



DUPLICATE OR MODIFIED PRE-LIST REQUEST FORM

If you wish to request additional pre-list forms, please indicate your Employer Code, Office Code (if applicable), type of pre-list, and quantity in the spaces provided below.

EMPLOYER CODE _____

OFFICE CODE _____

TYPE OF PRE-LIST

QUANTITY

DUPLICATE = A duplicate copy of the most recent Pre-list sent.

MODIFIED TYPE A = A duplicate copy of the most Recent pre-list sent with Pay Rate, Earnings, Member Normal Contribution, and Tax Deferred Contribution fields blank.

MODIFIED TYPE B = A duplicate copy of the most Recent pre-list sent with the Earnings, Member Normal Contribution, and Tax Deferred Contribution fields blank.

Mail or fax your requests to:

CalPERS
Actuarial & Employer Services Division
Payroll Processing Unit
FAX – (916) 795-3005
PO Box 942709
Sacramento, CA 94229-2709