Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)

SECTION A

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Type of Action	**New**	Check if employee is enrolling for the first time, re-enrolling or reinstating from retirement.	Check if employee is continuing coverage into retirement.	N/A
	Cancel	Check if employee is canceling <u>all</u> coverage.	Check if employee elects to cancel current dental plan.	N/A
	Change	Check if employee is currently enrolled and is changing dental plans (only when authorized), adding or deleting family members.	Check only if employee is continuing coverage into retirement and current plan is not available in service area.	N/A
	COBRA	N/A	N/A	Check this box
2. Name and Address		Enter employee's name and address as shown on EAR document	Enter employee's name and mailing address as reported on CalPERS records.	Enter eligible person's name and address.
3. PI Employee		Check if employee's time base is Permanent-Intermittent (PI).	N/A	N/A
4. Marital Status	**Married**	Check if employee is married.	Check if employee is married.	Check if employee is married.
	Single	Check if employee is not married or divorced.	Check if employee is not married or divorced.	Check if eligible person is a dependent continuing coverage.
	Domestic Partner	Check this box.	Check if employee has a domestic partner.	Check if employee has a domestic partner.
5. Sex		Check appropriate box.	Check appropriate box.	Check appropriate box.
6. Social Security Number		Enter employee's social security number.	Enter employee's social security number.	Enter social security number of eligible person enrolling (i.e. employee, dependent, spouse).
7. Spouse's or Domestic Partner's Social Security Number		Enter spouse or domestic partner's social security number if applicable.	Enter spouse or domestic partner's social security number if applicable.	Enter spouse or domestic partner's social security number if spouse is enrolled as a dependent of employee.

Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)
(Continued)

SECTION B

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Name of Dental Plan		Enter name of dental plan employee is enrolling in.	Enter name of dental plan employee is currently enrolled in.	Enter name of dental plan eligible person is currently enrolled in.
2. Provider Facility Number (if applicable)		Enter facility number if enrolling in a prepaid plan (i.e. DeltaCare USA, Premier Access, Safeguard, Western).	Enter facility number if enrolled in a prepaid plan (i.e. DeltaCare USA, Premier Access, Safeguard, Western.)	Enter facility number if enrolled in a prepaid plan (i.e. DeltaCare USA, Premier Access, Safeguard, Western).
3. Enrollment Information	**Action Code**	Enter "A" for new enrollments or when adding an eligible dependent. Enter "D" if dependent is being deleted.	Enter "A" for employee and each eligible dependent.	Enter "A" for enrollee and each eligible dependent.
	Name DOB Relation-ship.	Enter full name, date of birth and relationship of eligible dependent to employee.	Enter full name, date of birth and relationship of eligible dependent to employee.	Enter full name, date of birth and relationship of eligible dependent to enrollee.
	Gender	Enter appropriate initial (i.e. M or F)	Enter appropriate initial (i.e. M or F)	Enter appropriate initial (i.e. M or F)

SECTION C

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Prior Dental Plan		Enter name of dental plan being cancelled or changed.	Enter name of dental plan employee is currently enrolled in, if employee elects to cancel dental coverage prior to retirement or where a change of plan is appropriate.	N/A

Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)
(Continued)

SECTION D

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Election Boxes	**First Box**	Check if eligible employee does not want dental coverage. Do not send form to SCO or CalHR.	N/A	N/A
	Second Box	Check for new enrollment or change to current dental coverage.	Check if employee is continuing coverage into retirement.	Check if employee or eligible dependents are continuing coverage under COBRA.
	Third Box	Check for an employee electing to cancel coverage or if a department is cancelling coverage as an "administrative deletion".	Check if employee elects to cancel dental coverage.	N/A
2. Signature		Employee must sign name.	Employee signature or Agency may type in "Administrative Document".	Person enrolling must sign name.
3. Date Signed		Administrative deletions or cancellations do not require employee signature.		

SECTION E

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Employer Ded. Code	**CSU-150**	For use by CSU only.	For use by CSU only.	N/A
	Non-CSU-351	Check for all transactions, except cancellations.	N/A	N/A
2. Dental Org. Code		Enter three digit dental plan code that corresponds with the employee's choice of dental plan.	Enter three digit dental plan code of plan employee is currently enrolled in.	Enter three digit dental plan code of plan eligible person is enrolled in.

Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)
(Continued)

SECTION E (Continued)

Description	Active Employees	Retiring Employees	COBRA Continuation
3. Party Code	Enter "1" for employee only; "2" for employee and one dependent; "3" for employee and two or more dependents.	Enter "1" for employee only; "2" for employee and one dependent; "3" for employee and two or more dependents	Enter "1" for employee only; "2" for employee and one dependent; "3" for employee and two or more dependents.
4. Pay Period*	Enter the month and year (Example: month =01; year =2)	N/A	
5. State Share Amount	Enter the amount of the State's contribution.	Enter the amount of the State's contribution.	Enter the month and year enrollee lost coverage.
6. Employee or CoBEN deduction amount	Enter amount of employee's share of the premium to be deducted from employee's pay warrant. If amount is zero (i.e., for prepaid plans), leave blank	Enter amount of employee's share of the premium to be deducted from employee's retirement warrant. If amount is zero (i.e., for prepaid plans), leave blank.	Enter total monthly premium to be paid by employee/eligible dependent(s).
7. Employee Designation	Enter the employee's CBID as follows: E-Excluded; M-Management; S-Supervisory; C-Confidential; R-Represented.	N/A	N/A
8. Bargaining Unit	Enter two digit number that corresponds to the CBID on the PAR document (Example: CBID is R04 - enter 04).	N/A	N/A
9. Total Premium Amount	Enter total amount of premium (Amounts from Items E5 + E6 = E9).	Enter total amount of premium (Amounts from Items E5 + E6 = E9).	Enter total amount of premium (should be same amount as E9).

* Premiums are always paid one month in advance, therefore the date will always be the pay period prior to the Effective Date shown in Item 14.

(Continued)

SECTION E (Continued)

Description		Active Employees	Retiring Employees	COBRA Continuation
10. Prior Employer Deduction Code		Complete on changes only.	N/A	N/A
	CSU-150	For use by CSU only.	N/A	N/A
	Non-CSU-351	Check for changes only.	N/A	N/A
11. Prior Dental Org. Code & Party Code		Enter the three digit dental plan code and party code.	N/A	N/A
12. Permitting Event Date		Enter the date of the event permitting the action.	Enter employee's retirement date.	Enter the date of the qualifying COBRA event allowing the enrollment.
13. Permitting Event Code		Enter appropriate permitting event code.	N/A	N/A
14. Effective Date of Action		Enter the appropriate effective date based on the action.	The effective date is determined by whether the separation date is before or after the 10th of the month. (e.g., separation date is 4/8 and retirement date is 4/10 - effective date is 5/1; separation date is 4/15 and retirement date is 4/16 - effective date is 6/1.)	The effective date is the first of the month following the loss of dental coverage (e.g., enrollee loses coverage on 3/31; coverage would be effective 4/1).
15. Agency Code		Enter the employee's agency	N/A	N/A

Instructions for Completion of the Dental Plan Enrollment Authorization (STD. 692)
(Continued)

SECTION E (Continued)

Description		Active Employees	Retiring Employees	COBRA Continuation
16. Unit Code		Enter employee's reporting unit number.	N/A	N/A
17. Agency Name or System (if retired)		Enter the name of the employee's department or agency.	Enter retirement system under which the employee will be retired (e.g., CalPERS Retired, Judges Retired, Legislative Retired)	N/A
18. Remarks		As appropriate provide additional information in order to clarify the action being taken. Indicate the control period and hours worked during the six month qualifying control period for initial or re-enrollments of Permanent-Intermittent (PI) employees.	Enter the separation and retirement date.	Enter the qualifying event allowing the COBRA enrollment (e.g. divorce, dependent turned age 26, etc.).
19. Authorized Department Representative (Please Print)		Authorized department representative. (Please Print)	Authorized department representative. (Please Print)	Authorized department representative. (Please Print)
20. Authorized Agency Signature		Signature of an authorized department representative.	Signature of an authorized department representative.	Signature of an authorized department representative.
21. Telephone Number with Area Code		Enter the telephone number of the authorized department representative. Including area code.	Enter telephone number of the authorized department representative. Including area code.	Enter telephone number of the authorized department representative. Including area code.
22. Date Received in Employing Office		Enter the date received in the employing office.	Enter date document was completed.	Enter the date document was completed.
23. Email Address		Enter email address.	Enter email address.	Enter email address.

DOCUMENT DISTRIBUTION

Description		Active Employees	Retiring Employees	COBRA Continuation
1. Original	White	Send to SCO.	Send to CalPERS.	Send to dental carrier.
2. Second Copy	Yellow	Send to SCO.	Send to CalPERS.	Send to dental carrier.
3. Third Copy	Pink	Retain in employee's personnel file.	Retain in employee's personnel file.	Retain in employee's personnel file.
4. Fourth Copy	Green	Forward to employee.	Forward to retiring employee.	Send to enrollee.

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