

Affidavit of Parent-Child Relationship

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in the CalPERS Health Benefits Program. Pursuant to Title 2, California Code of Regulations, 599.500(o), a "parent-child relationship" (PCR) is established when you intentionally assume parental status or duties over a child who is not your adopted, step, or recognized natural child, and meet specific enrollment criteria. The Department of Human Resources Dental and Vision Programs follow this same criteria.

As specified in Section 599.500(o) and outlined below, you are required to substantiate a financial responsibility upon initial enrollment and annually thereafter, up to the child reaching age 26. You must submit a separate PCR Affidavit for each PCR dependent.

Note: Spouses of your adopted, step, and recognized natural children do not qualify for CalHR dental and vision coverage under any circumstances.

SECTION A: Employee/Annuitant Information

1. Name (First)	(M.I.)	(Last)	2. Social Security Number	3. Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

4. Date you assumed the primary parental status or duties for the PCR dependent:

5. Relationship to the PCR dependent:

SECTION B: PCR Dependent Information

6. Name (First)	(M.I.)	(Last)	7. Social Security Number	8. Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

9. Address (if different from yours): (Street) (City) (State) (ZIP)

SECTION C: Supporting Documentation Requirements

10. As evidenced by your selection below, you are certifying you have assumed parental status or duties and will provide the required supporting documentation for your PCR dependent with this Affidavit.

<p>For a PCR Dependent Under Age 19:</p> <ul style="list-style-type: none"> • A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent. • In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child's financial dependence upon you, including, but not limited to: current legal judgments/court documents showing the subscriber's legal parental status or duties/guardianship over the child; bank, credit card, tuition or insurance statements/payments; school records; bills or mail indicating common residency with the dependent (collectively referred to as "Other Suitable PCR Documentation"). 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>For a PCR Dependent From Age 19 Up to Age 26:</p> <ul style="list-style-type: none"> • A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent, OR • Other Suitable PCR Documentation, as mentioned above, that substantiates that the child is financially dependent upon you provided that the child: <ul style="list-style-type: none"> ◦ Either lives with you for more than 50 percent of the time, or is a full-time student, AND ◦ Is dependent upon you for more than 50 percent of the child's support 	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION D: Signature of Employee/Annuitant

11. I recognize this affidavit is a legally binding document. I accept full responsibility to notify my employer or CalHR of any changes pertaining to this PCR. I further understand the provision of California Government Code 20085, which states in part:

(a) It is unlawful for a person to do any of the following:

- (1) Make, or cause to be made, any knowingly false material statement or material representation, to knowingly fail to disclose a material fact, or to otherwise provide false information with the intent to use it, or allow it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by this system.
- (2) Present, or cause to be presented, any knowingly false material statement or material representation for the purpose of supporting or opposing an application for any benefit administered by this system.

I hereby certify under penalty of perjury, that the information I have provided is true and correct to the best of my knowledge. I also agree to provide **all** supporting documentation requested by my employer or CalHR. I understand that each PCR dependent must be certified upon initial enrollment and annually thereafter up to age 26. I also understand that certification includes submission of this Affidavit **and** the required supporting documents.

Employee/Annuitant Signature

Date

Important!

Active Employees: Return this Affidavit and the required supporting documents to your employer.

Retirees: Return this Affidavit and the required supporting documents to CalPERS, if not already done.

SECTION E: For Employer Use Only

12. I hereby certify under penalty of perjury as follows: That I am a duly appointed, qualified, and acting officer of the following agency: _____

I have reviewed the above affidavit and verified the identity of the employee or annuitant submitting this affidavit.

I recommend enrolling/re-certifying this PCR dependent based on the information provided and attached documentation [per CCR §599.500(o)].

I do not recommend enrolling/re-certifying this PCR dependent based on the information provided and/or lack of supporting documentation [per CCR §599.500(o)].

Enroll Recertify Do not enroll Do not recertify

Human Resources Manager Name (Print)

Human Resources Manager Signature

Date

Health Benefits Officer Name (Print)

Health Benefits Officer Signature

Date

Affidavit of Parent-Child Relationship Instructions

Section A: Employee/Annuitant Information

Enter your name, Social Security number, date of birth, the date you assumed the primary parental status or duties, and your relationship to the PCR dependent.

Section B: PCR Dependent Information

Enter the PCR dependent's name, Social Security number, date of birth, and address (if different from yours).

Section C: Supporting Documentation Requirements

Select "yes" or "no" to certify that your PCR dependent is either under the age of 19 or from age 19 up to 26. **By selecting "yes," you agree to submit all required supporting documentation for your PCR dependent with this Affidavit.**

Section D: Signature of Employee/Annuitant

You must sign and date the Affidavit. By signing and dating this section, you are certifying under penalty of perjury that the information you are providing is true and correct.

Section E: For Employer Use Only

Active Employees: Your employer will complete this section. **Retirees:** Leave this section blank.

Note to Employer: By completing section E, you are: a.) certifying under penalty of perjury that you are authorized on behalf of your agency to review this Affidavit and make this eligibility determination, b.) validating that the submitted documentation meets the requirements based on age, and circumstances of the enrollment, and c.) ensuring your Human Resources Manager's approval of the enrollment recommendation.

Important Privacy Information

California Department of Human Resources Privacy Notice on Information Collection

This notice is provided pursuant to the Information Practices Act of 1977.

The California Department of Human Resources (CalHR), Benefits Division, is requesting the information specified on this form CalHR 025 Parent-Child Dependent Affidavit pursuant to the requirement set forth in California Code of Regulations Section 599.500(o).

The information collected will be used for verification of your relationship of the dependent child(ren), eligibility verification, payroll deduction, reporting to other state and federal agencies, coordination of benefits with other plans, solution of employee/retiree complaints, grievances, and appeal with the dental and/or vision plan and will be disclosed to The California Public Employees' Retirement System (CalPERS) and/or their contracted administrator, the State Controller's Office, and federal agencies that may require this information.

Individuals should not provide personal information that is not requested or required.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, CalHR and your employer will not be able to allow your PCR to be enrolled onto your dental and/or vision plan(s).

Department Privacy Policy

The information collected by CalHR is subject to the limitations in the Information Practices Act of 1977 and state policy. For more information on how we care for your personal information, please read our [Privacy Policy](http://www.calhr.ca.gov/pages/privacy-policy.aspx) located at: <http://www.calhr.ca.gov/pages/privacy-policy.aspx>.

Access to Your Information

The CalHR Privacy Officer is responsible for maintaining collected records. You have a right to access records containing your personal information we maintain. To request access, contact:

CalHR Privacy Officer
1515 S Street, 500N
Sacramento, CA 95811
916-324-0455
CalHRPrivacy@calhr.ca.gov