

### Public Employees' Retirement System of Nevada

693 W. Nye Lane, Carson City, NV 89703 (775) 687-4200 Fax (775) 687-5131  
5820 S. Eastern Ave. Suite 220, Las Vegas, NV 89119 (702) 486-3900 Fax (702) 678-6934  
7455 W. Washington Ave. Suite 150, Las Vegas, NV 89128 (702) 486-3900 Fax (702) 304-0697  
Toll Free 1-866-473-7768 Website www.nvpers.org

MAY 15 2015

STATE OF NEVADA

### 2015 Contribution Rate Change Certification

Agency Name: **William Bee Ririe Hospital**  
Agency Number: **412**  
Contribution Report Affected By New Rate: **August-15**  
Employer-Pay Factor For "In Lieu Of" : **1.154285**  
Employer-Pay Factor For "Salary Reduction" : **1.154431**

### INSTRUCTIONS

NRS 286.421(3) requires each employee to cost share 50% in the contribution rate, including contribution rate increases, through one of two methods: (1) in lieu of equivalent basic salary increases or cost of living increases; or (2) by reduction of salary.

A. In the box below, place an "L" in the space next to each employee group that paid the employee portion of the contribution rate increase "In Lieu Of" a promised pay increase effective July 1, 2015. If this method is selected, you must increase your Employee/Employer compensation schedule using the following calculation:

*Current Employee/Employer Wage = \$3,000.00 X 1.01125 (One half of the increase in the Employer-Paid Rate) = \$3,033.75 (Adjusted Employee/Employer Wage)*

B. In the box below, place an "R" in the space next to each employee group that paid the employee portion of the contribution rate increase by a salary reduction effective July 1, 2015.

Employee Group*	Indicate "L" or "R"
1. <i>R Starting 7/29/15</i>	<i>R</i>
2. <i>Aug Rept.</i>	
3.	
4.	
5.	
6.	

\*Employee Group represents Regular & Police/Fire Members

  
Liaison Officer Signature

*5/5/15*  
Date

**ACCT**