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(Please PRINT or TYPE clearly)

INCOMPLETE OR IMPROPERLY COMPLETED FORMS MAY BE RETURNED TO YOU

# Member Action Request

<b>1</b> SOCIAL SECURITY NUMBER - -			<b>2</b> Current Name (First, Middle, Last)			<b>3</b> Daytime Phone Number (			
<b>4</b> Date of Birth MM DD YYYY		<b>5</b> Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		<b>6</b> Former Name - For name changes only (First, Middle, Last)					
<b>7</b> Mailing Address:  In Care of (if applicable):  Street/P.O. Box:  Additional Address Line:  City:  State: CA ZIP Code: -				<b>8</b> Remarks (pertaining to CalPERS)					
				<b>9</b> Employer Name					
<b>10</b> Effective Date of Action MM DD YYYY		<b>11</b> Subject to Section 20306 <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>12</b> Employer Code		<b>13</b> District Code (Schools only)		<b>14</b> 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

<b>16</b> Coverage Group	<b>17</b> Job/Position Title	<b>18</b> 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.)

- Full-Time for > 6 months
- Part-Time for ≥ 20 hours for 1 year or more
- Indeterminate; at least 20 hours a week for 1 year or more
- Has completed 1,000 hours or 125 days in fiscal year
- Person is already a PERS member

**21** Form Completed By:

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(Name & Title)

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(Telephone Number) (Fax Number) (Date)

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(Signature of Certifying Officer) (Date)