Information regarding CalPERS benefits are described in ***A Benefits Guide for School Members (Pub 3)*** and ***A Benefits Guide for Public Agency Members (Pub 5)*** 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).