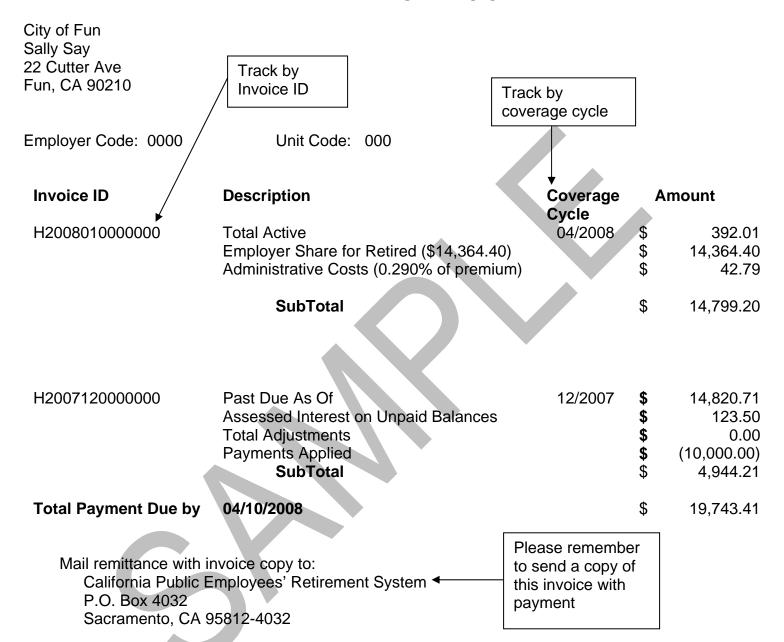


California Public Employees' Retirement System P.O. Box 1982
Sacramento, CA 95812-1982
Telecommunications Device for the Deaf: (916) 795-3240
888-CalPERS (or 888-225-7377)

Business Unit: 1800 Customer Id: 0000-000 Statement Number: 000

Statement Date: 03/14/2008

HEALTH PREMIUM INVOICE



Please refer to the ACES Public Agency Billing Participant Report at www.calpers.ca.gov to view a detailed list of your participants.

If CalPERS does not receive your agency's payment in full on or before the 10th of the month, assessed interest will be charged on the next month's invoice (California Code of Regulations, Section 599.515).

If paying via Electronic Fund Transfer (EFT), please allow two banking days from the debit date for CalPERS to receive the payment and fax invoice copy to (916) 795-7901 (Attention: Cashiering Unit).

If paying via Overnight Mail, please mail remittance with invoice copy to:

CalPERS Fiscal Services Division 400 Q Street Sacramento, CA 95811

If you have any questions, please contact the Employer Contact Center at 888-CalPERS (or 888-225-7377) or www.calpers.ca.gov. Thank you.

