

{date}

{Recipient Name}
{Recipient Address}

CalPERS ID: {CalPERS ID}

Sample: Cancellation Notice

Dear {Participant Name}:

Your dependent(s) will be deleted from your employer-sponsored health coverage effective {effective date} if you do not take action to re-verify your dependent(s) by {due date}.

To ensure only eligible dependents of State employees are enrolled in employer-sponsored health coverage, California Government Code Section 22843.1 and California Code of Regulations Section 599.855 requires your employer to re-verify the eligibility of your dependent(s) at least once every three years. This letter outlines instructions for you to re-verify each dependent's eligibility with your employer. All requested information must be provided to your department's personnel office by {Due Date} in order for your dependent(s) to continue receiving health coverage and avoid being cancelled on {effective date}.

If the re-verification is processed after the 10th of {birth month}, retroactive premiums may be owed resulting in an accounts receivable.

If you have previously provided the required documentation to re-verify each dependent's eligibility outside of this effort, the documentation must be provided again for any dependents listed on the Dependent Re-verification Affidavit to comply with this requirement.

Your department's personnel office will retain all of your required dependent re-verification documents in your official personnel file. You may not be required to provide the government issued marriage certificate, domestic partnership registration, and birth certificates for stepchildren or domestic partner children if the marriage or domestic partnership remains current. Once you retire, you will have to resubmit all re-verification documents to CalPERS during your first re-verification cycle as a retiree.

Dependents who require re-verification

- Current spouse
- Current domestic partner as registered with the California Secretary of State's Office or a comparable agency in another jurisdiction.
- Natural-born*, adopted*, current step, or current registered domestic partner children up to age 26.

*These children will only need to be verified once during your re-verification process as an active employee.

Instructions

Please follow these steps to re-verify your dependents' eligibility:

- Review the list of your dependent(s) who require re-verification.
- Make copies of any required re-verification documents for each dependent.
- **Provide all required documents, including the completed Dependent Re-verification Affidavit included with this letter to your department's personnel office by {Due Date}.**

The following dependent(s) require re-verification:

Dependent Name	Relationship	Date of Birth
{Dependent Requiring Re-verification}		
{Dependent Name}	{Relationship}	{DOB}
{Dependent Name}	{Relationship}	{DOB}
{Dependent Name}	{Relationship}	{DOB}

Note: The Dependent Re-verification does not include disabled dependent(s) or a parent-child relationship dependent(s) who are enrolled in employer-sponsored health coverage. Disabled dependent(s) and parent-child relationship dependent(s) have a separate re-verification process. Dependents added to your health enrollment within the last six months do not need to be re-verified during your re-verification due date. If you have a dependent who should be removed due to a qualifying event (i.e., divorce, dependent enters military, etc.), please contact your department's personnel office immediately.

Required Re-verification Documents

Review the table to assist with the required and acceptable documentation needed to re-verify each dependent's eligibility. All required documents **MUST** include a date, your name, and the name of the dependent being re-verified.

Relationship Type	Acceptable Re-verification Documents
Spouse	<p>A copy of your government issued marriage certificate AND one of the following financial documents:</p> <ul style="list-style-type: none"> • A copy of the first page of the most recent federal or state income tax return form confirming dependent as your spouse <p>OR</p> <ul style="list-style-type: none"> • A combination of other documentation, including but not limited to a household bill, account statement, or insurance policy listing the name and address of the subscriber and the spouse, or other documents that substantiate the existence of a current marriage. Household bills and account statements older than 60 calendar days are unacceptable
Domestic Partner	<p>A copy of your Declaration of Domestic Partnership registered with the California Secretary of State or a comparable agency in another jurisdiction AND one of the following financial documents:</p> <ul style="list-style-type: none"> • A copy of the first page of the most recent federal or state income tax return form confirming dependent as your domestic partner <p>OR</p> <ul style="list-style-type: none"> • A combination of other documentation, including but not limited to a household bill, account statement, or insurance policy listing the name and address of the subscriber and domestic partner, or other documents that substantiate the existence of a current domestic partnership. Household bills and account statements older than 60 calendar days are unacceptable
Children (natural-born, adopted, step, or registered domestic partner's children) up to age 26 (the month in which dependent attains age 26)	<p>A copy of the child's birth certificate or adoption certificate naming you, your spouse, or your domestic partner as the parent of the child.</p> <p>For a stepchild, or domestic partners child, you must also provide documentation of your current relationship to your spouse or domestic partner as requested.</p>

If you have any questions regarding this letter or any actions you are required to complete, please contact your agency's personnel office.

Please ensure the dependent(s) losing coverage receive this important information about continuation of coverage.

The Federal Consolidated Omnibus Budget Reconciliation Act (COBRA) requires employers to extend group coverage to dependents that lose eligibility through the CalPERS Health Benefits Program.

Coverage may be continued for a maximum of 36 months from the termination date of dependent coverage. The premium is paid directly to the health plan at a rate not to exceed 102 percent of the group monthly premium rate. You may contact your health plan directly to obtain your specific premium amount. There is no employer contribution available toward the cost of COBRA continuation coverage. The coverage must be continuous; therefore, the effective date of the continuation will be the date of termination from the subscriber's coverage.

The election for continuation must be submitted within 60 days of receiving this notification or loss of coverage, whichever is later. Once the 60 day election period passes, the right to continue health coverage will end.

Additional details concerning the continuation of coverage under the provisions of COBRA may be obtained through the personnel office of the subscriber's employing agency. Affordable Care Act Information:

The Affordable Care Act (ACA) allows individuals to access affordable coverage through the Health Insurance Marketplace. If you purchase your health coverage through one of these Health Insurance Marketplaces you may be eligible for government subsidies to help pay for health insurance premiums. The subsidies are based on your level of income and number of dependents in your family. Being eligible for COBRA does not limit your eligibility for coverage for a tax credit through the Health Insurance Marketplace. Additionally, you may qualify for a special enrollment opportunity for another group health plan for which you are eligible (such as a spouse's plan). Contact the group health plan for additional information.

For additional details regarding the Health Insurance Marketplace in your state, visit <http://www.healthcare.gov> or call 1-800-318-2596. For additional information regarding the California Health Insurance Marketplace, visit Covered California at <http://www.coveredca.com> or call 1-800-300-1506.

For medical claim status, benefit information, identification card, booklets, or claim forms contact:

{carrier name}

{carrier contact address}

{carrier phone number}

We are here to assist you. You may log in to myCalPERS account at my.calpers.ca.gov to access your health benefits online or to send a secure message. You may find additional answers to your questions by visiting our website at www.calpers.ca.gov, or you may call us toll free at **888 CalPERS** (or **888-225-7377**).

Sincerely,
Health Account Management Division