



# Summary of Wages and Contributions Paid

Form 8-ORP – Revised 05/16/2019

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.: 0001 - \_\_\_\_\_

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 Ending mm/dd/ccyy: \_\_\_\_\_

## 2 Contributions Payment Allocations and Adjustments

- A. Total Covered Wages Paid to Employees with Vendor Selections.....\$ \_\_\_\_\_
- B. Employer Contributions Equals 17.40 percent of 2A with 14.751 percent allocated to Vendor Contribution Payments and 2.649 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 14.751 percent of 2A \$ \_\_\_\_\_

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Total Equals 23.751 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 .174 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 |                 |
|---------------|-----------------|------------------------|-----------------|
| Voya          | \$ _____        | (+ / -)                | \$ _____        |
| TIAA          | \$ _____        | (+ / -)                | \$ _____        |
| AIG           | \$ _____        | (+ / -)                | \$ _____        |
| <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 a retirement plan administered by PERS in an attempt to defraud the plan 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: \_\_\_\_\_