



California Public Employees' Retirement System

{date}

{Recipient Name}
{Recipient Address}

CalPERS ID: {CalPERS ID}

{Reminder Notice}

Dear {Participant Name}:

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

If the verification is processed after the 10th of {birth month}, retroactive premiums may be owed resulting in an accounts receivable with the State Controller's Office.

If you have previously provided the required documentation to verify each dependent's eligibility outside of this effort, the documentation must be provided again for the dependents listed below to comply with this new requirement.

Dependents who require verification

- Current spouse
- Current domestic partner as registered with the California Secretary of State's Office
- Natural-born, adopted (or placement for adoption), current step, or current registered domestic partner children up to age 26.

Instructions

Please complete these steps to verify each dependent's eligibility:

- Review the list of your dependent(s) below who requires verification.
- Make copies of any required verification documents listed below for each dependent.
- **Provide all required documents to your agency's personnel office by {Due Date} with a completed Dependent Eligibility Verification Checklist (CalHR 781) that can be obtained from your personnel office or on the CalHR website at www.calhr.ca.gov.**

The following dependent(s) require verification:

| Dependent Name | Relationship | Date of Birth |
|-----------------------|---------------------|----------------------|
| {Dependent Name} | {Relationship} | {DOB} |
| {Dependent Name} | {Relationship} | {DOB} |
| {Dependent Name} | {Relationship} | {DOB} |

Note: If you currently have a disabled dependent(s) or a parent-child relationship dependent(s) enrolled in employer-sponsored health coverage, they are not included in this verification and their coverage continues as long as it is continuously certified. Dependents added to your health enrollment within the last six months do not need to be verified at this time. If you have a dependent who should be removed due to a qualifying event (i.e., divorce, family member enters military, etc.), please contact your agency's personnel office immediately.

Required Verification Documents

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

| Relationship Type | Acceptable Verification Documents |
|---|---|
| Spouse | <p>A copy of your marriage certificate AND one of the following documents:</p> <ul style="list-style-type: none"> • A copy of the front page of the most recent federal or state tax return confirming dependent as your spouse OR • A copy of a document dated within the last 60 days showing current relationship status, such as a recurring household bill or joint statement of account. The document must list your name, the name of your spouse, and your address. |
| Registered Domestic Partner | <p>A copy of your Declaration of Domestic Partnership registered with the California Secretary of State AND one of the following documents:</p> <ul style="list-style-type: none"> • A copy of the front page of the most recent federal or state tax return confirming dependent as your domestic partner OR • A copy of a document dated within the last 60 days showing current relationship status, such as a recurring household bill or joint statement of account. The document must list your name, the name of your partner, and your address. |
| Children (natural-born, adopted, placement for adoption, step, or registered domestic partner’s children) up to age 26 (the month in which dependent attains age 26)* | <ul style="list-style-type: none"> • 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 OR • A copy of the court order naming you, your spouse, or your domestic partner as the legal guardian of the child. <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 above.</p> |

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

Sincerely,

{Unit name}
{Division name}