ELIGIBLE EMPLOYEES

To be eligible for benefit coverage:

- An employee must be appointed at least half-time (equivalent to 7.5 Weighted Teaching Units for academic year appointments) for more than six months, or:
- If employed in a R03 Lecturer or Coach Academic Year position, employee must be appointed for at least six (6) weighted teaching units for at least one semester, or two or more consecutive quarter terms.
- Qualifying appointments may be either permanent or temporary.

Once an employee has acquired eligibility and has enrolled in a plan, he/she may continue enrollment during subsequent continuous appointments of at least half-time regardless of the duration of new appointment.

EFFECTIVE DATE OF COVERAGE

Eligible employees must enroll in a plan(s) within 60 calendar days of employment (or reemployment, if there has been a break of service of more than 30 calendar days). The effective date of benefits depends on many factors; including your first day of employment, the date you submit enrollment documents, your pay plan and the pay period.

GUIDELINES FOR ENROLLMENT

- You can cover only yourself or include your family members in the CalPERS Health Program. If you decide to cover your family members, you must cover all eligible family members as a single group.
- You may enroll your spouse or domestic partner to your health plan within 60 days of your marriage or registration of your domestic partnership. You are required to provide a copy of your marriage certificate or Declaration of Domestic Partnership and your spouse's or domestic partner's Social Security number. Former spouses and former domestic partners are not eligible.
- Your children, adopted children, or stepchildren must be under age 26 regardless of whether or not they are living with you. They may be added within 60 days of birth, adoption, or physical custody. You are required to provide a copy of the child’s birth certificate or adoption papers and their social security number.
- A child over age 26, who is incapable of self-support due to a mental or physical condition that existed prior to age 26, may be included when you first enroll. You will need to provide the child’s birth certificate and social security number. You must also submit a Questionnaire for Disabled Dependent Benefit Form (HBD-98), and your doctor must submit a Medical Report for the CalPERS Disabled Dependent Benefit Form (HBD-34) for CalPERS approval. You will need to update these forms periodically upon request. If the disabled child has a Social Security–approved disability you must also provide CalPERS with a copy of his/her Medicare card.
- An employee or annuitant may enroll a child, other than an adopted, step or recognized natural child if the employee or annuitant has assumed a “parent-child relationship” with that child in lieu of the child’s adoptive, step or natural parent, up to age 26 (per CA Code of Regulations section 599.500(o). You have within 60 days from the date you assumed a parental role and are considered the primary care “parent” to request enrollment. An approved Affidavit of Parent - Child Relationship form (HBD-40) must be filed prior to enrollment and must be updated annually and/or upon request. Spouses of your recognized natural, adopted, or stepchild are not eligible for enrollment.
Split Enrollments

Members who are married, or in a registered domestic partnership who both work, or worked, for agencies in the CalPERS Health Program can enroll separately. If you and your spouse or domestic partner enroll separately, you must enroll all eligible family members, regardless of the relationship, under only one of you. Dependents cannot be split between parents. For example, if a CalPERS member with children marries or registers a domestic partnership with another CalPERS member with children and each member has their own enrollment in the CalPERS Health Program, all children must be enrolled under one parent. The effective date of coverage will be the first of the month following the date of marriage or domestic partnership registration. If split enrollments are discovered, they will be retroactively corrected. You will be responsible for all costs incurred from the date the split enrollment began.

Dual Coverage

You cannot be enrolled in a CalPERS health plan as a member and a dependent, or as a dependent on two enrollments. This is called dual coverage and it is against the law. When dual coverage is discovered, the coverage will be retroactively canceled. You may have to pay for all costs incurred from the date the dual coverage began.

FAMILY CHANGES

Divorce or Termination of Domestic Partnership

If you divorce or terminate a domestic partnership, your former spouse/domestic partner is no longer eligible to be enrolled in your health coverage, even if the court orders you to provide health coverage for them. The coverage terminates on the first day of the month in which the final decree of divorce or termination is granted. Former spouses may be eligible for coverage under a COBRA or an Individual Conversion Policy. You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership form to the Benefits Unit immediately.

Newborn or Newly Adopted Child

You must enroll your newborn and/or adopted child within 60 days from the date of birth/adoption. Please see guidelines for enrolling children.

Death of a Dependent

If you have lost a family member and they are a dependent under your health plan, notify the Benefits Unit as soon as possible.

PLAN CHANGES

Plan changes or adding/deleting eligible dependents may only occur during the annual open enrollment period OR after submitting supporting documentation of a qualified life event. All plan changes require supporting documents and a completed Benefit Enrollment/Change Worksheet. Open enrollment occurs annually (date is determined by CalPERS) and usually in the fall with all changes taking effect on January 1st of the following year.

CALPERS – LIMIT OF RETROACTIVE REIMBURSEMENT LIABILITY FOR HEALTH PREMIUMS

California Code of Regulations (CCR), sections 599.502(f) (2) and 599.506(c) (1), limit the liability of health plans for reimbursement of health premiums to members and employers to the amount of excess health premiums paid for a period of up to six months prior to the date on which the action is processed and recorded, pursuant to the member’s request for retroactive cancellation or deletion of the ineligible family member.

Members who fail to report an enrollment change in a timely manner could be liable for retroactive reimbursement to their employer of premiums in excess of six months prior to the date on which the action is processed and recorded. In addition, members may be liable for costs incurred as a result of services delivered to an ineligible dependent.
ENROLLMENT PROCESS

1. Review the following information:
   - Health Plan Overview
   - Dental Plan Overview
   - Flex Cash Brochure
   - Vision Plan Overview
   - Benefits FAQs

2. Complete the Declaration of Health Coverage – HBD-12A

3. To enroll in the Health, Dental, Vision, and/or FlexCash plans, complete the Benefit Enrollment/Change Worksheet

4. Submit the completed form(s) and copies of required supporting documentation (see page 6) to the Benefits Unit.

Note: The following forms are not included in this packet, but are available at www.calpers.ca.gov or at the CSU, Chico Benefits Unit:
   - Affidavit of Parent-Child Relationship – HBD-40
   - Member Questionnaire for the CalPERS Disabled Dependent Benefit form (HBD-98)
   - Medical Report for the CalPERS Disabled Dependent Benefit form (HBD-34)

5. The Benefits Unit will:
   - Review your enrollment form(s) and required supporting documentation. (Incomplete form (s) and/or lack of supporting documentation may delay or prevent benefit coverage.)
   - Notify you if additional information or documentation is needed.
<table>
<thead>
<tr>
<th>Enrollment Type</th>
<th>Required Copies of Supporting Documentation &amp; Information*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Active employee – new enrollment</td>
<td>N/A</td>
</tr>
<tr>
<td>Enroll or adding a spouse</td>
<td><a href="http://www.cdph.ca.gov/certlic/birthdeathmar/pages/default.aspx">Marriage Certificate</a></td>
</tr>
<tr>
<td>Enroll or adding a registered domestic partner</td>
<td><a href="http://www.sos.ca.gov/dpregistry/">Declaration of Domestic Partnership</a> from the California Secretary of State’s Office</td>
</tr>
<tr>
<td>Enroll or adding/deleting a dependent</td>
<td>Qualifying reason for add/delete <a href="http://www.cdph.ca.gov/certlic/birthdeathmar/pages/default.aspx">Birth Certificate</a> (to add)</td>
</tr>
<tr>
<td>Enroll or adding a dependent who is in a parent-child relationship</td>
<td>Employer and/or CalPERS reserves the right to request any supporting documentation <a href="http://www.calpers.ca.gov/eip-docs/about/pubs/member/forms/affidavit-parent-child-relat-form.pdf">Affidavit of Parent-Child Relationship</a> (HBD-40)</td>
</tr>
<tr>
<td>Deleting a spouse due to divorce</td>
<td>Divorce Decree (Only available from the Superior Court in the county where the divorce was filed)</td>
</tr>
<tr>
<td>Deleting a registered domestic partner due to termination of partnership</td>
<td><a href="http://www.sos.ca.gov/dpregistry/forms.htm">Termination of Domestic Partnership</a> submitted to the California Secretary of State’s Office</td>
</tr>
<tr>
<td>Enroll Disabled child over age 26</td>
<td><a href="http://www.calpers.ca.gov/eip-docs/about/pubs/member/forms/questi-disabled-depend-form.pdf">Member Questionnaire for the CalPERS Disabled Dependent Benefit form</a> (HBD-98) and/or <a href="http://www.calpers.ca.gov/eip-docs/about/pubs/member/forms/medical-report-depend-forml.pdf">Medical Report for the CalPERS Disabled Dependent Benefit form</a> (HBD-34)</td>
</tr>
<tr>
<td>Enrolling self or dependents due to loss of other coverage</td>
<td><a href="http://www.cdph.ca.gov/certlic/birthdeathmar/pages/default.aspx">Birth Certificate</a> (child), <a href="http://www.cdph.ca.gov/certlic/birthdeathmar/pages/default.aspx">Marriage Certificate</a> (spouse) and/or <a href="http://www.sos.ca.gov/dpregistry/">Declaration of Domestic Partnership</a> (domestic partner)</td>
</tr>
<tr>
<td>Death of employee, retiree, or family member</td>
<td>Need written notification of date of death</td>
</tr>
</tbody>
</table>

*SOCIAL SECURITY NUMBERS REQUIRED FOR ALL SUBSCRIBERS AND DEPENDENTS:*

With the passage of the Health Care Reform Act in March 2010, CalPERS is required to report the Social Security numbers of all subscribers and their dependents. As a result, the Chancellor’s Office is requiring the campus to obtain the Social Security numbers for all health/dental/vision enrolled dependents of state employees. Dependents include the spouse or domestic partner and/or children. We do not need to view or have copies of the Social Security cards, but we are required to have the Social Security number information on file for all health/dental/vision benefit enrolled dependents.

More detailed information can be found in the Benefits Enrollment Instructions, at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling CalPERS at 888 CalPERS (or 888-225-7377).