

**RESOLUTION ELECTING TO BE SUBJECT TO  
PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT  
FOR LESS THAN HALF TIME EMPLOYEES  
AND  
FIXING THE EMPLOYER'S CONTRIBUTION  
AT THE SAME AMOUNT AS FULL TIME EMPLOYEES**

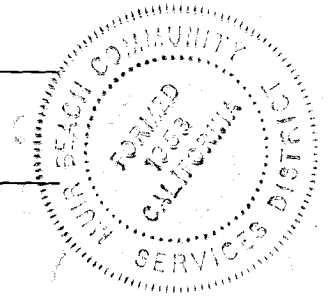
- WHEREAS, (1) Government Code Section 22922(a) provides that a contracting agency may elect upon proper application to participate under the Public Employees' Medical and Hospital Care Act
- WHEREAS, (2) Government Code Section 22920(b) defines any Special District as a contracting agency, and
- WHEREAS, (3) A Special District is hereby defined as a non-profit, self-governed public agency within the State of California, and comprised solely of public employees performing a governmental rather than proprietary function, and
- WHEREAS, (4) Muir Beach Community Services District, hereinafter referred to as Special District is an entity meeting the above definition; and
- WHEREAS, (5) Government Code Section 22807 allows a school or public agency to obtain health coverage for less than half time employees; and
- WHEREAS, (6) The Special District desires to obtain for all less than half time employees who are active and retired employees and survivors of the agency, the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations; now, therefore, be it
- RESOLVED, (a) That the Special District elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further
- RESOLVED, (b) That the employer's contribution for each less than half time active or retired employee or survivor shall be the amount necessary to pay the full cost of his/her enrollment, including the enrollment of family members, in a health benefits plan or plans up to a maximum of \$5,000 dollars per month plus administrative fees and Contingency Reserve Fund assessments; and be it further
- RESOLVED, (c) That the Muir Beach Community Services District has fully complied with any and all applicable provisions of Government Code Section 7507 in electing the benefits set forth above; and be it further
- RESOLVED, (d) That the executive body appoint and direct, and it does hereby appoint and direct Leighton Hills, District Manager, to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Special District all functions required of it under the Act and Regulations of the Board of Administration; and be it further

RESOLVED, (e) That coverage under the Act be effective on or before November 1, 2012.

Adopted at a regular/special meeting of the Board of Directors of the Muir Beach Community Services District at Muir Beach, CA, this 26th day of September, 2012.

Signed:   
Steven Shaffer, Board President

Attest:   
Leighton Hills, District Manager





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 TTY: For Speech and Hearing Impaired (916) 795-3240  
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## Health Premium Statement

Muir Beach Community Services District  
 Hills, Leighton J  
 19 Seacape Drive  
 Muir Beach, CA 94965-9701

Business Unit: 1800  
 Customer ID: 4448139363  
 Statement Number: 782  
 Statement Date: 09/17/2012

Receivable ID	Description	Billing Month	Amount
100000013835599	<b>Total Active and Retired Premiums (\$574.15)</b>	10/2012	
	PA Billing Active Premiums		\$574.15
	Administrative Fee (0.250% of Premium)		\$1.44
	<b>Subtotal</b>		<b>\$575.59</b>
100000013803243	Previous Amount Due	09/2012	\$574.96
	Payments Applied		(\$574.96)
	<b>Subtotal</b>		<b>\$0.00</b>
100000013359455	Previous Amount Due	08/2012	\$0.00
	<b>Subtotal</b>		<b>\$0.00</b>

**Total Payment Due By: 10/10/2012 \$575.59**

**Retain this Statement for your Records.**

Health Premium payments are to be paid in full by the 10<sup>th</sup> of each month. Payments which are not received in full on or before this date will be assessed interest on the next month's statement (California Code of Regulations Section 599.515) and may be subject to the delinquency process.

If paying health premiums by check, please include the Remittance Slip located on the last page of this Statement.

If you will be paying health premiums by the Electronic Funds Transfer (EFT) method, please log on to the my|CalPERS.ca.gov and complete the payment summary/information sections which can be located by selecting the Quick Pay option on the Billing and Payment Summary page.

To view a detailed listing of your agency's Monthly Billing Roster, please log on to myCalPERS.ca.gov. The Monthly Billing Roster can be located within the Billing and Payment Summary section.

If you have questions, please contact the **CalPERS Customer Contact Center** at

California Public Employees' Retirement System  
[www.calpers.ca.gov](http://www.calpers.ca.gov)

