



P.O. Box 942709
 Sacramento, CA 94229-2709
 Telephone (888) 225-7377
 FAX (916) 795-3287
 TDD (916) 795-3240

(Please PRINT or TYPE clearly)

INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY BE RETURNED TO YOU

Member Action Request

1 SOCIAL SECURITY NUMBER - -		2 Current Name (First, Middle, Last)		3 Daytime Phone Number (
4 Date of Birth MM DD YYYY		5 Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		6 Former Name - For name changes only (First, Middle, Last)	
7 Mailing Address: In Care of (if applicable): Street/P.O. Box: Additional Address Line: City: State: CA ZIP Code: -			8 Remarks (pertaining to CalPERS)		
10 Effective Date of Action MM DD YYYY			11 Subject to Section 20306 <input type="checkbox"/> Yes <input type="checkbox"/> No		12 Employer Code
13 District Code (Schools only)		14 Hire Date MM DD YYYY			

- 15** Type of Action (check all boxes that apply for this Effective Date; if none apply, indicate action needed in "Remarks" [#8] above):
- | | | |
|---|---|--|
| A. <input type="checkbox"/> Appointment/Membership | E. <input type="checkbox"/> Military Leave | I. <input type="checkbox"/> Alternate Retirement Plan (G.C. 20306) |
| B. <input type="checkbox"/> Return from Leave | F. <input type="checkbox"/> Worker's Comp Leave | J. <input type="checkbox"/> Name Change |
| C. <input type="checkbox"/> Separation, Permanent | G. <input type="checkbox"/> Sabbatical Leave | K. <input type="checkbox"/> Address Change |
| D. <input type="checkbox"/> Separation, Temp (≥ 2 months) | H. <input type="checkbox"/> Maternity/Paternity Leave | L. <input type="checkbox"/> Coverage Group Change |

16 Coverage Group	17 Job/Position Title	18 ½ @ 55 Formula Cont. Rate: %
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19 - This person is an Optional Member (e.g., "Elective Officer," "Legislative Employee") who is electing membership.
 (Please attach appropriate election form AESD-3, AESD-59, or AESD-229)

20 BASIS FOR MEMBERSHIP QUALIFICATION: (Optional informational field. Check appropriate box.)
<input type="checkbox"/> Full-Time for > 6 months <input type="checkbox"/> Part-Time for ≥ 20 hours for 1 year or more <input type="checkbox"/> Indeterminate; at least 20 hours a week for 1 year or more <input type="checkbox"/> Has completed 1,000 hours or 125 days in fiscal year <input type="checkbox"/> Person is already a PERS member

21 Form Completed By:

(Name & Title)

(Telephone Number) (Fax Number) (Date)

(Signature of Certifying Officer) (Date)