

New Employer Information Sheet

I. General Information

CalPERS ID: 6 4 3 2 2 7 9 4 4 7County of Humboldt 2,400

Employer Name _____ Number of Employees _____

Employee Tax Identification Number 9 4 - 6 0 0 0 5 1 3 Fiscal Year End Date 0 6 / 3 0 / 2 0 2 2825 5th Street Room 125

Employer Address _____

Eureka, CA 95501

City / State / Zip _____

Chance Hamilton ctyauditor@co.humboldt.ca.us 707-476-2452

Payroll Contact _____ Email _____ Telephone _____

Karen Paz Dominguez ctyauditor@co.humboldt.ca.us 707-476-2452

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

(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

Print Name: Virginia Bass _____

Title Chair of the Board of Supervisors _____

Employee Signature: _____

Date: September 21, 2021 _____

New Employer Plan Number assigned by CalPERS: 4 5 ___ ___ ___