



Section 218 Coverage Questionnaire
Voluntary Social Security for Public Employer

1. Legal name of entity: King County Regional Homelessness Authority
2. Other name(s) entity uses to conduct business (dba – doing business as): n/a
3. Mailing address: 400 Yesler Way, Ste #600
City, State, Zip: Seattle, WA 98104-2683
4. Street address: 400 Yesler Way, Ste #600
City, State, Zip: Seattle, WA 98104-2683
5. Contact Name & Title: Horace Francis, Accountant
E-Mail Address: horace@francis-company.com
Phone Number: 206-282-3720
6. Identify any optional exclusions from coverage that you desire. See Glossary for list.
(most employers list 'none'): None
7. Name and title of person who will be authorized to sign the agreement: Nate Caminos, Board Co-Chair
8. Federal Employer Identification Number (EIN): 37-1977237
9. What date did (or will) your agency start processing payroll under the EIN listed above?: 04/26/21
10. What is the anticipated effective date of your agency's participation in a public retirement system?:
DCP will start effective 04-26-2021. PERS will start effective 04-26-2021.
11. Name of the public retirement system(s): WA State Deferred Compensation Plan (DCP), Public Employees' Retirement System (PERS)

Please complete and email to melaniep@drs.wa.gov or oasi@drs.wa.gov