



Summary of Wages and Contributions Paid

Form 8-ORP – Revised 9/2/2014

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 15.75 percent of 2A with 13.1175 percent allocated to Vendor Contribution Payments and 2.6325 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 13.1175 percent of 2A \$ _____

Total Equals 22.1175 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 .1575 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-CREF	\$ _____	(+ / -) \$ _____
AIG-VALIC	\$ _____	(+ / -) \$ _____
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: _____