



Health Benefits Plan Enrollment for Retirees

888 CalPERS (or 888-225-7377) • TTY (877) 249-7442 • Fax (800) 959-6545

For Retirees only. (Active employees - contact your Personnel Office).
To save time, complete this form before you request changes over the phone.

Section 1

Type of Change

Check the type of change you are making.

- Change My Health Plan
- Enroll in a Health Plan
- Add Eligible Dependents to My Health Plan
- Open Enrollment (Check this box if the requested change is due to Open Enrollment)

You can make changes by calling **888 CalPERS** (or **888-225-7377**), by faxing this form to us at (800) 959-6545, or by visiting my|CalPERS at my.calpers.ca.gov.

Section 2

Retiree Information

Be sure to include the name of the agency from which you retired.

If you are enrolled in Medicare, please send a copy of your Medicare card.

Name (First Name, Middle Initial, Last Name)		Social Security Number	
Birthdate (mm/dd/yyyy)	Gender	Daytime Phone () ()	Evening Phone () ()
Address		County (residence)	
City	State	Zip	
Retirement Date (mm/dd/yyyy)		Name of Former Employer	

Section 3

Health Plan

Before requesting a plan change, verify that the doctor you want is contracted with the health plan and is accepting new patients. If not, you will need to find another doctor who contracts with the new plan

Name of New Health Plan	Name of Doctor/Medical Group (include ID #s, if known)
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Section 4

Dependent Information

All dependents currently enrolled on your health plan will remain on your plan.

List only the dependents you are adding. If you have more than 3 dependents, please include on a separate page.

Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group
Dependent Name	Social Security Number	Birthdate (mm/dd/yyyy)
Relationship	Gender	Doctor or Medical Group

Put your name and Social Security number at the top of every page.

Your Name

Social Security Number

Section 5

Retiree Signature

Please be sure to sign this form.

By signing this form, I elect to change the plan indicated above and/or add eligible family members. I also certify that the health information listed above is true and complete and authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the health plan premium. I am voluntarily enrolling into the selected Health Plan. I agree to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the Plan. The Subscriber, and all eligible dependents, agree to all the terms and conditions of the EOC and the Health Plan.

Signature of Retiree

Date

Section 6

Additional Information

You can submit your health plan changes by mail, by phone, or by fax.

Health Benefits Plan Enrollment for Retirees

Use this form to enroll in a health plan, change your plan, or add an eligible dependent(s) to your plan if you meet all of the following requirements:

- Are eligible for enrollment on the date of separation
- Retired within 120 days from the day you separated from your job
- Are receiving a retirement check

Contact CalPERS with any eligibility questions.

Notes

- Any health plan changes made during Open Enrollment become effective the following January 1.
- You can use this form to make changes to your health plan outside of Open Enrollment due to a qualifying event, such as adding a new spouse, registered domestic partner, or dependent child.
 - Adding a spouse requires a copy of your marriage license
 - Adding a registered domestic partner requires a copy of the approved *Declaration of Domestic Partnership*
 - Adding a dependent child you have assumed a "parent-child relationship" with, requires an ***Affidavit of Parent Child Relationship***
- Be sure to report changes to CalPERS in a timely manner to avoid retroactive reimbursement liability.
- If you are enrolled in a Medicare Managed Care plan (Medicare Advantage) and are switching to a Supplement to Medicare plan, you must contact your current health plan or the nearest Social Security Administration office to disenroll your Medicare benefits from your current Medicare Managed Care plan. If you do not disenroll, Medicare will not pay for services you receive under your new health plan.
- If any one of your dependents is enrolled in Medicare, please send a copy of the Medicare card.

After making changes to your health plan, be sure to examine your retirement check to verify that the proper deduction was made. If the deduction is incorrect, call CalPERS to report the discrepancy.

Mail to:

California Public Employees' Retirement System P.O. Box 942715, Sacramento, CA 94229-2715

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**).