



# NOTICE OF EXCLUSION FROM CalPERS MEMBERSHIP

1. SOCIAL SECURITY NUMBER		Your employer has contracted with the California Public Employees' Retirement System (CalPERS) to provide an employee benefit package which includes service retirement, death, and disability benefits.		
2. CURRENT NAME (LAST)		(FIRST)	(MIDDLE)	
3. NAME OF PUBLIC AGENCY		4. DEPARTMENT OR SCHOOL DISTRICT		5. JOB OR POSITION TITLE
6. TERM OF APPOINTMENT <input type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY		7. IF TEMPORARY, ENTER NEAREST NUMBER OF WHOLE MONTHS THE APPOINTMENT IS EXPECTED TO LAST.  MONTHS		8. APPOINTMENT DATE MM   DD   YYYY
9. TIME BASE <input type="checkbox"/> FULL-TIME <input type="checkbox"/> INDETERMINATE <input type="checkbox"/> 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 6 months or less.
2. Your part-time appointment is limited to less than an average of 20 hours per week for less than one year.
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.
4. Your position is excluded by law or by contract agreement which excludes:  
\_\_\_\_\_ Enter contract exclusion (for Public Agencies only).
5. You are an independent contractor.
6. You are employed to render professional legal service to a city.  
Exceptions: Persons holding the office of city attorney, deputy city attorney, or assistant city attorney.
7. You are employed as a student aide by a school district in a position established for students only and you are attending school in the same district (for County Schools only).

**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 (PERS-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 Branch, Membership Analysis & Design Unit, P.O. Box 942709, Sacramento, CA 94229-2709, stating the reasons 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.**