



California Public Employees' Retirement System
P.O. Box 1982
Sacramento, CA 95812-1982
Telecommunications Devices for the Deaf: (916) 795-3240
888-CalPERS (or 888-225-7377)

Business Unit: 1800
Customer ID: C1000104906
Statement Number: 385
Statement Date: 11/15/2009

HEALTH PREMIUM INVOICE

Sequoia Healthcare District
Janeene Johnson
525 Veterans Blvd
Redwood City, CA 94063

Employer Code: 7699 Unit Code: 000

Invoice ID	Description	Coverage Month	Amount
H2009127699000	Total Active	12/2009	\$ 508.32
	Administrative Costs (0.430% of premium)		\$ 2.19
	SubTotal		\$ 510.51
H2009117699000	Previous Amount Due	11/2009	\$ 510.51
	Payments Applied		\$ (510.51)
	SubTotal		\$ 0.00
Total Payment Due by 12/10/2009			\$ 510.51

Mail remittance with invoice copy to:

California Public Employees' Retirement System
P.O. Box 4032
Sacramento, CA 95812-4032

Please refer to the ACES Public Agency Billing Participant Report at www.calpers.ca.gov to view a detailed list of your participants.

If CalPERS does not receive your agency's payment in full on or before the 10th of the month, assessed interest will be charged on the next month's invoice (California Code of Regulations, Section 599.515).

If paying via Electronic Fund Transfer (EFT), please allow two banking days from the debit date for CalPERS to receive the payment and fax invoice copy to (916) 795-7901 (Attention: Cashiering Unit).

If paying via Overnight Mail, please mail remittance with invoice copy to:

CalPERS Fiscal Services Division
400 Q Street
Sacramento, CA 95811

If you have any questions, please contact the Employer Contact Center at 888-CalPERS (or 888-225-7377) or www.calpers.ca.gov. Thank you.

California Public Employees' Retirement System

www.calpers.ca.gov

Page 1 of 1

SEQUOIA HEALTHCARE DISTRICT

CalPERS

ent System

Deaf: (916) 795-3240

Business Unit:

Customer ID:

Statement Number:

Statement Date:

1800
C1000104906
385
11/15/2009

PREMIUM INVOICE

Item to be Paid - Description

J. Hickey Healthcare benefits Dec. 09
Admin. fee

Discount Taken

Amount Paid

508.32
2.19

Check Amount: \$510.51

Check Number: 3919
Check Date: Nov 30, 2009

3919

30% of premium)

Coverage Month		Amount
12/2009	\$	508.32
	\$	2.19
	\$	510.51
11/2009	\$	510.51
	\$	(510.51)
	\$	0.00
	\$	510.51

Participant Report at www.calpers.ca.gov to view a

ent in full on or before the 10th of the month, assessed
(California Code of Regulations, Section 599.515).

allow two banking days from the debit date for
copy to (916) 795-7901 (Attention: Cashiering Unit).

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Page 1 of 1



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Business Unit: 1800
Customer ID: C1000104906
Statement Number: 386
Statement Date: 12/15/2009

HEALTH PREMIUM INVOICE

Sequoia Healthcare District
Janeene Johnson
525 Veterans Blvd
Redwood City, CA 94063

Employer Code: 7699 Unit Code: 000

Invoice ID	Description	Coverage Month	Amount
H2010017699000	Total Active	01/2010	\$ 2,058.78
	Administrative Costs (0.430% of premium)		\$ 8.85
	SubTotal		\$ 2,067.63
H2009127699000	Previous Amount Due	12/2009	\$ 510.51
	Payments Applied		\$ (510.51)
	SubTotal		\$ 0.00
Total Payment Due by 1/10/2010			\$ 2,067.63

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Page 1 of 1

SEQUOIA HEALTHCARE DISTRICT

CalPERS

ment System

Deaf: (916) 795-3240

Business Unit:

Customer ID:

Statement Number:

Statement Date:

1800
C1000104906
386
12/15/2009

PREMIUM INVOICE

Coverage Month		Amount
01/2010	\$	2,058.78
	\$	8.85
	\$	2,067.63
12/2009	\$	510.51
	\$	(510.51)
	\$	0.00
	\$	<u>2,067.63</u>

430% of premium)

Item to be Paid - Description

J. Hickey healthcare benefits Jan. 2010
K. Kane/spouse healthcare benefits Jan. 2010
J. Johnson healthcare benefits Jan. 2010
CalPERS admin fee

Discount Taken

Amount Paid

Check Amount: \$2,067.63

Check Number: 3957
Check Date: Dec 22, 2009

3957

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Participant Report at www.calpers.ca.gov to view a

ent in full on or before the 10th of the month, assessed
e (California Code of Regulations, Section 599.515).

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Page 1 of 1