



# Summary of Wages and Contributions Paid

Form 8-ORP – Revised 7/28/2025

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

**2A: New Participants** (those initially enrolled in ORP on or after July 1, 2025) **Number of New:** \_\_\_\_\_

- Total Covered Wages Paid to Employees with Vendor Selections** ..... \$ \_\_\_\_\_
- Employer Contributions** Equals 18.40 percent of 2A1 with 9 percent allocated to Vendor Contribution Payments, 9.2 percent allocated to PERS UAAL Payments, and 0.2 percent allocated to PERS administrative fees ..... \$ \_\_\_\_\_
- Employee Contributions** Equals 9 percent of 2A1 with all 9 percent allocated to Vendor Contribution Payments ..... \$ \_\_\_\_\_
- Overpayment Adjustments** ☐ Please attach a letter of explanation ..... \$ \_\_\_\_\_
- Underpayment Adjustments** ☐ Please attach a letter of explanation ..... \$ \_\_\_\_\_
- Total Contribution Payment** Equals Total Vendor Contribution Payment plus Total PERS Contribution Payment ..... \$ \_\_\_\_\_

**2B: Legacy Participants** (those initially enrolled in ORP before July 1, 2025) **Number of Legacy:** \_\_\_\_\_

- Total Covered Wages Paid to Employees with Vendor Selections** ..... \$ \_\_\_\_\_
- Employer Contributions** Equals 18.40 percent of 2B1 with 14.9 percent allocated to Vendor Contribution Payments, 3.3 percent allocated to PERS UAAL Payments and 0.2 percent allocated to PERS administrative fees ..... \$ \_\_\_\_\_
- Employee Contributions** Equals 9 percent of 2B1 with all 9 percent allocated to Vendor Contribution Payments ..... \$ \_\_\_\_\_
- Overpayment Adjustments** ☐ Please attach a letter of explanation ..... \$ \_\_\_\_\_
- Underpayment Adjustments** ☐ Please attach a letter of explanation ..... \$ \_\_\_\_\_
- Total Contribution Payment** Equals Total Vendor Contribution Payment plus Total PERS Contribution Payment ..... \$ \_\_\_\_\_

**2C: Vendors Contribution Payments** – From Employees and Employers (Total vendor contribution payments per participant shall not exceed the federal limitations under Section 415(c)(1)(A) of the Internal Revenue Code.)

**Total Employee** - 9 percent of 2A1 and 2B1: \$ \_\_\_\_\_ **Total Employer** - 9 percent of 2A1 and 14.9 percent of 2B1: \$ \_\_\_\_\_

**Total Employee and Employer:** \$ \_\_\_\_\_

### 2D: Vendor 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.

### 2E: PERS Contribution Payments – From Employers Only

**Accrued Liability Contribution from Employer** \$ \_\_\_\_\_  
**Administrative Fee Contribution from Employer** \$ \_\_\_\_\_  
**Adjustments** (+ / -) \$ \_\_\_\_\_

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

**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: \_\_\_\_\_