

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 retirees are enrolled in employer-sponsored health coverage, California Government Code section 22843.1 requires CalPERS 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 CalPERS. All requested information must be provided to CalPERS by {Due Date} in order for your dependent(s) to continue receiving health coverage and avoid being cancelled on {effective date}.

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

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 any dependents listed on the Dependent Verification Affidavit 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 follow these steps:

- Review the list of your dependent(s) below who require verification.
- Make copies of any required verification documents below for each dependent requiring verification.
- You may log in to your my|CalPERS account at my.calpers.ca.gov and upload the documentation by {Due Date}.
- **Or you can mail all required documents and the completed affidavit by {Due Date} to:**

CalPERS
{Division name}
P.O. Box 942714
Sacramento, CA 94229-2714

The following dependent(s) require verification:

| Dependent Name | Relationship | Date of Birth |
|--|---------------------|----------------------|
| {Dependent Name} | {Relationship} | {DOB} |
| {Dependent Name} | {Relationship} | {DOB} |
| {Dependent Name} | {Relationship} | {DOB} |
| <p>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 CalPERS immediately.</p> | | |

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> |

Sincerely,

{Unit name}
{Division name}