



# New Employer Information Sheet

## I. General Information CalPERS ID \_\_\_\_\_

Employer Name \_\_\_\_\_ Number of Employees \_\_\_\_\_

Employer Tax Identification Number \_\_\_\_ - \_\_\_\_ Fiscal Year End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Employer Address \_\_\_\_\_  
Street

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City                      State                      Zip

Payroll Contact \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

Administrative Contact \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

### Choose one :

- Add CalPERS as a Plan Provider (new enrollments only)
- Add CalPERS as an exclusive Plan Provider and convert assets  
 – See Section III Asset Transfer Information

## II. Contribution Information

Frequency of Payroll Deductions     Weekly     Bi-weekly     Semi Monthly     Monthly

I understand a payroll contribution file will be submitted through my|CalPERS

EFT Debit payment will be submitted via my|CalPERS     EFT Credit payment will be submitted via my|CalPERS

Check payment will be submitted with my|CalPERS Remittance Advice

**Make check payable to CalPERS 457 Supplemental Income Plan and include Plan ID #, and submit by standard mail or overnight.**

**Please mail your documentation to one of the following addresses:**

**Standard Delivery: (Standard Mail)**  
 CalPERS Supplemental Income 457 Plan  
 P.O. Box 942713  
 Sacramento, CA 94229-2713

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**Overnight Delivery:**  
 CalPERS Supplemental Income 457 Plan  
 400 Q Street  
 Sacramento, CA 95811



# New Employer Information Sheet

## III. Asset Transfer Information

*(Complete ONLY if conducting a conversion into the CaPERS 457 Plan)*

Former Plan Provider \_\_\_\_\_ Total number of employees \_\_\_\_\_

Address \_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Contact \_\_\_\_\_ Email \_\_\_\_\_ Telephone \_\_\_\_\_

## IV. Signatures

Print Name \_\_\_\_\_ Title \_\_\_\_\_

Employer Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**New Employer Plan Number assigned by CaPERS: 453** \_\_\_\_ \_\_\_\_ \_\_\_\_