



Summary of Wages and Contributions Paid

Form 8-ORP – Revised 08/5/2024

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 17.90 percent of 2A with 15.246 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 15.246 percent of 2A \$ _____

Total Equals 24.246 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 .179 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 \$ _____ (+ / -) \$ _____

Corebridge \$ _____ (+ / -) \$ _____

Totals \$ _____ \$ _____

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: _____