



Supplemental reports

Form 1227

If a service or contribution error was made on a past report, correct the report by submitting a [Supplemental Contribution Report](#) (Form 1227). The [Fiscal Year Contribution Rates](#) (Form 1340) may also be useful, since they provide prior year contribution rates.

Submit Form 1227 by quarter. Do not cross fiscal year or quarter dates when completing the form.

Include your employer code, employer name and reason for the supplement. Complete the following information:

- **EMPLOYEE NAME** - Include the employee's last name, first name and middle initial.
- **SSN** - Include the employee's Social Security number. Please securely submit this information to PEBA.
- **RETIREE INDICATOR "R"** - If the employee is employed as a working retiree, the retirement indicator should be populated with an R.
- **MEMBER WAGES/MEMBER CONTRIBUTIONS** - For the appropriate system (SCRS or PORS), enter the member wages and contributions.
 - For State ORP participants, enter only the wages. State ORP member contributions and 5% employer contributions should be remitted directly to the State ORP service provider. PEBA does not remit these contributions to the State ORP service providers.

Enter the appropriate amounts on Form 1227 to bring the wages and contributions to the correct amount for the reporting period.

- If reporting wages and contributions that were omitted for a prior quarter, enter the transaction amount as a positive figure.
- If processing a correction for a prior quarter, enter the reported transaction amount as a negative figure, and enter the correct transaction amount as a positive figure on the next line.

Example: Contributions of \$275.85 were withheld from a wage of \$3,065.00 and reported on a quarterly report. The correct wage was \$2,450.00 with contributions of \$220.50. The original entry should be entered on Form 1227 and placed in parentheses in the appropriate columns: Wages (\$3,065.00), Contributions (\$275.85). The next line will reflect the corrected information: Wages \$2,450.00, Contributions \$220.50.

- If deleting wages and contributions that were included for a prior quarter, enter the transaction amount as a negative figure.
- **SVC PRV NUM** - Include the service provider number for State ORP participants (01-TIAA; 02-AIG; 03-Voya; 06-Empower).

- **D or N** - Include whether the member contributions are deferred (D) or non-deferred (N). Deferred contributions are deducted through payroll or transferred from another qualified plan and are tax-deferred for federal and state tax purposes. Non-deferred contributions are after-tax and are usually remitted directly from the member by personal check.
- **CONT LENG** - The contract length denotes the number of months per fiscal year that the employee receives compensation. See Chapter 3 (Reporting process) of the [Covered Employer Procedures Manual](#) for details.
- **MONTHS PAID** - Include the number of months paid during the month or quarter (1, 2 or 3) for the beginning and ending dates.
- **BEGINNING & ENDING DATES** - Include the beginning and ending dates of the time period being reported or corrected. A separate form must be completed for each fiscal year (July 1 to June 30).

Calculate the amount due or the credit. Apply the employer retirement contribution rates for the appropriate fiscal year and be sure to include incidental death benefit and accidental death program coverage rates, if applicable. Refer to the [Fiscal Year Contribution Rates](#) (Form 1340). For each system (SCRS, PORS, State ORP) calculate Lines 1 through 4. To calculate the check total in line 5, combine the SCRS, PORS and State ORP amounts from Line 4. Where applicable, use parentheses to indicate a negative, or credit, amount.

Upload a completed Form 1227 through the *Document Upload* option in [EES](#). If additional contributions are due to PEBA, payment must be remitted. If excess funds are due to the employer, PEBA will issue a credit invoice to the employer when the report is reconciled.

Include the contact person's name and phone number, and sign and date the form before sending to PEBA.

Contact your Employer Reporting representative with any questions.

Form 1224

The [Supplemental Service Report](#) (Form 1224) is generally used to report contributions and service for employees on certain types of approved leave without pay. These service types include military leave, workers' compensation, furlough and special monthly contributors (SCRS only). When reporting supplemental service, contributions are to be based on the compensation the member would have earned had they been able to perform their normal job duties for the period in question.

Submit Form 1224 on a monthly basis. Do not cross fiscal year or quarter dates when completing the form.

Include your employer code, employer name and reason for the supplement. Complete the following information:

- **SERV TYPE** - Include the code that applies to the type of service being reported.
 - 59 = Military Leave
 - 61 = Workers' Compensation
 - 73 = Furlough
 - 34 = Special Monthly Contributor

- **EMPLOYEE NAME** - Include the employee's last name, first name and middle initial.
- **SSN** - Include the employee's Social Security number. Please securely submit this information to PEBA.
- **MEMBER WAGES/MEMBER CONTRIBUTIONS** - For the appropriate system (SCRS or PORS), enter the member wages and contributions.
 - For State ORP participants, enter only the wages. State ORP member contributions and 5% employer contributions should be remitted directly to the State ORP service provider. PEBA does not remit these contributions to the State ORP service providers.
- **SVC PRV NUM** - Include the service provider number for State ORP participants (01-TIAA; 02-AIG; 03-Voya; 06-Empower).
- **D or N** - Include whether the member contributions are deferred (D) or non-deferred (N). Deferred contributions are deducted through payroll or transferred from another qualified plan and are tax-deferred for federal and state tax purposes. Non-deferred contributions are after-tax and are usually remitted directly from the member by personal check.
- **CONT LENG** - The contract length denotes the number of months per fiscal year that the employee receives compensation. See Chapter 3 (Reporting process) of the [Covered Employer Procedures Manual](#) for details.
- **BEGINNING & ENDING DATES** - Include the beginning and ending dates of the time period being reported. A separate form must be completed for each fiscal year (July 1 to June 30).

Calculate the amount due. Apply the employer retirement contribution rates for the appropriate fiscal year and be sure to include incidental death benefit and accidental death program coverage rates, if applicable. Refer to the [Fiscal Year Contribution Rates](#) (Form 1340). To calculate the net remittance, combine the SCRS, PORS and State ORP amounts.

Upload a completed Form 1224 through the *Document Upload* option in [EES](#). Payment must be remitted.

Include the contact person's name and phone number, and sign and date the form before sending to PEBA.

Contact your Employer Reporting representative with any questions.