



# Summary of Wages and Contributions Paid

Form 8-ORP – Revised 2/6/2012

Please print or type in black ink. Completed form should be mailed or faxed to PERS. See bottom of form for contact information.

## 1 Employer Information

Employer Name: \_\_\_\_\_ Employer No.: \_\_\_\_\_

Employer Representative's Name: \_\_\_\_\_ Employer Representative's Title: \_\_\_\_\_

Employer Representative's Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Total No. of Covered-Wage Employees with Vendor Selections: \_\_\_\_\_ Reporting Period mm/dd/ccyy: \_\_\_\_\_

## 2 Contributions Payment Allocations and Adjustments

- A. Total Covered Wages Paid to Employees with Vendor Selections ..... \$ \_\_\_\_\_
- B. Employer Contributions Equals 12.93 percent of 2A with 10.3257 percent allocated to Vendor Contribution Payments and 2.6043 percent allocated to PERS Contribution Payments ..... \$ \_\_\_\_\_
- C. Employee Contributions Equals 9 percent of 2A with all 9 percent allocated to Vendor Contribution Payments ..... \$ \_\_\_\_\_
- D. Overpayment Adjustments  Please attach a letter of explanation ..... \$ \_\_\_\_\_
- E. Underpayment Adjustments  Please attach a letter of explanation ..... (\$ \_\_\_\_\_ )
- F. Total Contribution Payment Equals Total Vendor Contribution Payment plus Total PERS Contribution Payment below ..... \$ \_\_\_\_\_

### ► Vendors Contribution Payments – From Employees and Employers

Employee Equals 9 percent of 2A \$ \_\_\_\_\_

Employer Equals 10.3257 percent of 2A \$ \_\_\_\_\_

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Total Equals 19.3257 percent of 2A \$ \_\_\_\_\_

### ► PERS Contribution Payments – From Employers Only

Accrued Liability Contribution from Employer  
Equals 2.475 percent of 2A \$ \_\_\_\_\_

Administrative Fee Contribution from Employer  
Equals .1293 percent of 2A or 1 percent of 2B \$ \_\_\_\_\_

Adjustments (+ / -) \$ \_\_\_\_\_

**Total PERS Contribution Payment** \$ \_\_\_\_\_

Remit the Total PERS Contribution Payment to PERS, Attn: Accounting at address on bottom of form

Allocations		Allocation Adjustments
ING	\$ _____	(+ / -) \$ _____
TIAA-CREF	\$ _____	(+ / -) \$ _____
AIG-VALIC	\$ _____	(+ / -) \$ _____
<b>Totals</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Total Vendor Contribution Payment** \$ \_\_\_\_\_

Remit the Total Vendor Contribution Payment directly to each vendor as per vendor request

**3 Employer Certification** – I hereby certify that the above wage and contribution information for above-listed agency is true and correct. I further understand that any person who makes a false statement or shall falsify or permit to be falsified any record of the System in an attempt to defraud the System may be subject to criminal prosecution, and with that understanding, I certify the information on this document.

Employer Representative's Signature: \_\_\_\_\_ Date mm/dd/ccyy: \_\_\_\_\_