

Benefits and FlexCash Enrollment and Change Form

ACTION TO BE TAKEN											
New Enrollment FlexCash Enrollment] Change Plan	Add	Add Dependent		Reason for Action:					
☐ Decline to Enroll ☐ Cancel FlexCash		Cancel Plan	☐ Dele	Delete Dependent		Action/Event Date (required)					
EMPLOYEE INFORMATION											
Name:		SSN:		Marital Status: Single Married Domestic Partner		Spouse/Domestic Partner SSN		MEDICAL and DENTAL benefits will begin the 1 st of the month after this form is received in Human Resources.			
NOTE: If enrolling a spouse or domestic partner, a Marriage Certificate or Declaration of Domestic Partnership is REQUIRED.											
Campus Department:		Campus Phone		Home Phone:		Mailing Address: (Street, City and ZIP)					
MEDICAL PLAN SELECTION											
☐ Kaiser HMO ☐ Kaiser Outside CA ☐ BL		BLUE SHIELD (HIV	.UE SHIELD (HMO)*		RS CHO	IOICE (PPO)		PERS CARE (PPO)			
*If Blue Shield, indicate primary care physician. If left blank, a PCP will be selected											
DENTAL PLAN SELECTION											
☐ Delta Dental (PPO)	DeltaCare USA (HMO) – Office #				City:						
FLEXCASH (pays \$128 per month for eligible employees not enrolled in a CSU medical plan and/or \$12 per month for eligible employees not enrolled in CSU dental plan)											
☐ Enroll in FlexCash instead of CSU Medical Plan ☐ Enroll in FlexCash instead of CSU Dental Plan											
Current Medical Insurance Carrier: Policy Number		er	Current Dental	urrent Dental Insurance Carrier			Policy Number				
PERSONS TO BE ENROLLED OR DELETED FROM PLANS (INCLUDING SELF)											
Name (First, Last)		Family	Birth		arv Care	ary Care Physician		Dalata	No disal	D	
(, ,		Relationship	(MM/D		•	Blue Shield)	Enroll	Delete	Medical	Dental	
			-								
I elect to enroll in (or make changes) to the plans shown above and authorize deductions to be made from my salary to cover my share of the cost of Plan premiums as it is now or may be in the future.											
Employee's Signature Date											
FOR HUMAN RESOURCES USE ONLY											
Date Received:	Comments										

CalPERS Guidelines for Enrolling Family Members:

Your spouse or domestic partner can be added to your health plan if done within 60 days after the date of your marriage or the registration of your domestic partnership. A copy of your marriage certificate or Declaration of Domestic Partnership, Gender Verification of Married Partners Form and your spouse's or domestic partner's Social Security number is required. Former spouses and former domestic partners are not eligible.

Your children, adopted children, or stepchildren must be under age 23 and never married, regardless of whether they are living with you,

A child over age 23, who has never married and is incapable of self support due to a mental or physical condition that existed prior to age 23, may be included when you first enroll or when the child under age 23 first becomes disabled. A Questionnaire for the CalPERS Disabled Dependent Benefit Form (HBD-98) and Medical Report for the CalPERS Disabled Dependent Benefit Form (HBD-34) must be approved by CalPERS prior to enrollment and must be updated upon request.

Another person's child under age 23 who has never married may be eligible for coverage if you have been granted custody by a court or the child resides with you. An <u>Affidavit of eligibility of Economically-Dependent Children From (HBD-35)</u> must be filed prior to enrollment and must be updated upon request.

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, and 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 cancelled. You may have to pay for all costs incurred form the date the dual coverage began.