

Completion of this form is required when adding dependents to health, dental, or premier vision benefits, and recertifying dependents for continued enrollment.

By completing this form, employees are certifying that the information submitted is true and accurate and departmental personnel office representatives are certifying that they have received and reviewed supporting documents to verify an employee's dependent eligibility.

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

Dependent Name	Dependent Type

**Section I**  
**Required Forms and Acceptable Documents to Determine Dependent Eligibility**

Spouse/Registered Domestic Partner	
Required Enrollment Forms <sup>1</sup>	Acceptable Document(s) to Verify Eligibility for Initial Enrollment and Health and Dental Benefit Triennial Re-verification
Health: <input type="checkbox"/> Health Benefit Plan Enrollment Form (HBD-12)  Dental: <input type="checkbox"/> Dental Plan Enrollment Authorization (STD. 692)  Premier Vision: <input type="checkbox"/> Premier Vision Plan Enrollment Authorization (CalHR 774)	<input type="checkbox"/> Copy of the official government issued Marriage Certificate or Declaration of Domestic Partnership*  <p align="center"><b>AND**</b></p> <input type="checkbox"/> Copy of the first page of the employee's income tax return from the previous tax year listing the employee and the spouse or domestic partner, <b>OR</b> <input type="checkbox"/> Copies of a combination of other documents, including but not limited to, a household bill, account statement, or insurance policy listing the name and address of the employee and the spouse or domestic partner, or other documents substantiating a current marriage or domestic partnership.  Other documents that are older than 60 calendar days are unacceptable.  *Departmental personnel offices may waive the government issued Marriage Certificate or Declaration of Domestic Partnership in the employee's second and subsequent triennial re-verifications if the document is in the employee's Official Personnel File (OPF).  **In the initial enrollment, the additional documents are not required if the marriage or domestic partnership occurred within the last six months.

<sup>1</sup> Unless otherwise requested by the personnel office, these enrollment forms are only required when adding or deleting dependents from a plan.

**Children\* up to age 26 (month in which child turns age 26)**

\*Natural, adopted, placement for adoption, step, or registered domestic partner's children

Required Enrollment Forms <sup>1</sup>	Acceptable Document(s) to Verify Eligibility for Initial Enrollment and Health and Dental Benefit Triennial Re-verification
<p>Health:</p> <p><input type="checkbox"/> Health Benefit Plan Enrollment Form (HBD-12)</p> <p>Dental:</p> <p><input type="checkbox"/> Dental Plan Enrollment Authorization (STD. 692)</p> <p>Premier Vision:</p> <p><input type="checkbox"/> Premier Vision Plan Enrollment Authorization (CalHR 774)</p> <p><sup>1</sup>Unless otherwise requested by the personnel office, these enrollment forms are only required when adding or deleting dependents from a plan.</p>	<p>A copy of the following documents that name the employee, spouse, or domestic partner as the child's parent or guardian:</p> <p><input type="checkbox"/> Birth Certificate** (Birth certificate for newborns is due at the time of enrollment or 60 days after the effective date. Until the birth certificate is available, the employee must provide an official hospital birth record of the child.)</p> <p><input type="checkbox"/> Adoption Certificate**</p> <p><input type="checkbox"/> Court Order</p> <p>**Departmental personnel offices may waive in employee's second and subsequent triennial re-verifications if the certificate is in the employee's OPF, and current marriage or domestic partnership to the parent of the step or domestic partner child(ren) is re-verified.</p>

**Disabled Dependents Age 26 and Over**

Required Enrollment Forms <sup>1</sup>	Required Documents to Certify Initial Enrollment Eligibility and to Recertify Continued Enrollment Eligibility
<p>Health:</p> <p><input type="checkbox"/> Health Benefit Plan Enrollment Form (HBD-12)</p> <p>Dental:</p> <p><input type="checkbox"/> Dental Plan Enrollment Authorization (STD. 692)</p> <p>Premier Vision:</p> <p><input type="checkbox"/> Premier Vision Plan Enrollment Authorization (CalHR 774)</p> <p><sup>1</sup>Unless otherwise requested by the personnel office, these enrollment forms are only required when adding or deleting dependents from a plan.</p>	<p><input type="checkbox"/> For the initial enrollment of a disabled dependent, the employee must follow the instructions on the Disabled Dependent Member Questionnaire and Medical Report (HBD-34) and the Authorization to Disclose Protected Health Information Form (PERS BSD-35). The completed Disabled Dependent Member Questionnaire and Medical Report (HBD-34) must be submitted to CalPERS by the dependent's physician for review within the specified timeframes during the dependent's initial certification and recertification periods. It is the employee's responsibility to ensure these timeframes are met.</p> <ul style="list-style-type: none"> <li>• The initial certification must occur during the period commencing 90 days before and ending 60 days after the child's 26th birthday (employee and child currently enrolled), or within 60 days of a newly eligible employee's initial health enrollment.</li> <li>• For recertification of a disabled dependent, CalPERS must receive the recertification of the disabled dependent no earlier than 90 days prior to the expiration date and no later than the expiration date.</li> </ul>

<b>Dependent in Parent-Child Relationship (PCR)</b>	
<b>Required Enrollment Forms</b>	<b>Acceptable Document(s) to Verify Eligibility</b>
<p>Health:</p> <p><input type="checkbox"/> Health Benefit Plan Enrollment Form (HBD-12)</p> <p><input type="checkbox"/> Affidavit of Parent-Child Relationship (HBD-40)</p> <p>Dental:</p> <p><input type="checkbox"/> Dental Plan Enrollment Authorization (STD. 692)</p> <p><input type="checkbox"/> Affidavit of Parent-Child Relationship (CalHR 025)</p> <p>Premier Vision:</p> <p><input type="checkbox"/> Premier Vision Plan Enrollment Authorization (CalHR 774)</p>	<p><u>To <b>ENROLL</b> PCR dependent(s) under age 19</u></p> <p><input type="checkbox"/> Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, <b>OR</b></p> <p><input type="checkbox"/> Copies of other documents substantiating the child's financial dependence on employee, including, but not limited to: current legal judgments/court documents showing the employee's legal parental status or duties/guardianship over the child; bank, credit card, tuition or insurance statements/payments; school records; bills or mail indicating common residency with the dependent.</p> <ul style="list-style-type: none"> <li>• These other documents are only acceptable in lieu of a tax return for a time not to exceed one tax filing year for PCR dependents under age 19.</li> </ul> <p><u>To <b>ENROLL</b> PCR dependent(s) age 19 to 26</u></p> <p><input type="checkbox"/> Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, <b>OR</b></p> <p><input type="checkbox"/> Copies of other documents, as listed above, substantiating the child's financial dependence on employee, provided that the child:</p> <ul style="list-style-type: none"> <li>• Lives with employee for more than 50 percent of time, or is a full-time student, <b>AND</b></li> <li>• Is dependent on employee for more than 50 percent of the child's support.</li> </ul>

<b>Annual Recertification of PCR Dependent</b>	
Follow recertification instructions in CalPERS <a href="#">Circular Letter #600-008-15</a>	
<b>Required Recertification Forms</b>	<b>Acceptable Document(s) to Recertify Eligibility</b>
<p>To recertify continued enrollment for health, dental, and premier vision (if applicable) benefits:</p> <p><input type="checkbox"/> Affidavit of Parent-Child Relationship (HBD-40)</p> <p>To recertify continued enrollment for dental and premier vision (if applicable) benefits:</p> <p><input type="checkbox"/> Affidavit of Parent-Child Relationship (CalHR 025)</p>	<p><u>To <b>RECERTIFY</b> PCR dependent(s) under age 19</u></p> <p><input type="checkbox"/> Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent</p> <p><u>To <b>RECERTIFY</b> PCR dependent(s) age 19 to 26</u></p> <p><input type="checkbox"/> Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, <b>OR</b></p> <p><input type="checkbox"/> Copies of other documents, as listed for initial PCR dependent enrollment, substantiating the child's financial dependence on employee, provided that the child:</p> <ul style="list-style-type: none"> <li>• Lives with employee for more than 50 percent of time, or is a full-time student, <b>AND</b></li> <li>• Is dependent on employee for more than 50 percent of the child's support.</li> </ul>

**Section II**  
**Employee Acknowledgement of Obligations**

Employee must initial all sections, certifying under penalty of perjury that:

\_\_\_\_\_ All of the above information provided by me is true and correct to the best of my knowledge.

\_\_\_\_\_ I provided the required documents to substantiate the relationship of my enrolled dependent(s).

\_\_\_\_\_ I understand that additional information and supporting documents may be requested, as necessary, to substantiate dependent eligibility for health, dental, and/or vision benefits.

\_\_\_\_\_ I agree to notify my departmental personnel office in writing, within 60 days, upon the dissolution of a marriage or domestic partnership, when a parent-child relationship ends, or a change in the eligibility of my dependent(s) occurs.

\_\_\_\_\_ I understand that making, or causing to be made, any knowingly false material statement or material representation, or knowingly failing to disclose a material fact (e.g., divorce), or to otherwise provide false information with the intent to use it, may result in possible employment action up to and including termination of employment.

\_\_\_\_\_ I agree that I may be required to reimburse my employer, the health, dental, or vision benefit plan, and the CalPERS system for expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of any family member, if any of the documents submitted is found to be inaccurate or fraudulent.

\_\_\_\_\_ I agree that a review of eligibility can occur at any time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Section III**  
**Certification by Personnel Office Staff**

Department Personnel Representative must initial all sections, certifying under penalty of perjury that:

\_\_\_\_\_ I am a duly appointed and qualified representative of the department stated on Page 1.

\_\_\_\_\_ I reviewed the employee's health, dental, and/or vision enrollment form(s) and supporting documents to verify the eligibility of the dependent(s).

\_\_\_\_\_ I informed employee of the requirement to notify their employer in writing, within 60 days, upon the dissolution of a marriage or domestic partnership, when a parent-child relationship ends, or a change in a dependent eligibility occurs.

\_\_\_\_\_ I informed employee that they may be required to reimburse their employer, the health, dental, or vision benefit plan, and the CalPERS system for expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of any family member, if any of the documents submitted is found to be inaccurate or fraudulent, and that a review of eligibility can occur at any time.

\_\_\_\_\_ I retained copies of the employee's health, dental, and/or vision enrollment form(s) and all supporting dependent eligibility verification documents in the employee's Official Personnel File.

\_\_\_\_\_ I will provide a copy of this completed and signed Checklist to the employee.

\_\_\_\_\_ Based on the information provided and review of the documentation, I approve enrolling the dependent(s).

\_\_\_\_\_  
Personnel Representative Name/Title

\_\_\_\_\_  
Personnel Representative Signature

\_\_\_\_\_  
Date

# Privacy Notice

This notice is provided pursuant to the Information Practices Act of 1977.

The information on this form is requested pursuant to Government Code sections 1151 and 1153, Internal Revenue Code sections 6011 and 6051, Code of Federal Regulations section 404.1256, and the Social Security Act, title II, section 218.

The information collected will be used and maintained by State of California agencies and departments for administering health, dental, and vision benefits.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, your appointing authority (state agencies and departments) will not be able to verify your dependent eligibility. Individuals should not provide personal information that is not requested or required on this form.

## Disclosure and Sharing

The privacy of your personal information is important to us. State agencies and departments will not share your personal information without your permission or consent, but may share them under the following circumstances:

1. Other state agencies require the information to administer and process your eligibility verification, and/or make requested changes to an existing enrollment.
2. You give us permission and we have your consent.
3. We may release information to a party with legal authority, such as a subpoena.

## Privacy Policy

The information collected on this form is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read the Privacy Policy of the state agency or department in your request.

You can review CalHR's Privacy Policy at <http://calhr.ca.gov/pages/privacy-policy.aspx>.

## Access to Your Information

We want to ensure we have accurate information about you. In general, you have the right to review your personal information that we have. If you have any questions or concerns, please contact the personnel office of the state agency or department in your request.