

Health Benefits Plan Enrollment for Retirees and Survivors (HBD-30) Instructions

Contact CalPERS if you have questions about your health enrollment. To enroll or decline enrollment in the CalPERS Health Program or to make changes to your health plan, you must submit an HBD-30 form to CalPERS. If you have more than three dependents, please complete another HBD-30 form. Once you retire, CalPERS becomes your Health Benefits Officer or personnel office.

Section A: Application Information

Enter your basic information as indicated. If you are eligible for Medicare, complete part 5.

Section B: Qualifying Retirement Employer Information

Please enter information about the agency you retired from.

Sections C & D: Type of Action and Type of Permitting Event

Select the type of action and your permitting event. Below is a list of permitting events and required documentation. The required documents in the table below are not inclusive; you may need to submit additional documentation upon CalPERS' request.

Permitting Event	Required Documentation
New Retiree	Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)
New Contracting Agency	Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)
Medicare Enrollment (see the CalPERS Medicare Enrollment Guide) (HBD-65)	Certification of Medicare Status Form (PERS08M0021DMC) and copy of your Medicare Card
Marriage or Domestic Partnership	Marriage Certificate or Domestic Partnership from the Secretary of State's Office
Delete Dependent Due to Death	Death Certificate
Divorce or Domestic Partnership Termination	Divorce Decree or Termination of Domestic partnership submitted to the Secretary of State Office
Move	New address- Please provide your new address to CalPERS
Birth/Adoption	Birth Certificate/ Adoption Paperwork
Open Enrollment	Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)

Section E: Subscriber and Dependent Information

List yourself and other dependents and the actions you are requesting (add or delete). Use the relationship codes to identify the type of dependents.

Section F: Enrollment

To enroll in a CalPERS health plan, you must review the information and check the box in part 22. To decline enrollment in a CalPERS health plan, you must review the information and check the box in part 23. Sign and date the form in parts 24 and 25.

Section G: Additional Information

Please review the important Medicare and dentals reminders.

Section H & I: CalPERS Privacy Notices

Please review these important privacy notices.

Section H: Employer Use Only

Your agency's personnel office will complete this section.

More Information

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at www.calpers.ca.gov or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).