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# Circular Letter

October 18, 2012

**TO: ALL PEMHCA HEALTH BENEFITS OFFICERS AND ASSISTANT HEALTH BENEFITS OFFICERS**

**SUBJECT: REQUIRED HEALTH ENROLLMENT DOCUMENTS**

**Background**

As the employer, you have a fiduciary responsibility to manage the CalPERS Health Program by ensuring that only eligible employees and their dependents are covered. Employers (for active members) and CalPERS (for retired members) requests and maintains records of all supporting documentation that determines the eligibility of enrolled dependents. At the time of the enrollment or at any time thereafter, you have the right to request additional supporting documentation needed to verify a dependent's eligibility.

**Ineligible Dependents**

The law does not allow ineligible dependents to enroll on your employee's health plan. If an ineligible dependent is identified as enrolled on your employee's health plan, the employee may be liable for all costs they incur from the date of ineligibility.

**Required Documents for Health Enrollment**

The chart below will assist in determining the forms and supporting documentation required for the various types of enrollments or changes to enrollment.

<b>Subject Enrollment Type</b>	<b>Copies of Supporting Documentation</b>	<b>CalPERS Forms</b>
Active Employee (New Enrollment)	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
Add a Registered Domestic Partner	<ul style="list-style-type: none"> <li><i>Declaration of Domestic Partnership</i> from the California Secretary of State's Office</li> <li>Medicare card (if applicable)</li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>

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**Required Enrollment Documents, Continued****Required Documents for Health Enrollment (Cont.)**

<b>Subject Enrollment Type</b>	<b>Copies of Supporting Documentation</b>	<b>CalPERS Forms</b>
<i>Add a Spouse</i>	<ul style="list-style-type: none"> <li>• <i>Marriage Certificate</i></li> <li>• <i>Medicare card (if applicable)</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
<i>Add a Dependent who is in a Parent-Child Relationship</i>	<ul style="list-style-type: none"> <li>• <i>Employer and/or CalPERS reserves the right to request any supporting documentation</i></li> </ul>	<i>Affidavit of Parent-Child Relationship form</i>  <i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
<i>Add/Delete a Dependent Child</i>	<ul style="list-style-type: none"> <li>• <i>BirthCertificate<sup>1</sup></i></li> <li>• <i>Medicare card (if applicable)</i></li> <li>• <i>Reason for add/delete</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
<i>Delete a Registered Domestic Partner Due to Termination of Partnership</i>	<ul style="list-style-type: none"> <li>• <i>Termination of Domestic Partnership submitted to the California Secretary of State's Office</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
<i>Delete a Spouse Due to Divorce</i>	<ul style="list-style-type: none"> <li>• <i>Divorce Decree</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
<i>Enroll Self or Dependents Due to Loss of Other Health Coverage</i>	<ul style="list-style-type: none"> <li>• <i>Certificate of Creditable Coverage, or other proof of loss of coverage</i></li> <li>• <i>Marriage Certificate (spouse)</i></li> <li>• <i>Declaration of Domestic Partnership (domestic partner)</i></li> <li>• <i>Birth Certificate (child)</i></li> <li>• <i>Medicare card (if applicable)</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>

<sup>1</sup>-Birth certificate for newborns is due at the time of enrollment or 60 days after the effective date.

## Required Enrollment Documents, Continued

### Required Documents for Health Enrollment (Cont.)

Subject Enrollment Type	Copies of Supporting Documentation	CalPERS Forms
Disabled Child Over Age 26 – Certification	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<i>Member Questionnaire for the CalPERS Disabled Dependent form</i>  <i>Medicare Report for the CalPERS Disabled Dependent form</i>
Death of Employee, Retiree, or Family Member	<ul style="list-style-type: none"> <li><i>Death Certificate</i></li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
Change Plans Due to Address Change	<ul style="list-style-type: none"> <li>Include both old &amp; new addresses</li> </ul>	<i>Health Benefits Plan Enrollment form</i>  <i>Declaration of Health Coverage form</i>
Off-Pay Status (Continue Coverage)	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<i>Direct Payment Authorization form</i>
Off-Pay Status (Cancel Coverage)	<ul style="list-style-type: none"> <li>N/A</li> </ul>	<i>Health Benefits Plan Enrollment form</i>

### Social Security Numbers

Social Security numbers are required for all dependents upon enrollment or upon change of enrollment. Please refer to Circular Letter [600-060-10](#) for additional information.

### Questions

If you have any questions, please contact the CalPERS Customer Contact Center at **888 CalPERS** (or **888-225-7377**).

KAREN DeFRANK, Chief  
 Customer Account Services Division