Member Action Request

RIVERSIDE COUNTY
OFFICE OF EDUCATION

(Please type or print clearly)

1. Current Name: (First Middle Last)

2. Social Security Number (SSN):

3. CalPERS ID (if available):

4. Date of Birth (DOB):
MM   DD   YYYY

5. Gender:
❑ Female   ❑ Male

6. Former Name - <u>For name changes only</u>: (First Middle Last)

7. Mailing Address:

Street/P.O. Box:

Additional Address Line:

City:

State: ⋯⋯   Zip Code: Country: US

8. Remarks:

9. District Number/District Name:

10. Job/Position Title:

11. Effective Date of Action:
MM   DD   YYYY

12. Pay Frequency:
❑ 10 mo   ❑ 11 mo
❑ 12 mo

13. Retirement Code:

14. ❑ Classic ❑ New

15. Hire Date:
MM   DD   YYYY

16. Type of Action (check all boxes that apply **for this Effective Date**; if none apply, indicate action needed in "Remarks" [#8] above):

A. ❑ Appointment
B. ❑ Membership Effective Date Change
C. ❑ <u>Unpaid Leave of Absence</u>
    ❑ Begin Leave
    ❑ End Leave

D. ❑ Address Change
E. ❑ Permanent Separation
<u>Separation Type:</u>
    ❑ Retirement
        Unused Sick Leave days:_____
    ❑ Death
    ❑ Other:_____

F. ❑ <u>Profile Change</u>
    ❑ DOB (complete box 4)
    ❑ Gender (complete box 5)
    ❑ Name (complete box 6)
    ❑ SSN (complete box 8)

17. Retirement Election
❑ Certificated Employee Electing PERS(ES 372)
❑ Classified Employee Electing STRS (ES 372)

18. Survivor Benefits:
❑ Yes
❑ No

19. Covered by Social Security:
❑ Yes
❑ No

20. Retired Annuitant:
❑ Yes
❑ No

21. Basis for Membership Qualification: (Check appropriate box.)

❑ Full-Time for > 6 months
❑ Part-Time for ≥ 20 hours for 1 year or more
❑ Indeterminate; at least 20 hours a week for 1 year or more

❑ Has completed 1,000 hours or 125 days in fiscal year
❑ Person is already a PERS member

22. Form Completed By:

Name:_____   Title:_____

Phone Number: _____   Fax Number: _____

Signature: _____   Date: _____

How to Complete the Member Action Request Form (MAR)

NOTE: Submit MAR only if a job/position change affects a person's retirement information (e.g., Name, Address, Member Category, etc.). The MAR form must be typed. **Do not submit a MAR form for position changes if the retirement plan or code remains the same.**

1. **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 #1; enter the *former* name (e.g., name before marriage/divorce) in Section #6.
2. **Social Security Number**: Enter the SSN.
3. **CalPERS ID** (if available): From the MyCalPERS website.
4-8. Enter the Date of Birth, Gender, Former Name (if doing a name change), and Address, and Remarks (if needed).**Enter any revisions to unused sick leave days in the "Remarks" section.**
9. **District Name/Number**: Enter your district's or charter school's name and number.
10. **Job/Position Title**: Enter the job/position title.
11. **Effective Date**: Enter the effective date for the action.
12. **Pay Frequency**: Enter the employee's pay months (10, 11, or 12.)
13. **Retirement Code**: Enter applicable retirement code (P1 – P8, or R1).
14. **Member Category**: Indicate if the employee is a classics or new CalPERS member.
15. **Hire Date**: Date employee was first hired by your agency/district.
16. **Type of Action**: More than one box can be checked, if **the same effective date applies** to all. For example, if a person's address changed at the same time that she/he separated, then *both* the "Permanent Separation" and "Address Change" boxes should be checked. Some points to remember are:
    - **A – Appointment**: Check this for (1) new hires who qualify for membership, (2) current employees who have just now qualified for membership, and (3) persons reinstating from retirement. Section #21 should also be completed.
    - **B – Membership Effective Date Change**.
    - **C – Unpaid Leave of Absence**: Check this when a person is beginning/ending a leave of absence. "Begin Leave" only used for a leave of absence of **two months *or* more** (do **not** report shorter leaves of absence); the effective date (Section #11) is the first day of the leave. "End Leave" should be checked to indicate the end of a leave; the effective date (Section #11) is the first day back on the job.
    - **D – Address Change**: Check this box for an address change and complete Section #7 with the new address.
    - **E – Permanent Separation**: Check this box when an employee separates from the district. **Separation date is the next day following the last day worked**. If the separation is due to retirement, check "Retirement" box and complete Section #11 with the retirement effective date. If the separation is due to any other circumstance, check the "Other" box and indicate the reason for separation (e.g. due to dismissal, or resignation).
    - **F – Profile Change**: Check this box for any change to the employee's profile, along with the applicable box listed below (DOB, Gender, Name, and SSN); then complete the corresponding box indicated on the form.
17. **Certificated Employee Electing PERS or Classified Employee Electing STRS**: You must attach a Retirement System Election form (ES 372).
18. **Survivor Benefits**: Check "Yes" only for those employees on a Special Contract that allows for Survivor Benefits. These employees all have $2.00 deducted each month for this benefit.
19. **Covered by Social Security**: Check "No" only for those employees on a Special Contract that does not require Social Security to be deducted.
20. **Retired Annuitant**: Check "Yes" if the employee is a Retired CalPERS Annuitant and returns to work. Also complete Section #11, which should include the first day worked as a retired annuitant.
21. **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. Required if Section #16-Box A –"Appointment" is checked.
22. **Form Completed By**: Enter the name, title and phone number of the person completing the form, along with the date the form is signed.

Submit the original form to:
District Fiscal Services,
Attn: PERS Retirement
P.O. Box 307
Riverside, CA 92502

Questions:
Please contact our office at (951) 826-6426