

**California Department of Human Resources
Memorandum**

TO: Personnel Management Liaisons (PML)

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| SUBJECT: Instructions for Departments that Submit Other Post-Employment Benefits (OPEB) Contributions Directly to CalPERS | REFERENCE NUMBER: PML 2013-033 |
| DATE ISSUED: 10/1/2013 | SUPERSEDES: |

This memorandum should be forwarded to:

**Personnel Officers
Personnel Transactions Supervisors
Accounting Officers**

FROM: California Department of Human Resources
Benefits and Training Division

CONTACT: Michelle Garbato
Health Policy Analyst
(916) 323-0862
Email: Michelle.Garbato@CalHR.ca.gov

Effective July, 1, 2013, Unit 12—Craft & Maintenance Employees and, Bargaining Unit 16—Physicians, Dentists, and Podiatrists began contributing 0.5 percent of base salary toward prefunding of Other Post-Employment Benefits (OPEB; ref. PML 2013-025).

The purpose of this memorandum is to inform departments that process their own payroll (i.e., not part of the State Controller's Office Uniform State Payroll System) about the requirements for submitting contributions to the California Public Employee's Retirement System (CalPERS) OPEB fund, the California Employers' Retiree Benefit Trust (CERBT):

- Monthly transfer contributions are not required. The minimum contribution amounts must not be less than \$5,000 or the department's total annual contribution, whichever amount is lower.
- Contributions may be transferred electronically or via check to CalPERS (see attachments). You need to submit one of these forms along with your wire transfer or check contributions.
- For Unit 12—Craft & Maintenance, your agency CERBT Acct. No. is 5402440716-003 and your agreement effective date is 8/23/2010. The CERBT Acct. No. is used on the contribution transmittal forms to identify the proper account to credit the contribution to.
- For Unit 16—Physicians, Dentists, and Podiatrists, your agency CERBT Acct. No. is 5402440716-002 and your agreement effective date is 8/23/2010. The CERBT Acct. No. is used on the contribution transmittal forms to identify the proper account to credit the contribution to.

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Departments processing their own payroll should ensure contributions transferred to CalPERS comply with the above requirements.

If you have any questions or need additional clarification, please contact Michelle Garbato at (916) 323-0862 or michelle.garbato@calhr.ca.gov.

/s/Greg Beatty

Greg Beatty, Chief
Benefits and Training Division



**Employer Contribution By Check Under
Agreement and Election to Prefund Other Post Employment Benefits**

| | |
|---|------------------------|
| CERBT Acct. No. _____ | Employer Name _____ |
| Employer Address _____ | |
| Authorized Employer Representative Name _____ | Title _____ |
| Signature _____ | Telephone Number _____ |
| Effective date of Agreement and Election to Prefund Other Postemployment Benefits: _____ / _____ / _____ Month (mm) Day (dd) Year (yyyy) | |
| Amount of Contribution _____ | Check Number _____ |
| Notes: _____ _____ _____ | |

Contributions to the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Postemployment Benefits (Agreement)*.

To ask questions concerning Contributions to the Pre-funding Plan, call 1-888-225-7377, or email questions to CERBT4U@calpers.ca.gov

For proper crediting to your prefunding account, please complete this form and mail with your check payable to CalPERS at the following address:

**CalPERS
Fiscal Services Division
PO Box 942703
Sacramento, CA. 94229-2703**

In addition, please email an electronic copy of this form to FCSD-CERBT@calpers.ca.gov to ensure timely processing of your contribution.

For CalPERS use only

Bank Deposit Code: PEB

Deposit Date _____ / _____ / _____
(mm/dd/yyyy)



**Employer Contribution By Electronic Funds Transfer (EFT)
Under Agreement and Election to Prefund Other Post Employment Benefits**

| | | | |
|---|------------------|--|------------------|
| CERBT Acct. No. | Employer Name | | |
| Employer Address | | | |
| Authorized Employer Representative Name | Title | Signature | Telephone Number |
| Effective date of Agreement and Election to Prefund Other Postemployment Benefits: _____ / _____ / _____ Month (mm) Day (dd) Year (yyyy) | | | |
| Amount of Contribution | Originating Bank | Wire Transfer Date (mm/dd/yyyy) <small>*funds will be credited on settlement date</small> | |
| Notes: _____ _____ _____ | | | |

Contributions to the Prefunding Plan are governed by the terms of the *Agreement and Election to Prefund Other Postemployment Benefits (Agreement)*. Transfers of \$5 million or more require 72 hour advance notice.

To ask questions concerning Contributions to the Pre-funding Plan, call 1-888-225-7377, or email questions to CERBT4U@calpers.ca.gov

For proper crediting to your prefunding account, please complete this form and fax to (916) 795-7622. If possible, email an electronic copy of this form to FCSD-CERBT@calpers.ca.gov before initiating the electronic funds transfer.

Transfer instructions:

**ABA #0260-0959-3
Account #01482-80005
Bank of America Sacramento Main
555 Capitol Mall, Suite 1555, Sacramento, CA 95814
For credit to State of California, CalPERS**

Wire Settlement Date _____ / _____ / _____ For CalPERS use only Remittance Date _____ / _____ / _____
(mm/dd/yyyy) (mm/dd/yyyy)