

ACA - BENEFITS ENROLLMENT WORKSHEET

Name: _____ Marital Status: _____ SSN# _____

Address: _____
Number and Street City State Zip Code

Contact Phone # _____ Contact Email: _____ From another CSU? _____

TYPE OF ACTION

- | | | | |
|---|---|---------------------------------|---------------------------------|
| Enroll in Plan | Cancel Plan | Add/Delete Dependent | Change Plan |
| <input type="checkbox"/> Health | <input type="checkbox"/> Health | <input type="checkbox"/> Health | <input type="checkbox"/> Health |
| <input type="checkbox"/> Flex Cash Health | <input type="checkbox"/> Flex Cash Health | | |

REASON FOR ACTION: _____ DATE OF ACTION: _____

PLAN OPTION

MEDICAL PLAN SELECTION: _____ (plans listed on back of page)

FLEX CASH ENROLLMENT: *Must provide proof of alternative non-CSU employer coverage and copy of marriage certificate if covered through spouse. It is not retroactive.*

CURRENT HEALTH PLAN (\$128/month): _____ GROUP # _____

Spouse's Social Security Number if covered through spouse's employer: _____

DEPENDENT INFORMATION

First Name	Last Name	SSN #	Birthdate	Relationship	Health		Dental		Vision	
					Add	Delete	Add	Delete	Add	Delete

PLEASE INCLUDE A COPY OR COPIES OF THE REQUIRED DOCUMENT(S) FOR ALL DEPENDENT(S) LISTED ABOVE:

- | | | |
|---|---|---|
| <input type="checkbox"/> Marriage Certificate | <input type="checkbox"/> Declaration of Domestic Partnership | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Divorce Decree | <input type="checkbox"/> Dissolution of Domestic Partnership | <input type="checkbox"/> Adoption Certificate |
| | <input type="checkbox"/> Affidavit of Parent/Child Relationship | |

Signature: _____ Date: _____

MEDICAL PLANS:

Anthem Select HMO
Anthem Traditional HMO
Blue Shield Access+ HMO
UnitedHealthCare HMO

Health Net Salud Y Mas HMO
Health Net Smartcare HMO
Kaiser CA HMO

PERS Choice PPO
PERS Select CA PPO
PERS Care PPO
PORAC PPO

CALPERS GUIDELINES FOR ENROLLING FAMILY MEMBERS ARE AS FOLLOWS:

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

Children are eligible for health coverage up to age 26. They are eligible even if they are married, do not live with you, or are not students. Eligible children are defined as natural, adopted, step or domestic partner's children under age 26. If your dependent is married you may not enroll their spouse or children (unless the child is an economic dependent of the employee). **A birth certificate or adoption papers and Social Security Number are required.**

A child over age 26, and 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. A questionnaire for the **CalPERS Disabled Dependent Benefit Form (HBD-98) and Medical Report of 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 26 may be eligible for coverage if you have been granted custody or joint custody by a court or the child resides with you. **Birth Certificate, Social Security Number and Affidavit of Eligibility of Economically Dependent Children Form (HBD-35)** must be filed prior to enrollment and must be updated upon request.

You can add the following family members either at the time of enrollment or at a later date:

- A spouse or registered domestic partner
- Children age 18 or older not living in your home
- Eligible children who are not in your custody
- Dependents in the military, when they return to civilian life

SPLIT ENROLLMENTS

Members who are married or in a registered domestic partnership who both work, or works, for agencies in the CalPERS Health Program can enroll separately. If you and your spouse or domestic partner enrolls 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 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 must have to pay for all costs incurred from the date the dual coverage began.

ACKNOWLEDGEMENT &
Missed Premium Accounts Receivable Agreement

The CSU Benefits Summary is intended to provide an overview of the benefits generally available to CSU employees. This is a summary of benefits and should not be construed as a substitute for the master contracts or official plan documents. More detailed information about each of our benefit plans can be found in the individual plan summaries and official plan documents. If you need copies of these materials, please visit individual health plan's website.

Carrier premium and coverage information may change during your employment at CSUDH as a result of collective bargaining, changes in legislation, or CalPERS vendor contract negotiations. You will receive advance written notification from the carrier, CSU, and/or Payroll Services and Benefits office of any such changes affecting your benefits.

If you have recently moved, please make sure your most recent address is updated in **MyCSUDH Portal** to ensure you receive important benefits and tax information in a timely manner.

Please note the following effective dates:

Medical/Dental: Coverage begins on the first day of the month following receipt of the enrollment forms and required documents to Payroll Services and Benefits office in WH 478, within 60-days from date of eligibility or hire to avoid a 90 day waiting period.*

Flexcash: The effective date is the first day of the second month following receipt of the enrollment forms and supporting documents to Payroll Services and Benefits in WH 478, within 60-days from date of eligibility or hire.

Vision: The CSU provides two vision plans for all eligible employees and their dependents. Employees who are eligible for benefits will be automatically enrolled in the basic plan effective the 1st of the month after their hire date for staff, and beginning of eligible semester for Faculty. Employees have 60 days from eligibility or hire date to enroll in the optional premier plan for a fee.

** Note for Faculty: For Fall semester enrollees, medical, dental, and vision coverage is effective Oct. 1st for enrollment forms submitted by Sept. 30th. Forms submitted in October (within the 60-day limit) will be effective Nov. 1st for medical, dental, and vision. For Spring semester enrollees, medical, dental, and vision coverage is effective March 1st for enrollment forms submitted by Feb. 28th. Forms submitted in March (within the 60-day limit) will be effective April 1st for medical, dental, and vision.*

I, _____ understand that due to the different timelines for processing my benefit enrollment elections, my health premium(s), Health Care Reimbursement, Dependent Care Reimbursement deduction(s) or cancellation of Flex Cash, it may not be processed in a timely manner by the State Controller Office to reflect on my first pay warrant. I understand I am responsible for paying the retroactive deduction(s) for the health, Health Care Reimbursement or Dependent Care Reimbursement enrollment and/or cancellation of Flex Cash. Notification will be sent by Payroll Services and Benefits upon establishment of an account receivable and will provide mutually agreed repayment option plans.

My signature below indicates I am aware of the possible retroactive health premium(s), Health Care Reimbursement, Dependent Care Reimbursement or cancellation of Flex Cash account receivable and agree to repayment in a timely manner based upon a mutually agreed payment option.

Employee Name (Printed)

Employee ID number

Signature

Date



Member Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715
(888) CalPERS (or 888-225-7377)
TTY (877) 249-7442
FAX (800) 959-6545

Declaration of Health Coverage: HBD-12A

(INSTRUCTIONS ON REVERSE)

EMPLOYEE INFORMATION SOCIAL SECURITY NUMBER	NAME (FIRST)	(MIDDLE)	(LAST)
PART A <input type="checkbox"/> I elect to enroll myself and all eligible dependents.			
PART B-1 <input type="checkbox"/> I elect to enroll myself. My eligible dependents have other health insurance coverage.			
PART B-2 <input type="checkbox"/> I elect to enroll myself and all eligible dependents. I also have eligible dependents who have other health insurance coverage.			
PART C-1 <input type="checkbox"/> I decline enrollment for myself and my eligible dependents because we have other health insurance coverage.			
PART C-2 <input type="checkbox"/> I decline enrollment for myself and/or my eligible family members for reasons other than having health insurance coverage.			
		If you or your dependents lose health insurance coverage, you can enroll in the CalPERS Health Benefits Program. You must request enrollment within 60 days from the date you lose coverage.	
		If you do not request enrollment within 60 days, you or your dependents must wait at least 90 days or until the next Open Enrollment Period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90-day waiting period or the Open Enrollment effective date.	
		You can request enrollment for yourself and/or your dependents at any time. You must wait at least 90 days after you request enrollment or until the next Open Enrollment Period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90 day waiting period or the Open Enrollment effective date.	

PART B: If you are currently enrolled in the Health Benefits Program and you acquire new dependents or if a court orders health coverage for your dependents, you can add your new dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

PART C: If you are not currently enrolled in the Health Benefits Program and you acquire new dependents as a result of marriage, birth, adoption, or placement for adoption, or if a court orders health coverage for your dependents, you can enroll yourself and dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

Special rules apply to retirement and death. Please read the back of this form carefully.

Member's Signature

Date Signed

Health Benefits Officer's Signature

INSTRUCTIONS – DECLARATION OF HEALTH COVERAGE (HBD-12A)

Please contact your Health Benefits Officer if you have any questions regarding the HBD-12A.	
Employee Information	Complete with the appropriate employee information.
Part A:	Mark this box if you are: a) Enrolling in the Health Benefits Program and have no dependents, or b) Enrolling yourself and ALL eligible dependents in the Health Benefits Program.
Part B-1:	Mark this box if you are: a) Enrolling yourself only, your dependents have other health insurance coverage, or b) Canceling your dependents' coverage because they have other health insurance coverage
Part B-2:	Mark this box if you are: a) Enrolling yourself and SOME of your dependents, your other dependents have health insurance coverage, or b) Canceling coverage for some of your dependents because they have other health insurance coverage.
Part C-1:	Mark this box if you are: a) Declining enrollment or canceling your health insurance coverage, you have no dependents and you have other health coverage, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents and you have other health insurance coverage.
Part C-2:	Mark this box if you are: a) Declining enrollment or canceling your health insurance for reasons other than having health insurance coverage and you have no dependents, or b) Declining enrollment or canceling your health insurance coverage for yourself and eligible dependents for reasons other than having health insurance coverage.

IMPORTANT: It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include marriage, acquisition of a dependent child, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

Special rules to consider for retirement and death:

Retirees: you are eligible to enroll in a CalPERS health plan if you meet all of the criteria below:

- Your retirement date is within 120 days of separation from employment
- You are eligible for health benefits upon separation
- You receive a monthly retirement allowance
- You retire from the State, California State University (CSU), or an agency that currently contracts with CalPERS for health benefits

Survivor Death Benefit: your dependents may enroll in a CalPERS health plan as a survivor as long as they:

- Are eligible for enrollment as a dependent on the date of death of a CalPERS retiree
- Receive a monthly survivor check
- Continue to qualify as an eligible family member

Dependents who are enrolled at the time of the employee or annuitant's death and meet the eligibility requirements can continue the health enrollment as a survivor. Dependents who are not enrolled and meet the eligibility requirements may enroll in a health plan within 60 days of the employee or annuitant's death, or during Open Enrollment.

The effective date of enrollment is the first day of the month following the date CalPERS receives the request. Exceptions may apply for certain contracting agency survivors who do not receive a monthly survivor check. Your survivor will need to contact your former employer for additional information.