



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

Annual Information Request

Section 1: Employer Information		
Official Employer Name: Dobbins Oregon House Fire Protection District		
CalPERS ID (if known): 5000000288	Federal Tax ID Number: 26-3695179	
Agreement Type: <input type="checkbox"/> Social Security & Medicare <input type="checkbox"/> Medicare Only <input checked="" type="checkbox"/> No Agreement		
Agency Type: <input type="checkbox"/> Public Agency <input type="checkbox"/> City <input checked="" type="checkbox"/> Special District <input type="checkbox"/> Joint Powers Authority <input type="checkbox"/> County <input type="checkbox"/> Non-Profit <input type="checkbox"/> Other Type: _____ (Please enter your Agency Type)		
1. Has the agency had any name changes? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
2. If Yes, has the agency reported the change to SSSA? <input type="checkbox"/> Yes <input type="checkbox"/> No		
a. If not reported, please list previous name(s) and submit supporting documentation:		
Previous Agency Name(s)	Begin Date	End Date
•		
•		
3. Does the agency have employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
a. Please provide the total number of employees. Total:		
4. Does the agency have an active governing body? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
a. Do members of the governing board receive compensation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. How does the agency compensate the board members? <input type="checkbox"/> Stipend <input type="checkbox"/> 1099 MISC <input type="checkbox"/> W-2		
5. Has the agency dissolved or merged? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
6. Has the agency become inactive? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

*If the agency does not have employees and no governing body, proceed to Section 3.
Otherwise, continue to Section 2.*



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Section 2. Coverage Information		
1. Does the agency provide CalPERS retirement benefits?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
2. Does the agency provide an employer provided public retirement system other than CalPERS? If Yes, please list below.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Public Retirement System or Name(s)		
•		
•		
•		
3. For employees who are members of the employer-provided Public Retirement system, does the agency:		
a. Withhold both Social Security and Medicare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Exclude any positions from Social Security withholding?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. If any positions are excluded, please indicate which positions(s) are excluded:		
Elective Worker services	<input type="checkbox"/> Excluded	
Part-time positions	<input type="checkbox"/> Excluded	
Fee-based positions	<input type="checkbox"/> Excluded	
Agricultural Labor positions or services	<input type="checkbox"/> Excluded	
Student Services positions	<input type="checkbox"/> Excluded	
Other excluded positions, please describe:		
d. Withhold only Medicare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
i. If Yes, were any of the Medicare only employees hired prior to April 1, 1986?	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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Section 2. Coverage Information (continued)

4. For employees **who are not members** of the employer-provided Public Retirement System, does the agency:

a. Withhold both Social Security and Medicare? ☐ Yes ☒ No

b. Exclude any positions from Social Security withholding? ☐ Yes ☐ No

c. If any positions are excluded, please indicate which positions(s) are excluded:

Elective Worker services ☐ Excluded

Part-time positions ☐ Excluded

Fee-based positions ☐ Excluded

Agricultural Labor positions or services ☐ Excluded

Student Services positions ☐ Excluded

Other excluded positions, please describe:

d. Withhold only Medicare? ☐ Yes ☐ No

i. If Yes, were any of the Medicare only employees hired prior to April 1, 1986? ☐ Yes ☐ No

5. Within the agency, has a new subdivision, component or division been created with its own Federal Tax ID Number? ☐ Yes ☐ No

6. Does the agency provide a FICA replacement plan? ☐ Yes ☐ No

Section 3: Authorized Contact Information and Signature

Signature: _____

Lani Pessoa

(Please Sign Name)

02-26-2024

(Date)

Name: _____

Lani Pessoa

(Please Print Name)

Title: _____

Chair

Telephone: _____

530 812-5140

Email: _____

lanifire@succeed.net

Fax: _____



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