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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)

<b>20 BASIS FOR MEMBERSHIP QUALIFICATION:</b> (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:

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(Name & Title)

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(Telephone Number)      (Fax Number)      (Date)

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(Signature of Certifying Officer)      (Date)

## Member Action Request form (AESD-1): Quick Reference Guide (Refer to CalPERS Procedures Manual for more detailed instructions)

**NOTE:** Submit AESD-1 only if a job/position change affects a person's retirement information (e.g., Name, Address, Coverage Group, etc.), or if the District Code has changed. Please ensure that all information is clear and legible. **Typing** or **printing** is preferred.

2. **Current Name:** In **First, Middle** (name *or* initial) and **Last** order. For a **Name Change** (e.g., due to marriage or divorce), enter the "correct" (current) name in Section #2; enter the **former** name (e.g., name before marriage/divorce) in Section #6, and check the "**K - Name Change**" box in Section #15.
3. **Daytime Phone Number:** (Optional field) Enter Area Code and telephone number of individual between 7 AM and 5 PM.
5. **Gender:** Check "Unknown" **only** if you are unable to contact the employee to verify the correct gender.
6. **Former Name:** See instructions for **Name Change** under Section "2" above.
9. **Employer Name:** Enter the **complete name** of your agency; avoid acronyms unless they would be **generally understood** (e.g., SMUD; BART) by CalPERS staff.
11. **Subject to Section 20306:** (Applies **only** to agencies that provide for such a plan.) Check "Yes" or "No," to indicate whether employee is subject to the **Alternate Retirement Plan** provisions of Government Code Section 20306, should her/his time base drop below 20 hours a week. (See Section 15, Box "I" for instructions when employee actually qualifies for the Alternate Plan.)
12. **Employer Code:** The 4-digit number (e.g., 0002, 1173) assigned by CalPERS to identify your agency.
13. **District Code:** This is required for **school employees only**. If you don't know the District Code, call us at 1-888-225-7377.
14. **Hire Date:** (For new hires being enrolled into membership only.) Date employee was first hired by your agency.
15. **Type of Action:** More than one box should be checked, if **the same effective date applies** to all. For example, if person's address changed at the same time that she/he separated, then **both** the "Separation, Permanent" and "Address Change" boxes should be checked. Some points to remember are:
  - **A - Appointment/Membership:** Check this for (1) new hires who qualify for membership, (2) current employees who have just now qualified for membership, (3) persons reinstating from retirement, and (4) persons electing "optional" membership (see Section #19 below).
  - **B - Return from Leave:** Should be checked when the person is returning from a temporary separation (Box "D"), or from any "Leave" status (Boxes E, F, G or H).
  - **D - Separation, Temp (≥ 2 months):** Only used for separations of **two months or more** (do **not** report shorter separations).
  - **H - Maternity/Paternity Leave:** Should be checked when on an approved leave of absence to give birth and/or care for a newborn child.
  - **I - Alternate Retirement Plan:** Should be checked when a non-vested member working less than 20 hours a week must switch to an alternate retirement plan, pursuant to Government Code Section 20306 (added by AB 2400, Chapter 1164, Statutes of 1996). Section #11 should also have the "Yes" box checked.
  - **J - Name Change:** Sections 2 and 6 should also be completed.
  - **L - Coverage Group Change:** Should be completed when employee moves to a new Coverage Group (e.g., changes from a "miscellaneous" to a "safety" position). Section 16 must also be completed, showing the new Coverage Group.
16. **Coverage Group:** Please call us at 1-888-225-7377 if you have questions about the appropriate Coverage Group to use; e.g., you are unsure about whether a given position (such as "Police Cadet," "Director of Public Safety," "Fire Inspector," etc.) is "miscellaneous" or "safety."
19. **Optional Member:** Includes elective officers (e.g., members of County Board of Supervisors, City Council members), and Legislative employees (e.g., Senate and Assembly Rules Committees). When electing optional membership, the person must **also** complete an election form (AESD/MEM-59 for public agencies/schools, AESD/MEM-3 for Legislative employees and AESD/MEM-229 for other State employees). The completed election form should be attached and submitted with the AESD-1.

**NOTE:** The following persons are now **excluded** from Cal PERS membership:

  - (1) School Board members elected on or after July 1, 1994;
  - (2) Members of an "administrative body" (e.g., board, commission, council) of a contracting agency **other** than a city or county, elected/appointed on or after July 1, 1994; or
  - (3) Members of a **city or county** "administrative" body (e.g., board, commission, council) elected/appointed on or after January 1, 1997.

Optional membership is still possible for persons elected *before* these dates, who have held office without a break in service.
20. **Basis for Membership Qualification:** This section is for use as an aid in determining when an employee should be brought into CalPERS membership; the most common qualification bases are indicated, and the appropriate box should be checked.
21. **Form Completed By:** The "Name & Title," "Telephone and Fax Numbers," and "Date" fields are for the person who is actually **completing** the AESD-1 form (who would be CalPERS' "contact" person if we have questions about the form); the "Signature of Certifying Officer" and "Date" fields are for the person (e.g., manager, supervisor, analyst or technician) who is responsible for certifying the accuracy of the data submitted.