



California Public Employees' Retirement System
P.O. Box 942715 Sacramento, CA 94229-2715
888 CalPERS (or 888-225-7377)
TTY: (877) 249-7442 | Fax: (916) 795-2330
www.calpers.ca.gov

{Date}

Attn. Arrears Administrator
{business partner name}
{business partner address}
{business partner City, State, Zip}

Business Partner ID: {BP CID}

Notification of Arrears Determination

Member Name: {member name}
Member CalPERS ID: {member CalPERS ID}

Dear {business partner name}:

We have determined {member name} qualified for California Public Employees' Retirement System (CalPERS) membership from {arrears period start date} through {arrears period end date}. This determination is based on a review of the member's employment history and the payroll information {insert snippet as source of payroll is selected in myCalPERS} certified by your agency on the employment certification in myCalPERS for the member's Service Prior to Membership Request in myCalPERS. **OR** certified by your agency on the employment certification in myCalPERS. **OR** in the State Controller's Office records. **OR** certified by your agency on the MEM-1344 Request for Payroll Information form.

Indicated below is the qualifying basis under Government Code (Gov. Code) section 20305 of the California Public Employees' Retirement Law by which membership was attained.

{Insert snippet based on selected reason(s) in myCalPERS}

- Member's appointment required part-time employment for a least 20 hours a week for one year or more
- Member's employment was indeterminate and averaged at least 20 hours a week for one year or more
- Member completed 1,000 hours of work within the fiscal year (July 1 to June 30)
- Member completed 125 days of work within the fiscal year (July 1 to June 30)
- Member's appointment required full-time employment for more than six months, or the full-time employment exceeded six months
- Member had funds on deposit with CalPERS from previous employment and no valid exclusion for the position applies
- Membership was established through employment with another CalPERS-covered employer during the above employment period
- Payroll and contributions were not reported when membership was established
- Other: (Freeform to add as needed if the reason is other than what is listed above)

Due to this determination:

(Delete the one that does not apply)

- Member Paid arrears (Gov. Code section 20160) apply to the above employment period. Both the member and your agency will be liable for their portion of the contributions due on this member's account.
- Employer Paid arrears (Gov. Code section 20283) apply to the above employment period. Your agency will be liable for the member and employer contributions due on this member's account and a \$500 administrative cost.

{Insert snippet into letter if the employer is a State}

State departments must contact the State Controller's Office to update PIMS employment history information and/or make payroll adjustments to correct reported payroll and contributions. Your agency is responsible for ensuring the required corrections are completed if corrections are needed.

{Insert snippet into letter if the determination changed the enrollment level from PEPRA/Classic}

This determination changed the member's retirement benefit enrollment level from PEPRA to Classic. As a result, adjustments are required to correct the member's reported payroll and contributions. Prior to making any corrections, notify CalPERS at MemberElectionTeam@calpers.ca.gov to ensure financials post to the correct enrollment level and rate plan. Work with the member to resolve any refunds or balances due that may have arisen as a result of these adjustments.

If you do not agree with this determination, you must provide CalPERS with sufficient documentation to the contrary and the reason you do not agree within 30 calendar days from the date of this letter. If we do not receive any additional information by {30 calendar days from date of letter}, we will move forward with processing the arrears determination.

You have the right to appeal this decision. If you desire to do so, submit your written appeal at the address below or via email to Membership_Appeals@calpers.ca.gov no later than {appeal due date 30 calendar days from date of letter}, in accordance with Gov. Code section 20134 and Sections 555-555.4, Title 2, California Code of Regulations.

Employer Account Management Division
Attn: Division Chief
P.O. Box 942709
Sacramento, CA 94229-2709

An appeal, if filed, should set forth the factual basis and legal authorities for such appeal. If you file an appeal, our legal office will contact you and handle all requests for information.

Your appeal will be set for hearing with the Office of Administrative Hearings (OAH). The assigned CalPERS attorney will contact you to coordinate a hearing date. Depending on the current caseload of the OAH and the assigned attorney, the hearing date may be set several months after the case is opened. The OAH will typically offer its earliest available hearing date that meets the schedule of both parties. If you choose not to be represented by an attorney, the assigned CalPERS attorney will be in direct communication with you during the appeal process. If you do hire an attorney, please let CalPERS know immediately so our attorney can work directly with yours.

For more information regarding administrative hearings, the applicable statute, and the Code of Regulations visit our website at www.calpers.ca.gov.

Approximately 30 days following the hearing, the Administrative Law Judge will issue a Proposed Decision. The CalPERS Board of Administration will then decide whether to accept or reject that Proposed

Decision. If the board rejects the Proposed Decision, they will hold a full board hearing to review the entire hearing record again before finalizing their decision.

We remain committed to assisting our members and employers in all matters within the scope of the statutory authority available to us. If you have any questions regarding this letter, call us at **888 CalPERS** (or **888-225-7377**) or email Membership_Reporting@CalPERS.ca.gov.

Sincerely,

Membership Services Section
Employer Account Management Division

cc: {Member Name} - CalPERS ID: {Member CID}
{Parent Employer's Name} - CalPERS ID: {BP CID}