

# New Employer Information Sheet

## I. General Information

CalPERS ID: \_\_\_\_\_

City of Angels

41

Employer Name

Number of Employees

Employee Tax Identification Number \_\_\_\_\_ - \_\_\_\_\_

Fiscal Year End Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

200 Monte Verda Ste B PO Box 667

Employer Address

Angels Camp, CA 95222

City / State / Zip

Michelle Gonzalez

michellegonzalez@angelscamp.gov

209-736-2181

Plan Administrator

Email

Telephone

Andrea Mata

andreamata@angelscamp.gov

209-736-2181

Payroll 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 AdviceMake check payable to **CalPERS 457 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 457 Plan

P.O. Box 942713

Sacramento, CA 94229-2713

**Overnight Delivery:**

CalPERS 457 Plan

400 Q Street

Sacramento, CA 95811

# New Employer Information Sheet

## III. Asset Transfer Information

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

Former Plan Provider \_\_\_\_\_

Total Number of Employees \_\_\_\_\_

Address \_\_\_\_\_

City / State / Zip \_\_\_\_\_

Payroll Contact \_\_\_\_\_

Email \_\_\_\_\_

Telephone \_\_\_\_\_

## IV. Signatures

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**Print Name:** Steve Williams \_\_\_\_\_

**Title:** Interim City Administrator \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**New Employer Plan Number assigned by CalPERS: 4 5** \_\_\_ \_\_\_ \_\_\_