



## District Business and Advisory Services

Bulletin: 21-032

Date: March 26, 2021

To: District Chief Business Officers  
District Fiscal Directors  
District Human Resource and Payroll Managers  
District Human Resource and Payroll Personnel

From: Nghia Do, District Business Advisor

Re: **Action Required:** State Social Security Administrator (SSSA) Annual Information Request (AIR)

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Starting 2021, all school districts are required to complete the Annual Information Request (AIR) form electronically in myCalPERS. The State Social Security Administrator (SSSA) team from CalPERS will issue the AIR form to all school districts and county offices of education (COE) alphabetically in March and April 2021. Each school district's designee/administrator will need to have the 'Business Partner Social Security' access role in myCalPERS to:

- View and complete the AIR form
- Be a contact for SSSA correspondence
- Request new or modify Section 218 Agreement
- Upload documents

To locate the AIR form in MyCalPERS:

- Sign in MyCalPERS
- Click on the Profile tab
- Click the drop-down Menu on the left side
- Select the SSA Annual Information Request to view and complete

School districts can follow the instructions in the attached State Social Security and Medicare Agreement Student Guide and the School Districts AIR process to complete the AIR form. If you need assistance to complete the form or have any questions, please contact the SSSA Team via:

- Email: [sssa@calpers.ca.gov](mailto:sssa@calpers.ca.gov)
- Phone: (916) 795-0810

*Please distribute this memo within your District as deemed appropriate.*

# Completing the AIR Form: School Districts



# School District AIR Process (1 of 6)

Home Participant Business Partner Reporting Admin Workflow my Toolbox

Summary Financials Retirement Contract Agreements Mergers and Reorganizations Reports

**Common Tasks** **Menu**

- Search
- Contacts
- Findings
- View BP Relationships
- Divisions
- View Service Relationships
- Capture Interaction Information
- SSA Annual Information Request

**Employer Education**

- Activity & History
- Enroll in Class
- Schedule Consultation

**Name:** \_\_\_\_\_ **CalPERS ID:** \_\_\_\_\_

**Annual Information Request**

For instructions, please use the Social Security & Medicare Agreement Student Guide located at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa) under resources

**Federal Tax ID:**

**Has the employer had any name changes in the past year?**  
 Yes  No

**In addition to CalPERS and CalSTRS, does the Employer offer a FICA replacement plan? (i.e. APPLE, iCMA, PARS, etc.)**  
 Yes  No

**Please provide total number of ALL employees:**

**For employees who are CalPERS members, does the Employer:**  
**Withhold both Social Security and Medicare?**  Yes  No

**For employees who are CalSTRS members, does the Employer:**  
**Withhold both Social Security and Medicare?**  Yes  No

**For employees who are NOT member of CalPERS or CalSTRS, does the Employer:**  
**Withhold both Social Security and Medicare?**  Yes  No



# School District AIR Process (2 of 6)

**Annual Information Request**

For instructions, please use the Social Security & Medicare Agreement Student Guide located at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa) under resources

**Federal Tax ID:**

**Has the employer had any name changes in the past year?**  
 Yes  No

**In addition to CalPERS and CalSTRS, does the Employer offer a FICA replacement plan? (i.e. APPLE, iCMA, PARS, etc.)**  
 Yes  No

Please provide the name of the Public Retirement System:  
**Retirement System Name:**

Is there another Public Retirement System:  
 Yes  No

**Please provide total number of ALL employees:**



# School District AIR Process (3 of 6)

For employees who are **CalPERS members**, does the Employer:

**Withhold both Social Security and Medicare?**  Yes  No

**Exclude any CalPERS-covered positions from Social Security withholding?**  Yes  No

**Please select the position(s) excluded::**

Elective Positions

Part-Time Positions

Fee-Basis Positions

Agricultural Labor

Election Worker Services

Student Services

Other

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the Employer?**  Yes  No

**Does the Employer withhold Medicare for this group of employees?**  Yes  No



# School District AIR Process (4 of 6)

For employees who are **CalSTRS members**, does the Employer:

**Withhold both Social Security and Medicare?**  Yes  No

**Exclude any CalSTRS-covered positions from Social Security withholding?**  Yes  No

**Currently have any employees who were hired prior to April 1, 1986 AND have been in continuous employment with the Employer?**  Yes  No



# School District AIR Process (5 of 6)

For employees who are NOT member of CalPERS or CalSTRS, does the Employer:

Withhold both Social Security and Medicare?

Yes  No

Exclude any positions from Social Security withholding?

Yes  No

Please select the position(s) excluded::

Elective Positions

Part-Time Positions

Fee-Basis Positions

Agricultural Labor

Election Worker Services

Student Services

Other



# School District AIR Process (6 of 6)

Summary	<b>Financials</b>	Retirement Contract	Agreements	Mergers and Reorganizations	Reports
<b>Common Tasks</b>	▲	<b>Name:</b>	<b>CalPERS ID:</b>		
<b>Menu</b>	▼	<p><b>Thank you for completing the Annual Information Request. If you have any questions, please contact your State Social Security Administrator at <a href="mailto:sssa.air@calpers.ca.gov">sssa.air@calpers.ca.gov</a></b></p>			
Search					
Contacts					
Findings					
View BP Relationships					
Divisions					
View Service Relationships					
Capture Interaction Information					
SSA Annual Information Request					
<b>Employer Education</b>	▼				
Activity & History					
Enroll in Class					
Schedule Consultation					
<b>Annual Information Request</b>		<b>Federal Tax ID: 000000000</b>			
		<b>Has the employer had any name changes in the past year?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
		<b>In addition to CalPERS and CalSTRS, does the Employer offer a FICA replacement plan? (i.e. APPLE, iCMA, PARS, etc.)</b> <input type="radio"/> Yes <input checked="" type="radio"/> No			
		<b>Please provide total number of ALL employees:</b> <b>15</b>			





# myCalPERS Social Security and Medicare Agreement

Student Guide

**March 30, 2020**



# Introduction

This student guide is a resource to assist you with your Section 218 Agreement and Social Security Administration (SSA) Annual Information Request.

## Disclaimer

As a security safeguard, business partner and participant information has been masked within the figures in this procedure guide.

## Training Opportunities

Prior to taking a myCalPERS System Training instructor-led class, new users should review the [Introduction to myCalPERS for Business Partners](#) guide and take a **Business Rules training class**. The Business Rules training (instructor-led or online) class covers the simplified explanation of laws defined by the California Public Employees' Retirement Law.

## Content

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<a href="#">Unit 2: Access myCalPERS</a>	4
<a href="#">Unit 3: Social Security/Medicare Agreement</a>	8
<a href="#">Unit 4: Social Security Administration Annual Information Request</a>	13

## Unit 1: State Social Security Administrator

Authorized by California Government Code 22200, the California Public Employees' Retirement System (CalPERS) is the official State Social Security Administrator (SSSA) for the State of California's Section 218 Agreement. A Section 218 Agreement is the agreement that provides Social Security and/or Medicare coverage to employees in government positions.

The SSSA office assists public agencies and schools with:

- Securing Section 218 coverage for their employees
- Resolving issues related to Social Security and Medicare tax withholding
- Support with the Social Security Administration and the Internal Revenue Service to address coverage-related issues and questions
- Requests for education and training to employers and employees

### For Non-CalPERS Business Partners

The SSSA office is committed to providing assistance and support to all state and public agencies in California as required by federal and state law.

myCalPERS is available to agencies that do not participate in the CalPERS retirement and health program. As a non-CalPERS agency, myCalPERS will allow you to view or request changes to a Section 218 Agreement and complete your Annual Information Request (AIR) electronically.

Contact the SSSA office for more information about assistance and services provided to California's public agencies and state departments.

### Contact Information

The SSSA office can be reached by:

- [Email](mailto:sssa@calpers.ca.gov): [sssa@calpers.ca.gov](mailto:sssa@calpers.ca.gov)
- Direct Phone: (916) 795-0810
- Mail: CalPERS  
State Social Security Administrator  
P.O. Box 720720  
Sacramento, CA 94229

## Unit 2: Access myCalPERS

Learn how to obtain myCalPERS access and log into the system.

### Content

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<a href="#">Scenario 2: Log into myCalPERS</a>	6

## Scenario 1: Obtain Access to myCalPERS

### New Agency-level Access

If your agency does not currently have myCalPERS system access, a System Access Administrator (SAA) will need to be assigned.

Contact the SSSA team to request access and assign an SAA:

- **Email:** [sssa@calpers.ca.gov](mailto:sssa@calpers.ca.gov)
  - Include the requested SAA's contact information (i.e., name, title, phone number, email address)
- Direct Phone: (916) 795-0810

### System Access Administrators (SAAs)

Your agency SAA is responsible for granting and maintaining user's access for your agency. Visit the [System Access Administrators](#) page on the CalPERS website for more information.

**Pathway:** [CalPERS website](#) > Employers > myCalPERS Technical Requirements > System Access Administrators

### New User-level Access

If you handle Social Security and Medicare related business for your agency, your SAA will need to grant you the following access roles:

- System Access Administrator (SAA)
- Business Partner Social Security

## Scenario 2: Log into myCalPERS

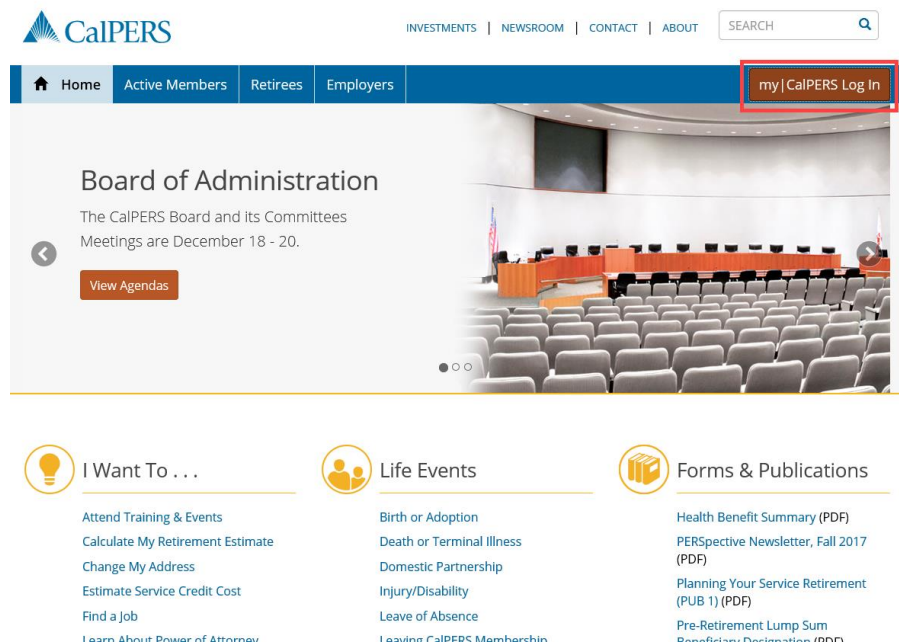
You have completed your registration through myCalPERS and are ready to log in to myCalPERS for your business needs.

**Note:** For additional assistance with logging in contact CalPERS at **888 CalPERS** (or **888-225-7377**) or TTY (877) 249-7442.

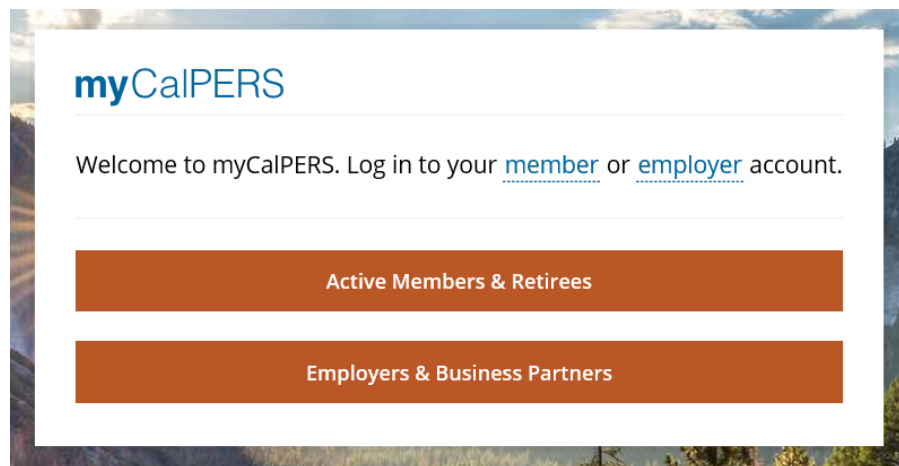
### Step Actions

Step 1 Visit the [CalPERS website](http://www.calpers.ca.gov) at [www.calpers.ca.gov](http://www.calpers.ca.gov).

Step 2 Select **myCalPERS Log In**.

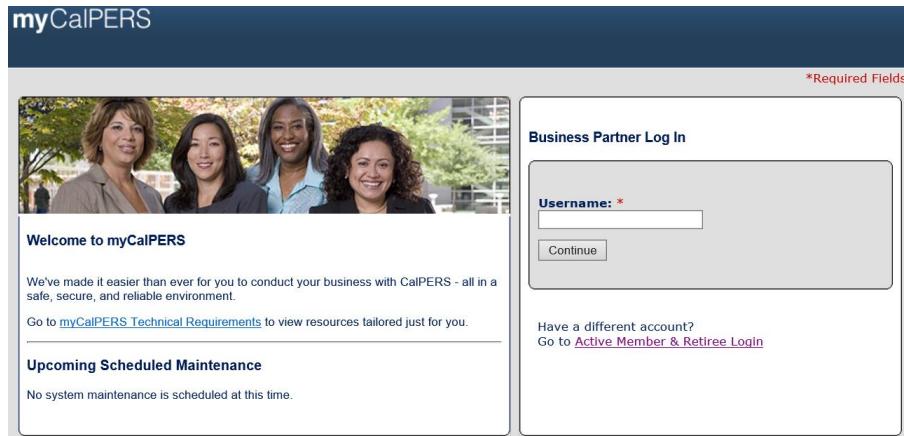


Step 3 Select **Employers & Business Partners**.



Step 4 Select **Continue**.

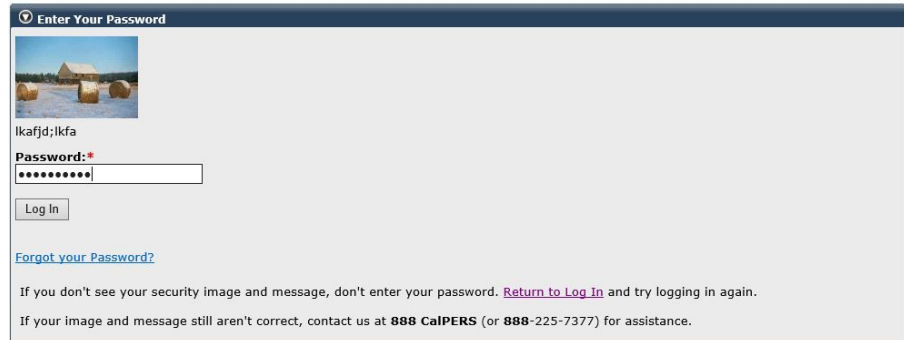
Step 5 Enter your username.



The screenshot shows the myCalPERS website interface. At the top left is the myCalPERS logo. On the right, there is a red asterisk and the text '\*Required Fields'. Below the logo is a photograph of four diverse women smiling. To the right of the photo is a 'Business Partner Log In' section with a 'Username: \*' label, a text input field, and a 'Continue' button. Below the photo, there is a 'Welcome to myCalPERS' heading, a paragraph of text, a link to 'myCalPERS Technical Requirements', and an 'Upcoming Scheduled Maintenance' section stating that no system maintenance is scheduled at this time. At the bottom right, there is a link for 'Active Member & Retiree Login'.

Step 6 Select **Continue**.

Step 7 Enter your password.



The screenshot shows the 'Enter Your Password' page. It features a security image of a barn with hay bales. Below the image is a CAPTCHA code 'lkafjd;lkfa'. The 'Password: \*' label is followed by a password input field filled with dots and a 'Log In' button. There is a 'Forgot your Password?' link. At the bottom, there are two lines of instructional text: 'If you don't see your security image and message, don't enter your password. Return to Log In and try logging in again.' and 'If your image and message still aren't correct, contact us at 888 CalPERS (or 888-225-7377) for assistance.'

Step 8 Select **Log In**.

**You have completed this scenario.**

## Unit 3: Social Security/Medicare Agreement

Learn more about your Social Security and/or Medicare Agreement and how to view and upload documents in myCalPERS.

### Content

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<a href="#">Scenario 1: Understand Section 218 Agreement</a>	9
<a href="#">Scenario 2: View your Social Security/Medicare Agreement</a>	10
<a href="#">Scenario 3: Upload Agreement Documents</a>	11



## Scenario 1: Understand Section 218 Agreement

A Section 218 Agreement allows Social Security and/or Medicare coverage access to employees in government positions. Your agency is required to have this agreement to provide Social Security and/or Medicare coverage in addition to a retirement system.

### Terminations

As of April 20, 1983, Social Security coverage extended by a Section 218 Agreement may not be terminated. Election to participate is irrevocable.

### Modifications

An agency may request to modify an existing Section 218 Agreement to cover:

- New positions
- Previously excluded positions
- Retirement system ineligible
- Employees changing their vote in favor of coverage
- New positions joining a retirement system

### Contact Information

For more information or to initiate a Section 218 Agreement, contact the SSSA office by:

- [Email](mailto:sssa@calpers.ca.gov): sssa@calpers.ca.gov
- Direct Phone: (916) 795-0810
- Mail: CalPERS

State Social Security Administrator  
P.O. Box 720720  
Sacramento, CA 94229

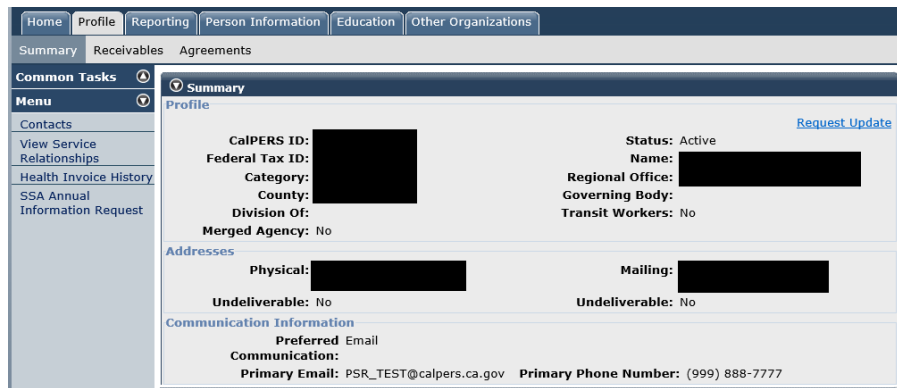
## Scenario 2: View your Social Security/Medicare Agreement

### Scenario

You need to view your agency's Section 218 Agreement in myCalPERS.

### Step Actions

Step 1 Select the **Profile** global navigation tab.



Home Profile Reporting Person Information Education Other Organizations

Summary Receivables Agreements

Common Tasks

Menu

Contacts

View Service Relationships

Health Invoice History

SSA Annual Information Request

Summary

Profile

Request Update

CalPERS ID: [REDACTED] Status: Active

Federal Tax ID: [REDACTED] Name: [REDACTED]

Category: [REDACTED] Regional Office: [REDACTED]

County: [REDACTED] Governing Body: [REDACTED]

Division Of: [REDACTED] Transit Workers: No

Merged Agency: No

Addresses

Physical: [REDACTED] Mailing: [REDACTED]

Undeliverable: No Undeliverable: No

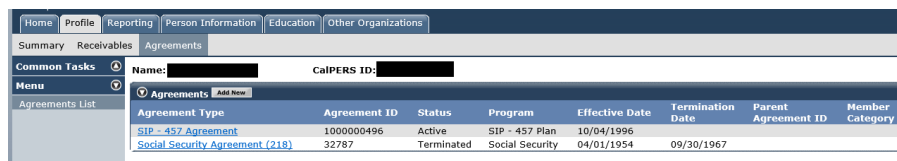
Communication Information

Preferred Email

Communication: [REDACTED]

Primary Email: PSR\_TEST@calpers.ca.gov Primary Phone Number: (999) 888-7777

Step 2 Select the **Agreements** local navigation link.



Home Profile Reporting Person Information Education Other Organizations

Summary Receivables Agreements

Common Tasks

Menu

Agreements List

Name: [REDACTED] CalPERS ID: [REDACTED]

Agreements [Add New](#)

Agreement Type	Agreement ID	Status	Program	Effective Date	Termination Date	Parent Agreement ID	Member Category
<a href="#">SIP - 457 Agreement</a>	1000000496	Active	SIP - 457 Plan	10/04/1996			
<a href="#">Social Security Agreement (218)</a>	32787	Terminated	Social Security	04/01/1954	09/30/1967		

Step 3 Select the link for the **Agreement Type** you wish to review.

Step 4 Review the *Agreement Summary* section.



Home Profile Reporting Person Information Education Other Organizations

Summary Receivables Agreements

Common Tasks

Menu

Agreements List

Name: [REDACTED] CalPERS ID: [REDACTED]

Agreement Summary

Agreement: Social Security Agreement (218)

Status: Active

Retirement Plan: Non CalPERS

Social Security Selection: Supplemental

Agreement Effective Date: 08/08/1985

Election Date: 04/08/1985

SSID Number: 69-0933969

Agreement Type: Absolute

Retirement Plan Name: NONE

Member Category: Miscellaneous

Election Type: Majority

Statutes: 69-0933969

Exclusions

Exclusion Type

No results found.

Start Date

End Date

Documents

Document Name	Generation Date	Response Document	Response Date	Upload/Replace
<a href="#">SSA - 218 Agreement - Misc</a>	01/22/2018			<a href="#">Upload/Replace</a>
<a href="#">SSA - 218 Modification - Misc</a>	01/22/2018			<a href="#">Upload/Replace</a>

Step 5 Within the *Exclusions* section, review the agreement exclusions (if any).

**You have completed this scenario.**

## Scenario 3: Upload Agreement Documents

You received a packet of agreement documents from the SSSA office and need to upload them electronically in myCalPERS for review.

**Note:** Agencies are required to send original documents with wet signature after the SSSA has approved your document.

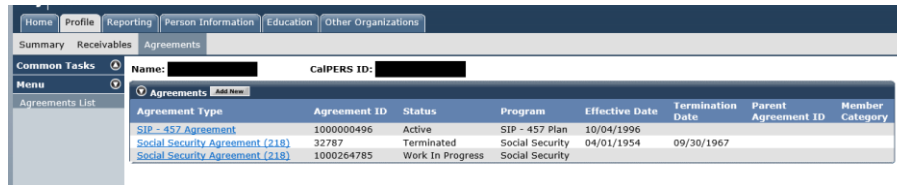
### System Logic

- You will be able to view the packet submission and the date it was uploaded in the system
- You may edit the document after submission by repeating the steps below

### Step Actions

Step 1 Select the **Profile** global navigation tab.

Step 2 Select the **Agreements** local navigation link.



The screenshot shows the 'Agreements' page in the myCalPERS system. The navigation tabs include Home, Profile, Reporting, Person Information, Education, and Other Organizations. The main content area displays a table with the following data:

Agreement Type	Agreement ID	Status	Program	Effective Date	Termination Date	Parent Agreement ID	Member Category
SIP--457 Agreement	1000000496	Active	SIP - 457 Plan	10/04/1996			
Social Security Agreement (218)	32787	Terminated	Social Security	04/01/1954	09/30/1967		
Social Security Agreement (218)	1000264785	Work In Progress	Social Security				

Step 3 Select the link for the **Agreement Type** with the **Work in Progress** status.

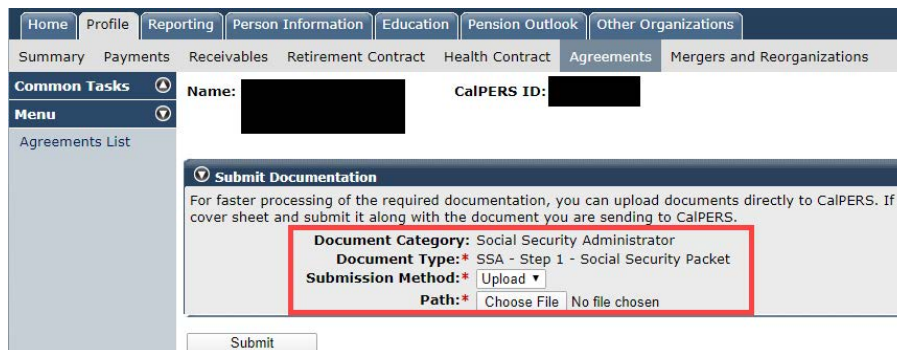
Step 4 Select **Upload/Replace**.



The screenshot shows the 'Agreement Summary' page for a 'Social Security Agreement (218)' with a status of 'Work In Progress'. The 'Documents' section contains a table with one entry:

Document Name	Generation Date	Response Document	Response Date	Upload/Replace
SSA - Step 1 - Social Security Packet				<a href="#">Upload/Replace</a>

Step 5 Select **Upload** from the Submission Method drop-down list.



The screenshot shows the 'Submit Documentation' page. The form includes the following fields:

- Document Category:** Social Security Administrator
- Document Type:** SSA - Step 1 - Social Security Packet
- Submission Method:** Upload (selected from a drop-down list)
- Path:** Choose File (No file chosen)

A red box highlights the 'Document Type' and 'Submission Method' fields.

Step 6 Select **Choose File** to upload the document.

---

Step 7 Upload the document from your computer.

---

Step 8 Select **Submit**.

---

Step 9 Confirm your document was uploaded.

The screenshot shows a web application interface with a navigation menu on the left and a main content area. The navigation menu includes 'Home', 'Profile', 'Reporting', 'Person Information', 'Education', and 'Other Organizations'. The main content area has tabs for 'Summary', 'Receivables', and 'Agreements'. The 'Agreements' tab is active, showing a summary for a 'Social Security Agreement (218)' with a status of 'Work In Progress'. Below this, there is a section for 'Exclusions' with the message 'No results found.' and a table for 'Documents'. The 'Documents' table has columns for 'Document Name', 'Generation Date', 'Response Document', 'Response Date', and 'Upload/Replace Response Document'. A red box highlights the 'Response Document' and 'Response Date' columns for the document 'SSA - Step 1 - Social Security Packet'.

Document Name	Generation Date	Response Document	Response Date	Upload/Replace Response Document
SSA - Step 1 - Social Security Packet		<a href="#">SSA - Step 1 - Social Security Packet</a>	04/03/2018	<a href="#">Upload/Replace</a>

You have completed this scenario.

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## Unit 4: Social Security Administration Annual Information Request

As of July 1, 2018, agencies are required to file their Annual Information Request (AIR) form online.

The California State Social Security Administrators (SSSA) office requires all public agencies in the State of California to complete an AIR. The process surveys Social Security and Medicare tax reporting practices for the agency.

### What to Know Before You Begin

The following information will be requested on the AIR:

1. Federal Tax Identification (ID) number
2. Supporting documentation for organization changes (name change, merger, dissolution)
3. Contracted public retirement system
4. Social Security and Medicare withholding practices
5. Information for agency subcomponents (departments) using different tax ID number

### Content

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<a href="#">Scenario 2: Complete an AIR</a>	15
<a href="#">Scenario 3: Complete an AIR for County Office of Education</a>	22

## Scenario 1: Annual Information Request (AIR) Notifications

### CalPERS Business Partner

You will receive notification by mail or email to file the AIR electronically based on your notification preferences in myCalPERS.

**Note:** The AIR notifications are sent monthly in alphabetical groups of 600, beginning July 1 of each fiscal year. You must wait until you receive the notification to complete the AIR.

### School Employer

The County Office of Education (COE) will receive AIR notifications each March. COE's will have 60 days from the date of notification to complete the AIR in myCalPERS.

### Non-CalPERS Agency

Agencies not currently covered by CalPERS health and retirement programs will receive the initial notification by mail. Once you set up a profile in myCalPERS, you will receive annual notification by mail or email based on your selected notification preference.

For steps on how to set up a new account in myCalPERS, review [Unit 2; Scenario 1: Obtain Access to myCalPERS](#).

## Scenario 2: Complete an AIR

You need to file the AIR form electronically in myCalPERS.

### Step Actions

- Step 1 Select the **Profile** global navigation tab.
- Step 2 Select the **SSA Annual Information Request** left-side link.

The screenshot shows the myCalPERS Profile page. The left sidebar has a 'Menu' section with 'SSA Annual Information Request' highlighted in red. The main content area shows the 'Summary' tab with fields for CalPERS ID, Federal Tax ID, Category, County, and Division Of. It also shows 'Status: Active', 'Name', 'Regional Office', 'Governing Body', and 'Merged Agency: No'. There are sections for 'Addresses' (Physical and Mailing) and 'Communication Information' (Preferred Communication, Primary Email, Primary Phone Number). Below these are sections for 'Contacts', 'Business Relationships', and 'Contracts/Agreements'.

- Step 3 Select **Request Date** to view the *Annual Information Request* section.

The screenshot shows the myCalPERS Profile page with the 'SSA 218 - Annual Information Request' section expanded. The 'Request Date' field is highlighted in blue and shows '01/25/2018'. The 'Status' field shows 'Not Submitted'. The page footer contains copyright information: '© Copyright 2018 CalPERS | Conditions of Use | Accessibility | DataSource: Shifter | Time Shifter | Developer Console | Build: v7.2 | Baseline: 180214 084242 v7.2 Int.7314 UID: 1553'.

- Step 4 Enter your Federal Tax ID.

The screenshot shows the 'Annual Information Request' form. The title is 'Annual Information Request' and the subtitle is 'For instructions, please use the Social Security & Medicare Agr'. The 'Federal Tax ID:' label is followed by an empty text input field.

**Note:** If your agency has an Employer Identification Number (EIN) to conduct business with the IRS and you have misplaced it, visit the [IRS website](#) for steps on how to locate your missing EIN number.

Step 5 Has your agency had a name change in the past year (or prior to the last year)?  
Yes, select the **Yes** radio button. Continue to **Step 6**.

No, select the **No** radio button and skip to **Step 13**.



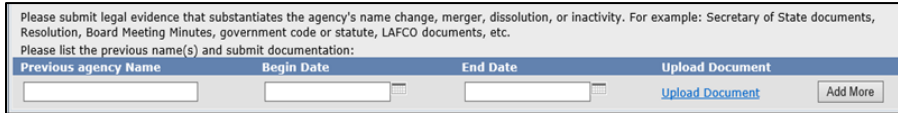
Has the agency had any name changes in the past year?  
 Yes  No

Step 6 Has your agency reported the change to SSSA?  
No, select the **No** radio button. Continue to **Step 7** to upload legal evidence for the name change.

Yes, select the **Yes** radio button. Skip to **Step 13**.

Step 7 Complete the **Previous Agency Name**, **Begin Date** and **End Date** fields, as applicable.

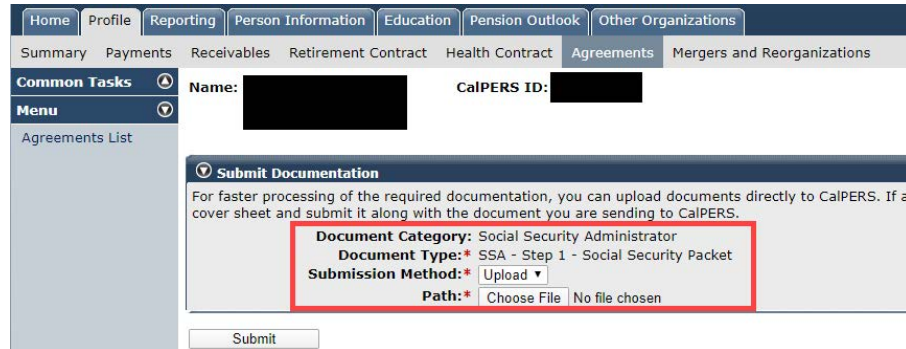
Step 8 Select **Upload Document**.



Please submit legal evidence that substantiates the agency's name change, merger, dissolution, or inactivity. For example: Secretary of State documents, Resolution, Board Meeting Minutes, government code or statute, LAFCO documents, etc.  
Please list the previous name(s) and submit documentation:

Previous agency Name	Begin Date	End Date	Upload Document
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="Upload Document"/> <input type="button" value="Add More"/>

Step 9 Select **Upload** from the Submission Method drop-down list.



Home Profile Reporting Person Information Education Pension Outlook Other Organizations  
Summary Payments Receivables Retirement Contract Health Contract Agreements Mergers and Reorganizations  
Common Tasks  
Menu  
Agreements List

Name: [Redacted] CalPERS ID: [Redacted]

**Submit Documentation**  
For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet and submit it along with the document you are sending to CalPERS.

**Document Category:** Social Security Administrator  
**Document Type:** \* SSA - Step 1 - Social Security Packet  
**Submission Method:** \* Upload  
**Path:** \* Choose File | No file chosen

Step 10 Select **Choose File** in the Path field to locate the document for upload.

Step 11 Select **Submit**.

Step 12 Do you have additional name changes to report?

No, continue to **Step 13**.

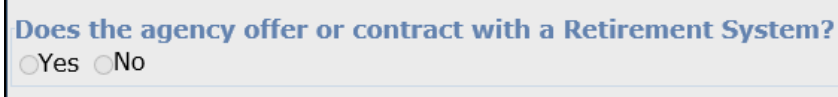
Yes, select **Add More** and return to complete **Steps 7-11**.



Step 13 Does your agency offer or contract with a retirement system?

Yes, select the **Yes** radio button. Continue to **Step 14**.

No, select the **No** radio button. Skip to **Step 17**.



Does the agency offer or contract with a Retirement System?  
 Yes  No

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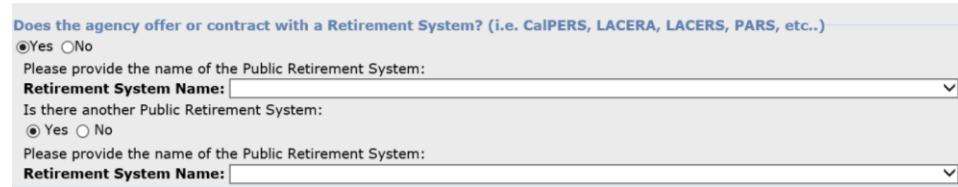
Step 14 Select the retirement system that covers positions under your agency from the drop-down menu.

---

Step 15 Does your agency offer another retirement system?

Yes, select the **Yes** radio button. Continue to **Step 16**.

No, select the **No** radio button. Skip to **Step 17**.



Does the agency offer or contract with a Retirement System? (i.e. CalPERS, LACERA, LACERS, PARS, etc.)  
 Yes  No  
Please provide the name of the Public Retirement System:  
Retirement System Name:   
Is there another Public Retirement System:  
 Yes  No  
Please provide the name of the Public Retirement System:  
Retirement System Name:

---

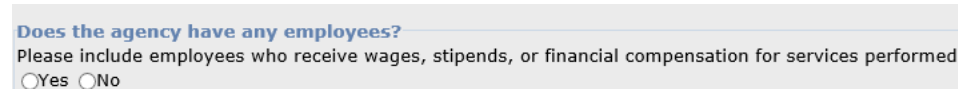
Step 16 Select the other retirement system that covers positions under your agency from the drop-down menu.

---

Step 17 Does your agency have any employees?

Yes, select the **Yes** radio button. Continue to **Step 18**.

No, select the **No** radio button. Skip to **Step 19**.



Does the agency have any employees?  
Please include employees who receive wages, stipends, or financial compensation for services performed.  
 Yes  No

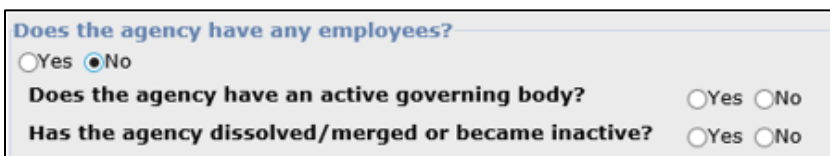
---

Step 18 Provide the number of employees in the agency.  
If you selected “Yes” on Step 13, skip to **Step 22**.  
If you selected “No” on Step 13, skip to **Step 27**.

---

Step 19 Does your agency have an active governing body?

Select the appropriate **Yes** or **No** radio button.



Does the agency have any employees?  
 Yes  No  
Does the agency have an active governing body?  Yes  No  
Has the agency dissolved/merged or become inactive?  Yes  No

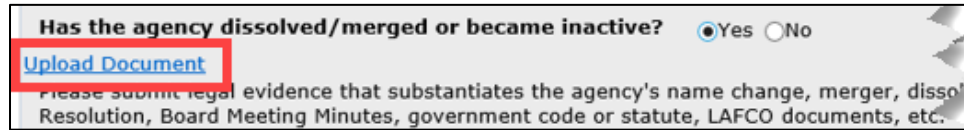
---

Step 20 Has your agency been dissolved, merged, or become inactive?

Yes, select the **Yes** radio button. Continue to **Step 21**.

No, select the **No** radio button. Skip to **Step 33**.

Step 21 Select **Upload Document** to provide the supporting documentation.  
Skip to **Step 33**.



---

**Complete Steps 22-27 for employees who are members of the public retirement system:**

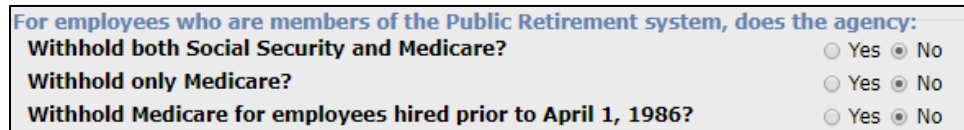
Step 22 Does your agency withhold both Social Security and Medicare?  
No, select the **No** radio button. Continue to **Step 23**.  
Yes, select the **Yes** radio button. Skip to **Step 24**.



**Note:** Respond to questions based on your agency's current withholding practices for each group.

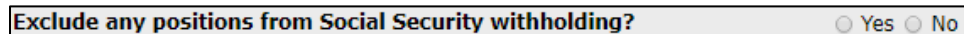
---

Step 23 Does your agency withhold only Medicare?  
Select the **Yes** or **No** radio button. Skip to **Step 26**.



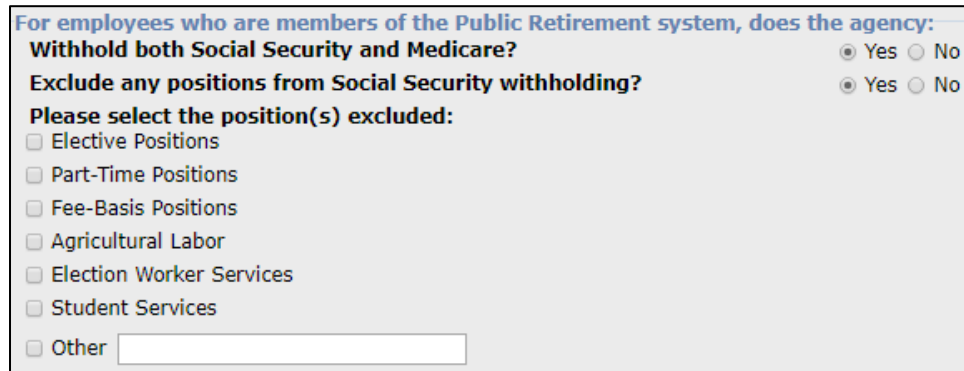
---

Step 24 Does your agency exclude any positions from Social Security withholding?  
Yes, select the **Yes** radio button. Continue to **Step 25**.  
**Note:** Refer to [Positions Excluded from Social Security and Medicare Tax](#) on page 21.  
No, select the **No** radio button. Skip to **Step 26**.



---

Step 25 Select the checkboxes for the positions excluded.



---

Step 26 Does your agency withhold Medicare for employees hired prior to April 1, 1986?  
Select the appropriate **Yes** or **No** radio button.



Step 27 Does your agency have employees who are NOT members of the agency's public retirement system?

Yes, select the **Yes** radio button. Continue to **Step 28**.

No, select the **No** radio button. Skip to **Step 33**.

Does the agency have employees who are not members of the agency's public retirement system?  
 Yes  No

---

**Complete Steps 28-32 for employees who are not members of the retirement system:**

Step 28 Does your agency withhold both Social Security and Medicare?

No, select the **No** radio button. Continue to **Step 29**.

Yes, select the **Yes** radio button. Skip to **Step 30**.

Does the agency withhold both Social Security and Medicare for employees who are not members of the retirement system?  Yes  No

**Note:** Respond to questions based on your agency's current withholding practices for each group.

---

Step 29 Does your agency withhold only Medicare?

Select the **Yes** or **No** radio button. Skip to **Step 32**.

---

Step 30 Does your agency exclude any positions from Social Security withholding?

Yes, select the **Yes** radio button. Continue to **Step 31**.

**Note:** Refer to [Positions Excluded from Social Security and Medicare Tax](#) on page 21.

No, select the **No** radio button. Skip to **Step 32**.

Exclude any positions from Social Security withholding?  Yes  No

---

Step 31 Select the checkboxes for the positions excluded.

Exclude any positions from Social Security withholding?  Yes  No  
Please select the position(s) excluded:  
 Elective Positions  
 Part-Time Positions  
 Fee-Basis Positions  
 Agricultural Labor  
 Election Worker Services  
 Student Services  
 Other

---

Step 32 Does your agency withhold Medicare for employees hired prior to April 1, 1986?  
Select the appropriate **Yes** or **No** radio button.

---

Step 33 Within your agency, has a new subdivision, component, or division been created with its own Federal Tax ID Number?

Select the appropriate **Yes** or **No** radio button.

Within the agency, has a new subdivision, component or division been created with its own Federal Tax ID Number?  
 Yes  No

Step 34

Does your agency offer a FICA replacement plan to its employees?  
Select the appropriate **Yes** or **No** radio button.

Does the agency offer a FICA replacement plan to its employees?  
 Yes  No

---

Step 35

Select **Submit** at the bottom of the screen.

Within the agency, has a new subdivision, component or division been created with its own Federal Tax ID Number?  
 Yes  No

Does the agency offer a FICA replacement plan to its employees?  
 Yes  No

Submit

**You have completed this scenario.**

---

## Positions Excluded from Social Security and Medicare Tax

The Social Security and Medicare tax withholding questions capture information for employees (members and non-members) with a public retirement system. The table below provides definitions for excluded position types:

Exclusion Type	Definition
Elective Positions	<p>Positions filled by an election. The method of selection must constitute an election under state law.</p> <p>For example: mayor, member of legislature, county commissioner, county or city attorney, and board members.</p>
Part-Time Positions	<p>The number of work hours normally required by the position in a week or pay period is less than the normal time requirements for the majority of positions in the employing entity.</p>
Fee-Basis Positions	<p>A fee-based public official who receives and retains remuneration directly from the public.</p> <p>For example: Justice of the peace and local registrar.</p>
Agricultural Labor Positions	<p>Agricultural services that would be excluded from Social Security and Medicare tax if performed by a private employment.</p>
Election Worker Positions	<p>Election workers can be excluded if paid less than the threshold amount mandated by law. For this amount, contact the SSSA.</p>
Student Services	<p>A student performing services in the employ of a school, college, or university where the student is enrolled and regularly attending class.</p>

## Scenario 3: Complete an AIR for County Office of Education

You need to file the AIR for a County Office of Education (COE) electronically in myCalPERS.

### Step Actions

Step 1 Select the **Profile** global navigation tab.

Step 2 Select the **SSA Annual Information Request** left-side link.

The screenshot shows the myCalPERS Profile page. The left-hand menu has "SSA Annual Information Request" highlighted with a red box. The main content area shows the "Summary" section with fields for CalPERS ID, Federal Tax ID, Category, County, and Division Of. It also displays "Status: Active", "Name", "Regional Office", "Governing Body", and "Merged Agency: No". Below this are sections for "Addresses" (Physical and Mailing), "Communication Information" (Preferred Communication, Primary Email, Primary Phone Number), "Contacts" (with a table of Social Security Administrators), "Business Relationships" (with "No results found"), and "Contracts/Agreements" (with a table of Social Security Agreements).

Contact Type	Name	System Admin	Primary	Phone Number
Social Security Administrator		Y	N	
Social Security Administrator		Y	Y	

Contract/Agreement Type	Contract/Agreement ID	Status	Date Status Changed	Effective Date	Termination Date	Related Parties
Social Security Agreement (218)	30458	Active	08/08/1985	08/08/1985		

Step 3 Select **Request Date** to view the *Annual Information Request* section.

The screenshot shows the "SSA 218 - Annual Information Request" page. The "Request Date" is set to "01/25/2018" and the "Status" is "Not Submitted". The page also displays the user's Name and CalPERS ID.

Request Date	Status
01/25/2018	Not Submitted

Step 4 Enter your Federal Tax ID.

The screenshot shows the "Annual Information Request" form. The title is "Annual Information Request" and the subtitle is "For instructions, please use the Social Security & Medicare Agr". Below this is a label "Federal Tax ID:" followed by an empty input field.

**Note:** If you have an Employer Identification Number (EIN) to conduct business with the IRS and you have misplaced it, visit the [IRS website](#) for steps on how to locate your missing EIN number.

Step 5 Have you had any organizational changes to any of your districts?

Yes, select the **Yes** radio button. Continue to **Step 6**.

No, select the **No** radio button. Skip to **Step 16**.



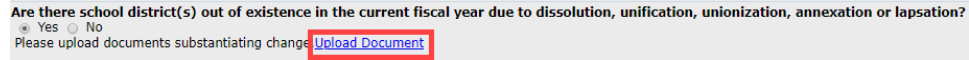
**Note:** An organization change includes the a creation, dissolution, unification, unionization, annexation, or lapsation of any new school district(s).

Step 6 Are there school district(s) out of existence in the current fiscal year due to dissolution, unification, unionization, annexation, or lapsation?

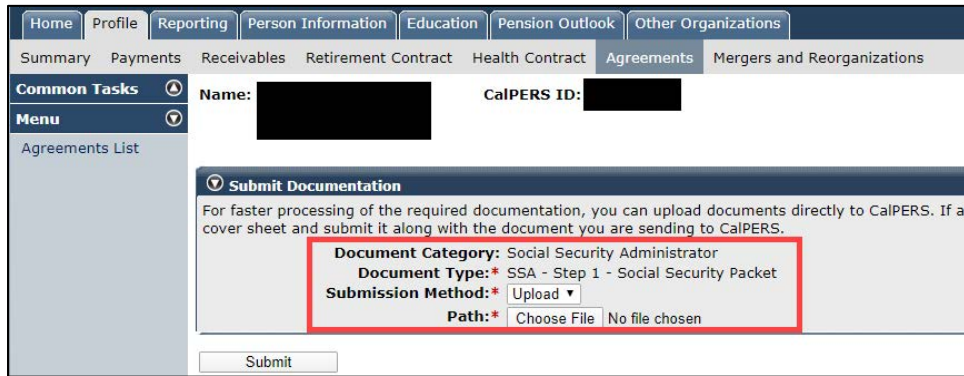
Yes, select the **Yes** radio button. Continue to **Step 7**.

No, select the **No** radio button. Skip to **Step 11**.

Step 7 Select **Upload Document**.



Step 8 Select **Upload** from the Submission Method drop-down list.



Step 9 Select **Choose File** in the Path field to locate the document for upload.

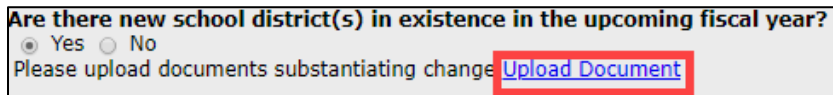
Step 10 Select **Submit**.

Step 11 Are there new school district(s) in existence in the upcoming fiscal year?

Yes, select the **Yes** radio button. Continue to **Step 12**.

No, select the **No** radio button. Skip to **Step 16**.

Step 12 Select **Upload Document**.



Step 13

Select **Upload** from the Submission Method drop-down list.

The screenshot shows a web application interface with a navigation menu at the top including Home, Profile, Reporting, Person Information, Education, Pension Outlook, and Other Organizations. Below the navigation, there are tabs for Summary, Payments, Receivables, Retirement Contract, Health Contract, Agreements, and Mergers and Reorganizations. The main content area is titled 'Submit Documentation' and contains the following text: 'For faster processing of the required documentation, you can upload documents directly to CalPERS. If a cover sheet and submit it along with the document you are sending to CalPERS.' Below this text, there are four fields: 'Document Category: Social Security Administrator', 'Document Type: \* SSA - Step 1 - Social Security Packet', 'Submission Method: \* Upload' (with a dropdown arrow), and 'Path: \* Choose File | No file chosen'. A 'Submit' button is located at the bottom of the form.

Step 14

Select **Browse...** in the Path field to locate the document for upload.

Step 15

Select **Submit**.

Step 16

Does your agency have any employees?

Yes, select the **Yes** radio button. Continue to **Step 17**.

No, select the **No** radio button. Skip to **Step 18**.

The screenshot shows a question: 'Does the agency have any employees?' with the instruction 'Please include employees who receive wages, stipends, or financial compensation for services performed.' Below the question are two radio buttons: 'Yes' and 'No'.

Step 17

Enter the number of employees in your agency.

The screenshot shows the same question as in Step 16, but with the 'Yes' radio button selected. Below the question is a text input field with the value '250' entered.

Step 18

Select **Submit** at the bottom of the screen.

The screenshot shows a form titled 'Annual Information Request' with the instruction 'For instructions, please use the Social Security & Medicare Agreement'. The form contains several sections: 'Federal Tax ID:' with a text input field; 'Are there any organizational changes to School Districts with...' with radio buttons for 'Yes' and 'No' (where 'No' is selected); and 'Does the agency have any employees?' with radio buttons for 'Yes' and 'No' (where 'No' is selected). A 'Submit' button is located at the bottom of the form and is highlighted with a red box.



## Confirm School Reorganization

Step 19 Select the **Mergers and Reorganizations** local navigation tab.

---

Step 20 Select the most current date under **Effective Date** in the *School District Reorganizations* section.

Merger Descriptions	Merger Request Date	Case ID	Case Status
No results found.			

School District Reorganizations	Status	Addition(s)	Dissolution(s)
07/01/2019	Complete	0	0
07/01/2018	Complete	0	0

Step 21 Did your district have an organizational change (i.e., Addition or dissolution of a school district)?

Yes, contact the [SSSA](#) for further assistance. Do not proceed further.

No, **you have completed this scenario.**

---