

Dependent Verification Affidavit - Annuitant

At least once every three years, California Government Code Section 19815.9 and California Code of Regulations Section 599.855 require 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 below must be provided to CalPERS.

Section 1: Subscriber Information

Subscriber Name**Subscriber CalPERS ID**

Section 2: Dependent(s) Required Verification

Only the dependent(s) listed below are required to be re-verified:

Dependent Name	Dependent Type	Date of Birth (mm/dd/yyyy)
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Dependent Name	Dependent Type	Date of Birth (mm/dd/yyyy)
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Dependent Name	Dependent Type	Date of Birth (mm/dd/yyyy)
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Section 3: Required and Acceptable Verification Documents

Review the table below to assist with the required and acceptable documentation needed to re-verify each 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 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.

Dependent Type	Acceptable Verification Documents

Dependent Type	Acceptable Verification Documents

Section 4: 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 dependent(s') eligibility occurs.

I agree that I am responsible for ensuring that the health and/or dental enrollment information for myself and my dependents 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.

Select 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.

(First Name)

(Middle Initial)

(Last Name)

CalPERS ID

Subscriber Signature

Date (mm/dd/yyyy)

Section 5: Contact Information

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

You may upload all required verification documents and submit an electronic affidavit form online. Log in to 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
 {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, or you may call {CalPERS toll free} {JLRS Phone}