



**H - FlexCash Selection - Check plan selected:**

In lieu of health and/or dental coverage, I wish to enroll in:

 FlexCash Health (\$128/mo) FlexCash Dental (\$12/mo)

If other coverage is through your spouse or domestic partner please provide their Social Security Number: \_\_\_\_\_

I certify that I am covered by another qualifying group health plan that conforms to the Affordable Care Act's (ACA's) minimum value standards. I certify that I will maintain coverage in a qualifying group health plan on an ongoing basis and I agree to notify my campus Benefits Officer within 60 days if I lose coverage under the medical and/or dental insurance plan(s). I understand that an individual health insurance policy (for example, Covered California or another insurance marketplace) and coverage under Tricare, Medicare and Medi-Cal are not qualifying group health plan coverage for purposes of the FlexCash Benefit Program.

**I must provide proof of alternate non-CSU group coverage with the benefits worksheet.**

Employee's Signature: \_\_\_\_\_

Date \_\_\_\_\_

| Enrollment Type   | Required Copies of Supporting Documentation & Information*   |
|---|--|
| Active employee - <b>new</b> enrollment   | N/A<br>If adding dependents see required documents below   |
| Enroll or adding a <b>spouse</b>  | <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx">Marriage Certificate</a> , <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx">https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx</a>   |
| Enroll or adding a <b>registered domestic partner</b>                           | <a href="http://www.sos.ca.gov/registries/domestic-partners-registry/">Declaration of Domestic Partnership</a> from the California Secretary of State's Office<br><a href="http://www.sos.ca.gov/registries/domestic-partners-registry/">www.sos.ca.gov/registries/domestic-partners-registry/</a>   |
| Enroll or adding/deleting a <b>dependent</b>                                    | Qualifying reason for add/delete<br><a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">Birth Certificate</a> , <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx</a>   |
| Enroll or adding a dependent who is in a <b>parent-child relationship</b>       | Employer and/or CalPERS reserves the right to request any supporting documentation<br><a href="https://www.calpers.ca.gov/docs/forms-publications/affidavit-parent-child-form.pdf">Affidavit of Parent-Child Relationship</a> (HBD-40)<br><a href="https://www.calpers.ca.gov/docs/forms-publications/affidavit-parent-child-form.pdf">https://www.calpers.ca.gov/docs/forms-publications/affidavit-parent-child-form.pdf</a>  |
| <b>Deleting a spouse</b> due to divorce   | Divorce Decree (Only available from the Superior Court in the county where the divorce was filed)  |
| <b>Deleting a registered domestic partner</b> due to termination of partnership | <a href="https://www.sos.ca.gov/registries/domestic-partners-registry/forms-fees/">Termination of Domestic Partnership</a> submitted to the California Secretary of State's Office<br><a href="https://www.sos.ca.gov/registries/domestic-partners-registry/forms-fees/">https://www.sos.ca.gov/registries/domestic-partners-registry/forms-fees/</a>  |
| Enroll <b>Disabled child</b> over age 26  | <a href="https://www.calpers.ca.gov/docs/forms-publications/questionnaire-disabled-dependent-form.pdf">Member Questionnaire for the CalPERS Disabled Dependent Benefit</a> form (HBD-98)<br><a href="https://www.calpers.ca.gov/docs/forms-publications/questionnaire-disabled-dependent-form.pdf">https://www.calpers.ca.gov/docs/forms-publications/questionnaire-disabled-dependent-form.pdf</a><br><a href="https://www.calpers.ca.gov/docs/forms-publications/medical-report-dependent-form.pdf">Medical Report for the CalPERS Disabled Dependent Benefit</a> form (HBD-34)<br><a href="https://www.calpers.ca.gov/docs/forms-publications/medical-report-dependent-form.pdf">https://www.calpers.ca.gov/docs/forms-publications/medical-report-dependent-form.pdf</a><br><a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">Birth Certificate</a> , <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx</a> |
| Enrolling self or dependents due to <b>loss of other coverage</b>               | <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">Birth Certificate</a> , <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx">https://www.cdph.ca.gov/Programs/CHSI/Pages/Birth,-Death,-Fetal-Death,-Still-Birth--Marriage-Certificates.aspx</a><br><a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx">Marriage Certificate</a> , <a href="https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx">https://www.cdph.ca.gov/Programs/CHSI/Pages/Marriage-License-Information.aspx</a><br><a href="https://www.sos.ca.gov/dpregistry/">Declaration of Domestic Partnership</a> (domestic partner) <a href="https://www.sos.ca.gov/dpregistry/">https://www.sos.ca.gov/dpregistry/</a><br>Need proof of coverage loss (all)   |
| <b>Death</b> of employee, retiree, or family member                             | Need written notification of date of death   |

**\*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 members of all subscribers and their dependents. Dependents include the spouse or domestic partner and/or children. We do not need to view or have copies of Social Security cards, but are required to have the Social Security number information on file for all health/dental/vision 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).