Notice of Exclusion from CalPERS Membership

1. SOCIAL SECURITY NUMBER	**Your employer has contracted with CalPERS to provide an employee benefit package which includes service retirement death and disability benefits.**

2. CURRENT NAME (LAST) (MIDDLE) (FIRST)

3. NAME OF DEPARTMENT		4. JOB OR POSITION TITLE		
5. TERM OF APPOINTMENT ☐ **PERMANENT** ☐ **TEMPORARY**	6. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST. _____MONTHS	7. APPOINTMENT DATE MM	DD	YYYY

8. TIME BASE

☐ **FULL-TIME** ☐ **INDETERMINATE (Timesheets)** ☐ **PART-TIME** _____
(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 six (6) months or less (i.e., walk-on coaches).

☐ 2. Your part-time employment is limited to less than an average of 20 hours per week for less than one year. (i.e., Campus Club)

☐ 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 (i.e., substitutes).

☐ 4. Your position is excluded by law

☐ 5. You are an independent contractor (i.e., Personal Services Contract).

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 should be a member in your present position. Be sure to notify your employer to complete a (AESD-1) Member Action Request Form or appoint via ACES 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 Brand, Member Transaction Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reason 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.

PERS-AESD-139 (7/04)

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

DISTRIBUTION
White: Employee
Yellow: Human Resources Dept.
Pink: Payroll

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