



California Public Employees' Retirement System

**Sample: Dependent Verification Affidavit (Annuitant only)**

At least once every three years, California Government Code Section 22843.1 and California Code of Regulations Section 599.855 requires CalPERS to re-verify the eligibility of your dependent(s). This Affidavit is required to be completed by the Subscriber. This document must be completed, and copies of the required documentation noted in Section C must be provided to CalPERS.

**SECTION A: Subscriber Information**

Subscriber Name: \_\_\_\_\_

Subscriber CalPERS ID/SSN: \_\_\_\_\_

**SECTION B: Dependent(s) Requiring Re-verification**

List all your dependents required to be re-verified.

| Dependent Name | Relationship | Date of Birth |
|----------------|--------------|---------------|
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## SECTION C: Required and Acceptable Re-verification Documents

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

CalPERS will retain all of your required dependent re-verification documents in your account. 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.

| Relationship Type | Acceptable Verification Documents  |
|-------------------|--|
| Spouse            | <p>A copy of your government issued marriage certificate <b>AND</b> one of the following financial documents:</p> <ul style="list-style-type: none"> <li>• A copy of the first page of the most recent federal or state income tax return form such as IRS Form 1040 confirming dependent as your spouse</li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• 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.</li> </ul> <p>Financial documents are not required if your spouse is also a CalPERS, JRS, JRSII or LRS retiree (receiving their own retirement warrant) and has the same address as you. Inform CalPERS by checking the box on the Dependent Verification Affidavit.</p> <p>If CalPERS determines that due to extenuating circumstances you are unable to produce a government issued marriage certificate, you may execute and submit a signed and notarized CalPERS Affidavit of Marriage/Domestic Partnership. If the marriage certificate was registered prior to January 1, 1980, the marriage certificate does not need to indicate government issued.</p> |

| Relationship Type  | Acceptable Verification Documents  |
|--|--|
| 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 <b>AND</b> one of the following financial documents:</p> <ul style="list-style-type: none"> <li>• A copy of the first page of the most recent federal or state income tax return form such as IRS Form 1040 confirming dependent as your domestic partner</li> </ul> <p><b>OR</b></p> <ul style="list-style-type: none"> <li>• 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 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.</li> </ul> <p>Financial documents are not required if your domestic partner is also a CalPERS, JRS, JRSII or LRS retiree (receiving their own retirement warrant) and has the same address as you. Inform CalPERS by checking the box on the Dependent Verification Affidavit.</p> <p>If CalPERS determines that due to extenuating circumstances you are unable to produce a domestic partnership registration, you may execute and submit a signed and notarized CalPERS Affidavit of Marriage/Domestic Partnership.</p> |
| 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>   |

## SECTION D: Signature of Subscriber

The Subscriber must sign and date.

I hereby certify under penalty of perjury:

I understand the eligibility requirements described in this document and that all information provided by me is true and correct to the best of my knowledge.

I provided the required documentation to substantiate the relationship of my enrolled dependent(s).

I understand that additional information and supporting documentation may be requested as necessary to substantiate dependent eligibility for health and/or dental benefits.

I agree to notify CalPERS in writing within 60 days upon the dissolution of a marriage, domestic partnership, or when a change in my dependent's eligibility occurs.

I agree that I am responsible for ensuring that the health and/or dental enrollment information for myself and my dependent(s) is accurate. If I do not maintain accurate enrollment information, I may be liable for reimbursement of health and/or dental premiums or services incurred during the ineligibility period.

Check this box if you are re-verifying a spouse or domestic partner who is also a CalPERS, JRS, JRS II, or LRS retiree (receiving their own retirement warrant) and has the same address as you.

Subscriber Name: \_\_\_\_\_ Subscriber CalPERS ID/SSN: \_\_\_\_\_

Subscriber Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION E: Contact Information

**All required documents and the completed affidavit must be submitted by {Due Date}.**

You may upload all required re-verification documents and submit an electronic affidavit form online. Log into your myCalPERS account at **my.calpers.ca.gov**, then click on the Health tab and select Health Plan Summary. On the Health Plan Summary page click on the Verify Your Dependents Now link or you may mail all required documents to:

CalPERS  
Health Account Management Division  
P.O. Box 942715  
Sacramento, Ca. 94229-2715

If you have any questions, please send us a secure message. You can log in to myCalPERS at **my.calpers.ca.gov**. You may find additional answers to your questions by visiting our website at [www.calpers.ca.gov](http://www.calpers.ca.gov), or you may call {CalPERS Toll Free} {JLRS Phone}.

# Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

## Information Purpose

The information requested by CalPERS' Information Security Office is collected pursuant to the following authority:

- CA Civil Code §56.10
- CA Civil Code §56.11
- CA Civil Code §56.13
- 45 C.F.R. §164.508

The principal purpose the information will be used for is the administration of duties under the Health Insurance Portability and Accountability Act (HIPAA), as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to process your request.

Please do not include information that is not requested.

## Social Security Numbers

Social Security numbers (SSN) are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided to CalPERS, disclosure is voluntary. Due to the use of SSNs by other agencies for identification purposes, we may be unable to process your request without its disclosure.

Social Security numbers are used for the following purposes:

1. Member / Representative identification
2. Fulfill Member / Representative requests

## Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

## Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our [Privacy Policy](https://www.calpers.ca.gov/page/privacy-policy) (<https://www.calpers.ca.gov/page/privacy-policy>), or your rights, please write to:

CalPERS  
CalPERS Privacy Officer  
400 Q Street  
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).