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(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)		
9 Employer Name			9 Employer Name		
10 Effective Date of Action MM DD YYYY	11 CalPERS ID	12 Employer Code 0203	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 Months Work/Pay /	17 Job/Position Title	18 _ @ 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)