



**Los Angeles County  
Office of Education**

**INFORMATIONAL  
BULLETIN # 5518**

---

9300 Imperial Highway, Downey, California 90242-2890 • (562) 922-6111

Debra Duardo, M.S.W., Ed.D., *Superintendent*

April 7, 2022

TO: Business and Personnel Administrators  
Chief Business and Chief Personnel Officials, HRS Coordinators  
Los Angeles County K-12 School and Community College Districts,  
Regional Occupational Centers/Programs (ROC/Ps), Charter Schools and  
other Local Educational Agencies (LEAs)

FROM: Claudette Wiggan-Reid, CalPERS Retirement Systems Coordinator  
District Personnel Information Services  
Division of School Financial Services

SUBJECT: State Social Security Administrator (SSSA) Annual Request for Information (AIR)

The California Public Employees' Retirement System (CalPERS) has enhanced myCalPERS (MCP) to collect employer information and distribute invoices for Social Security purposes. CalPERS is responsible for administering the Section 218 Agreement with the Social Security Administration (SSA) for state and local government agencies that provide Social Security and Medicare coverage for their employees.

Effective July 1, 2019, the State Social Security Administration (SSSA) implemented administrative fees to cover the cost of administering the agreement. Since then, the Los Angeles County Office of Education (LACOE) has submitted employee data (number of W-2s issued annually) on behalf of districts, to CalPERS. This responsibility is now transferred to individual districts. Refer to Informational Bulletin No. [5357](#) dated April 20, 2021 for additional information. Click [here](#) to obtain step-by-step instructions provided by CalPERS.

**Required District Actions:**

CalPERS sent letters to districts requesting the completion of the Annual Request for Information (AIR) directly in myCalPERS. Attachment No. 1 is a sample of that letter for districts that have not received it. The information is due to CalPERS by April 7, 2022.

In order to complete the AIR, each district is required to designate a "Social Security Contact." Districts that need to assign a Social Security Contact, please complete Attachment No. 2, the CalPERS Access form. Select **Social Security Contact** and fill in the designee's information. A supervisor's signature is required. Return the signed form to: PERS\_MAR1@lacoe.edu to obtain the required security clearance.

If there are any questions regarding this bulletin, please contact either staff listed below via email:

- Claudette Wiggan-Reid [Wiggan\\_Claudette@lacoe.edu](mailto:Wiggan_Claudette@lacoe.edu)
- Aura Rodriguez [Rodriguez\\_Aura@lacoe.edu](mailto:Rodriguez_Aura@lacoe.edu)

Approved:  
Yumeka Seabrooks  
Project Management Officer  
School Financial Systems and Services

CWR:sm

Attachments

SFS-A45-2021-2022



Official State Social Security Administrator  
California Public Employees' Retirement System

P.O.Box 720720  
Sacramento, CA 94229-0720

Phone: (916) 795-0810 | Fax: (916) 795-3005  
888 CalPERS (or 888-225-7377) | TTY: (877) 249-7442  
[www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa)

March 07, 2022

Public Employer

**Annual Information Request**

CalPERS ID:

Dear Public Employer,

The California Public Employees' Retirement System (CalPERS) is the official California State Social Security Administrator (SSSA) for California's Section 218 Agreement. We assist governmental entities to properly withhold and report Social Security and Medicare. We are the liaison between the agency, the Social Security Administration (SSA) and the Internal Revenue Service (IRS) to address coverage-related issues and questions. (Government Code Section 22000-22603)

You are receiving the **Annual Information Request** because you are a School District in the State of California with a Section 218 Social Security Agreement. Annual completion of this request is a federally mandated responsibility of both the SSSA and all California governmental entities

Please complete the **Annual Information Request** within 30 days of this notice. Visit myCalPERS to complete the form online. The **Annual Information Request** is available in myCalPERS through your business partner profile. Once logged in, select the "Profile" global navigation tab, then expand the "Menu" tab on the left side navigation. Select "SSA Annual Information Request" under the menu tab, then select blue hyperlink under request date to access the **Annual Information Request**. For step-by-step instructions, please use the **Social Security and Medicare Agreement Student Guide** at [www.calpers.ca.gov/docs/social-security-medicare-agreements.pdf](http://www.calpers.ca.gov/docs/social-security-medicare-agreements.pdf)

The SSSA is here to assist you. If you have any questions, please visit our website at [www.calpers.ca.gov/sssa](http://www.calpers.ca.gov/sssa), or contact us by telephone at (916) 795-0810 or via email at [sssa.air@calpers.ca.gov](mailto:sssa.air@calpers.ca.gov).

Sincerely,

State Social Security Administrator's Office

Attachment 1 to:  
Info. Bul. No. 5518  
SFS-A45-2021-2022



# CalPERS Access Form

## PERS Health Coverage:

Does this district have health coverage through CalPERS? *(Required)*    ☐ Yes    ☐ No

## District Information:

Supervisor's Name: \_\_\_\_\_

School District / Agency: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

The following employee requires access to MyCalPERS as follows:

- ☐ Payroll (RO) Inquiry – view employees' information and contributions reported to MCP
- ☐ Enrollment (RO) Inquiry – view employees' membership and retirement status, i.e. Classic/PEPRA
- ☐ Arrears & SCP Certification – initiates buy-back and certify payroll information for buy-backs and other transactions
- ☐ Retirement Contracts – for districts with additional contracts at CalPERS only, i.e. school police
- ☐ Social Security Contact – will complete the Annual Information Request (AIR) and will receive SSSA invoices
- ☐ Supplemental Income Plan – districts with 457 plans
- ☐ CERBT/CEPPT: Retiree Benefit Trust *(IRS Section 115)*
- ☐ GASB Contact
- ☐ Primary District Contact

## User Information:

Employee's Name: \_\_\_\_\_

Is this employee a CalPERS member?    ☐ Yes    ☐ No

If answer is "no," please provide the person's Date of Birth \_\_\_\_\_

LACOE EID / SSN: \_\_\_\_\_

District Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Possible Username *(if available)*: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### LACOE OFFICE USE ONLY

User Name:

Process Date: