



Customer Account Services Division
P.O. Box 942709
Sacramento, CA, 94229-2709
Telecommunications Device for the Deaf - (916) 795-3240
888 CalPERS (or **888-225-7377**) FAX (916) 795-3005

APPLICANT QUESTIONNAIRE

Thank you for your interest in the California Public Employees' Retirement System (CalPERS) contracted benefit programs. Please complete this applicant questionnaire (the "Application") as thoroughly as possible and provide supporting documentation for all responses. We may also require that you provide us with additional information or supporting documentation as part of the application process.

Please note that the application process can take a significant amount of time. In addition, please note that there is no guarantee that the Employer will be eligible to contract with CalPERS for participation in the CalPERS benefit plans (the "CalPERS Plans"). This Application is only the first step in the application process and is not an offer to contract. Therefore, if you are applying for our retirement plan, you should not withhold CalPERS retirement contributions from any employees of the Employer in anticipation of eligibility to participate in the CalPERS Plan, nor should you report the Employer's employees under any other agency currently participating in the CalPERS Plan.

APPLICANT CONTACT INFORMATION

Official Agency Name: _____
Mailing Address: _____
Street Address: _____
City, State, Zip: _____
County: _____

Authorized Agency Representative

Name: _____
Title: _____
Telephone: _____
E-Mail: _____

What type of entity is the Employer?

- _____ Joint Powers Authority (JPA)
- _____ Non-Profit Corporation
- _____ Other [describe]

1. Title of Agency's governing body:

2. Has Agency had any name changes? Yes ___ No ___
If yes, please list the previous name(s):

3. Has Agency previously contracted with CalPERS for the following CalPERS services:

a. Health? Yes ___ No ___
b. Retirement? Yes ___ No ___

NOTE: Please feel free to provide your answers on additional pages if necessary. Please provide complete copies of the Employer's JPA agreement, Articles of Incorporation, Bylaws, any amendments, and any filings with the Secretary of State, as applicable.

4. Please list the current members of the Employer's governing board or body, the date each individual was elected or appointed, and the individual's current job/title.

Name	Date	Job / Title

5. Are the members of the Employer's governing board or body elected or appointed? Elected ___ Appointed ___

6. If appointed, who has the power to appoint members of the Employer's governing board or body?

7. Does any person or entity have the power to remove members of the Employer's governing board or body? Yes ___ No ___

If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents.

8. Please list any other individuals or entities that have powers to vote or control or ownership or other interests in the Employer and describe the powers or interests in detail, including references to Bylaws, contracts or agreements, or other governing documents.

9. Please list any entity or organization that is/are related to or affiliated with the Employer and describe the relationship between the Employer and such entity or organization in detail, including references to Bylaws, contracts or agreements, or other governing documents.

10. Does the State (or a City or County or other political subdivision of the State) have fiscal responsibility for the general debts and other liabilities of the Employer? Yes ___ No ___

If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents.

11. Please describe in detail all governmental or quasi-governmental powers exercised and functions performed by the Employer, including references to statutes, Bylaws, contracts or agreements, or other governing documents relating to the Employer's powers and functions.

12. Was the Employer created by a specific enabling statute that prescribes the purposes, powers, duties, or obligations under which the Employer is to be established and operated? Yes ___ No ___

If yes, please cite the statute and describe in detail.

13. Does the State (or a City or County or other political subdivision of the State) exercise any other control over the Employer's operations or property or have the right to exercise such control? Yes ___ No ___

If yes, please describe in detail and include references to Bylaws, contracts or agreements, or other governing documents.

14. Does the Employer currently have employees? Yes ___ No ___

If yes, how many?

How many employees does the entity expect to have once it is fully operational?

15. Do any of the Employer's employees perform services for one or more other entities or organizations that are related to or affiliated with the Employer? Yes ___ No ___

If yes, please describe in detail.

16. Does any other entity perform Human Resources or Payroll functions for the Employer? Yes ___ No ___

If yes, please describe in detail.

17. Are any of the Employer's employees currently participating in or reported to CalPERS by or through another entity? Yes ___ No ___

If yes, please explain the current arrangement and identify any other entity or organization involved.

17. Are any of the Employer's employees currently participating in or reported to CalPERS by or through another entity? Yes ___ No ___

18. Are the Employer's employees treated the same as State, City or County employees for purposes other than providing employee benefits? Yes ___ No ___

If yes, please describe in detail.

For example –

- Are the Employer's employees hiring practices subject to a competitive examination process? Yes ___ No ___

Please describe in detail. If yes, please provide an example.

- Are the Employer's employees' salaries and benefits subject to collective bargaining? Yes ___ No ___

If so, please provide the name of employee organization group(s) who represent the Employer's employees in collective bargaining.

- What grievance procedures and administrative appeals rights are made available by the Employer?

19. Please provide a detailed description of all sources of revenue or funding, including a description of any non-public sources, received or expected to be received by the Employer to establish or operate the Employer. Please include the percentages of total funding coming from all sources.

20. Is the Employer treated as a governmental entity for any other purposes? Yes ___ No ___

If yes, please describe in detail.

For example –

- For federal employment or income tax purposes (such as the authority to issue tax-exempt bonds under Internal Revenue Code section 103(a))? Yes ___ No ___

- Is the Employer subject to open meeting laws (such as the Brown Act), the California Public Records Act or similar laws? Yes ___ No ___

- Are the Employer's employees subject to the California Political Reform Act? Yes ___ No ___

If so, please provide a copy of the Employer's current Conflict of Interest Code.

- Does the State Attorney General represent the Employer in court under a statute that only permits representation of State entities? Yes ___ No ___

- Has any State or federal court or administrative agency made a formal written determination that the Employer is a governmental entity for any purpose? Yes ___ No ___

If so, which agency?

Employer Certification

The undersigned hereby agrees and acknowledges that Employer is aware and understands that the participation of its employees and retirees in the CalPERS pension plan (the "CalPERS Plan") is subject to, among other things, the determination of Employer's status as an "agency or instrumentality of the state or political subdivision of a state" that is eligible to participate in a governmental plan within the meaning of Section 414(d) of the Internal Revenue Code (the "Code"). Employer acknowledges that the Internal Revenue Service (the "IRS") is in the process of drafting regulations under Section 414(d) of the Code and that these regulations, when final, may impact Employer's eligibility to participate in the CalPERS Plan.

Employer understands that even if CalPERS determines that Employer is eligible to participate in the CalPERS Plan based upon its good faith interpretation of existing IRS guidance, upon publication of final Treasury Regulations pursuant to Section 414(d) of the Code (the "Final Regulations"), it may be determined that Employer would not be eligible to participate in a governmental plan under such Final Regulations. Employer further understands that in the event of such a determination, CalPERS will be obligated to comply with the Final Regulations and, if required, terminate the Employer's participation in the CalPERS Plan, including cancellation of all benefits for employees and retirees of the Employer (the "Termination").

By executing this Application below, the undersigned certifies that (i) Employer qualifies as an agency or instrumentality of the state or political subdivision of a state pursuant to Section 414(d) of the Code, and (ii) all information provided to CalPERS in connection with Employer's application to contract, including all information provided in this Application, is true and correct. The undersigned agrees to update the information contained in this Application within ten (10) calendar days of the date the undersigned knows or should have known of any error or change to any information provided to CalPERS.

The undersigned certifies that he or she has been duly authorized by Employer to execute this Application on behalf of Employer.

I, the official named below, acknowledge and declare I have read and understand the Application and Employer Certification. I am duly authorized to make this declaration on behalf of the above-named Employer, and declare the foregoing is true and correct as of the date of execution of this document. I further acknowledge my Employer's responsibility to provide updates in the event this information is determined to be incorrect

Date: _____

By: _____

Name: _____

Title: _____