



California Public Employees' Retirement System

Certification of Medicare Status

Instructions for completing **Certification of Medicare Status**

- Complete Section 1: CalPERS member information
- Complete either Section 2, 3, or 4: Choose only one
- Complete Section 5: Sign, date, mail to:

Section 1: Member's / Dependent's name and CalPERS ID(s)

CalPERS Retiree Name:	CalPERS Retiree CalPERS ID:
Medicare Eligible Dependent's Name:	Dependent's CalPERS ID:

Section 2: For Member / Dependent Enrolled in Medicare Parts A and B

- I am enrolled in Medicare Part A and B. I have a copy of my Medicare Card. This is the information shown on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration (SSA):

Name of Medicare Beneficiary:
Medicare Claim Number: _____
Hospital (PART A) effective date: _____
Medical (PART B) effective date: _____

I would like to enroll in the following CalPERS Medicare health benefit plan due to my Medicare enrollment as my qualifying event:

Name of Health Plan you would like to enroll in: _____
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Section 3: For Member/Dependent claiming Medicare Ineligibility

- I am not eligible for Medicare Part A at no cost (in my own right or through the work history of a current, former, or deceased spouse). I have verified this with the SSA and have attached a copy of supporting documentation from SSA.

Section 4: For Member/Dependent who works and has Employer Group Health Plan Coverage

- I have deferred enrollment in Medicare Part B due to working beyond age 65 and have health coverage through my or my spouse's Employer Group Health Plan. I have attached a copy of supporting documentation showing enrollment in the Employer Group Health Plan.

1. Name of your current employer: _____
2. Name of your Group Health Plan provided by your employer: _____

Section 5: Member/Dependent Signature. I certify that the above information is true and correct.

Signature _____ Date _____ Phone Number _____

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 is collected pursuant to the Government Code (sections 20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

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

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

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, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or **888-225-7377**).