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P.O. Box 942709
Sacramento, CA 94229-2709
PERS-AESD-139 (9/99)

NOTICE OF EXCLUSION FROM CALPERS MEMBERSHIP

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

1. SOCIAL SECURITY NUMBER -- --		
2. CURRENT NAME (LAST) (FIRST) (MIDDLE)		
3. NAME OF PUBLIC AGENCY	4. DEPARTMENT OR SCHOOL DISTRICT NAME	5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. MONTHS
8. APPOINTMENT DATE MM DD YYYY		
9. TIME BASE <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> INDETERMINATE IF PART TIME, ENTER THE FRACTION OF FULL TIME:		

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

- 1. Your full-time seasonal or limited term appointment is limited to 6 months or less.
- 2. Your part-time appointment is limited to less than an average of 20 hours per week.
- 3. 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) this fiscal year.
- 4. Your position is excluded by CalPERS contract agreement which excludes:

Enter contract exclusion (for Public Agencies only).

- 5. You are employed to render professional legal service to a city.
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
- 6. You are an independent contractor.
- 7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

NOTE: If you are a member of CalPERS by previous employment (either you have funds on deposit or service credit), exclusions 1, 2, and 3 do not apply to you and you are a member in your present position. Be sure to notify your employer to complete a Member Action Request Form (PERS-AESD-1) to report your employment to CalPERS.

If you believe that your employment does qualify you for CalPERS membership, ask your employer for an explanation. If you still have doubts, you may appeal directly to CalPERS by sending a letter to the Actuarial & Employer Services Division, Member Review Unit, at the address shown above, stating the reasons why you feel you should be a member.

SIGNATURE OF CERTIFYING OFFICER	TITLE	DATE
SIGNATURE OF EMPLOYEE		DATE

NOTE: Benefits provided by CalPERS are described in the "CalPERS BENEFITS" information booklet available from your employer.