Completion of this form is required when adding dependents to health, dental, or premier vision benefits; and recertifying dependents for continued enrollment in these benefits.

By completing this form, employees are certifying that the information submitted is true and accurate and departmental human resources (HR) representatives are certifying that they have received and reviewed supporting documents to verify an employee's dependent eligibility.

Employee: _____ Department: _____

Dependent Name	Dependent Type

Section I

Required and Acceptable Forms and Documents to Determine Dependent Eligibility

Spouse/Registered Domestic Partner	
Required Enrollment Forms	**Acceptable Document(s) to Verify Eligibility for Initial Enrollment and Triennial Re-verification**
Health: ☐ Health Benefit Plan Enrollment Form (HBD-12) ☐ Declaration of Health Coverage (HBD-12A) Dental: ☐ Dental Plan Enrollment Authorization (STD. 692) Premier Vision: ☐ Premier Vision Plan Enrollment Authorization (CalHR 774)	☐ Copy of Marriage Certificate, Declaration of Domestic Partnership, or a Marriage License (issued within the last 60 days)* **AND**** ☐ Copy of first page of employee's income tax return from previous tax year listing employee and the spouse or domestic partner, **OR** ☐ Copies of a combination of other documents, including but not limited to, a household bill, account statement, or insurance policy listing the name and address of the employee and the spouse or domestic partner, or other documents substantiating a current marriage or domestic partnership. Household bills and account statements older than 60 calendar days are unacceptable. *Departmental HR offices may waive the Marriage Certificate or Declaration of Domestic Partnership in the employee's second and subsequent triennial re-verifications if the document is in the employee's Official Personnel File (OPF). **In the initial enrollment, the additional documents are not required if the marriage or domestic partnership occurred within the last six months. Employees are required to provide a copy of the Marriage Certificate or Declaration of Domestic Partnership within one year of event, if the document was not available at initial enrollment.

Children* up to age 26 (month in which child turns age 26) *Natural, adopted, placement for adoption, step, or registered domestic partner's children	
Required Enrollment Forms	**Acceptable Document(s) to Verify Eligibility for Initial Enrollment and Triennial Re-verification**
Health: ☐ Health Benefit Plan Enrollment Form (HBD-12) ☐ Declaration of Health Coverage (HBD-12A) Dental: ☐ Dental Plan Enrollment Authorization (STD. 692) Premier Vision: ☐ Premier Vision Plan Enrollment Authorization (CalHR 774)	A copy of the following documents that name the employee, spouse, or domestic partner as the child's parent or guardian: ☐ Birth Certificate* (Birth certificate for newborns is due at the time of enrollment or 60 days after the effective date. Until the birth certificate is available, the employee must provide an official hospital birth record of the child.) ☐ Adoption Certificate* ☐ Court order *Departmental HR offices may waive in employee's second and subsequent triennial re-verifications if the certificate is in the employee's OPF, and current marriage or domestic partnership to the parent of the step or domestic partner child(ren) is re-verified.

Disabled Children Age 26 and Over	
Required Enrollment Forms	**Acceptable Document(s) to Verify Eligibility**
Health: ☐ Health Benefit Plan Enrollment Form (HBD-12) Dental: ☐ Dental Plan Enrollment Authorization (STD. 692) Premier Vision: ☐ Premier Vision Plan Enrollment Authorization (CalHR 774) **AND** ☐ Member Questionnaire for Disabled Dependent (HBD-98) ☐ Medical Report for Disabled Dependent (HBD-34)	No documents in addition to the enrollment forms are required.* *The initial certification must occur within 60 days before and ending 60 days after the child's 26th birthday (employee and child currently enrolled), or within 60 days of a newly eligible employee's initial health enrollment.

Dependent in Parent-Child Relationship (PCR)	
Required Enrollment Forms	**Acceptable Document(s) to Verify Eligibility**
Health: ☐ Health Benefit Plan Enrollment Form (HBD-12) ☐ Declaration of Health Coverage (HBD-12A) ☐ Affidavit of Parent-Child Relationship (HBD-40) Dental: ☐ Dental Plan Enrollment Authorization (STD. 692) ☐ Affidavit of Parent-Child Relationship (CalHR 025) Premier Vision: ☐ Premier Vision Plan Enrollment Authorization (CalHR 774)	<u>To **ENROLL** PCR dependent(s) under age 19</u> ☐ Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, **OR** ☐ Copies of other documents substantiating the child's financial dependence on employee, including, but not limited to: current legal judgments/court documents showing the employee'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. • These other documents are only acceptable in lieu of a tax return for a time not to exceed one tax filing year for PCR dependents under age 19. <u>To **ENROLL** PCR dependent(s) age 19 to 26</u> ☐ Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, **OR** ☐ Copies of other documents, as listed above, substantiating the child's financial dependence on employee, provided that the child: • Lives with employee for more than 50 percent of time, or is a full-time student, **AND** • Is dependent on employee for more than 50 percent of the child's support.

Annual Recertification of PCR Dependent Follow recertification instructions in CalPERS Circular Letter #600-008-15	
Required Recertification Forms	**Acceptable Document(s) to Recertify Eligibility**
To recertify continued enrollment for health, dental, and premier vision (if applicable) benefits: ☐ Affidavit of Parent-Child Relationship (HBD-40) To recertify continued enrollment for dental and premier vision (if applicable) benefits: ☐ Affidavit of Parent-Child Relationship (CalHR 025)	<u>To **RECERTIFY** PCR dependent(s) under age 19</u> ☐ Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent <u>To **RECERTIFY** PCR dependent(s) age 19 to 26</u> ☐ Copy of first page of employee's income tax return from previous tax year listing child as a tax dependent, **OR** ☐ Copies of other documents, as listed for initial PCR dependent enrollment, substantiating the child's financial dependence on employee, provided that the child: • Lives with employee for more than 50 percent of time, or is a full-time student, **AND** • Is dependent on employee for more than 50 percent of the child's support.

Section II
Employee Acknowledgement of Obligations

Employee must initial all sections, certifying under penalty of perjury that:

___ 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 documents to substantiate the relationship of my enrolled dependent(s).

___ I understand that additional information and supporting documents may be requested, as necessary, to substantiate dependent eligibility for health, dental, and/or vision benefits.

___ I agree to notify my departmental HR office in writing, within 60 days, upon the dissolution of a marriage or domestic partnership, when a parent-child relationship ends, or a change in the eligibility of my dependent(s) occurs.

___ I understand that making, or causing to be made, any knowingly false material statement or material representation, or knowingly failing to disclose a material fact (e.g., divorce), or to otherwise provide false information with the intent to use it, may result in possible employment action up to and including termination of employment.

___ I agree that I may be required to reimburse my employer, the health, dental, or vision benefit plan, and the CalPERS system for expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of any family member, if any of the documents submitted is found to be inaccurate or fraudulent. I agree that a review of eligibility can occur at any time.

Employee Signature	Date

Section III
Certification by Human Resources Staff

HR Representative must initial all sections, certifying under penalty of perjury that:

___ I am a duly appointed and qualified representative of the department stated on Page 1.

___ I reviewed the employee's health, dental, and/or vision enrollment form(s) and supporting documents to verify the eligibility of their dependent(s).

___ I informed employee that they are required to notify their employer in writing, within 60 days, upon the dissolution of a marriage or domestic partnership, when a parent-child relationship ends, or a change in a dependent eligibility occurs.

___ I informed employee that they may be required to reimburse their employer, the health, dental, or vision benefit plan, and the CalPERS system for expenditures made for medical claims, processing fees, administrative expenses, and attorney's fees on behalf of any family member, if any of the documents submitted is found to be inaccurate or fraudulent, and that a review of eligibility can occur at any time.

___ I retained copies of the employee's health, dental, and/or vision enrollment form(s) and all supporting dependent eligibility verification documents in the employee's Official Personnel File.

___ I will provide a copy of this completed and signed Checklist to the employee.

___ Based on the information provided and review of the documentation, I approve enrolling the dependent(s).

HR Representative Name/Title	HR Representative Signature	Date

Privacy Notice

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

The information on this form is requested pursuant to Government Code sections 1151 and 1153, Internal Revenue Code sections 6011 and 6051, Code of Federal Regulations section 404.1256, and the Social Security Act, title II, section 218.

The information collected will be used and maintained by State of California agencies and departments for administering health, dental, and vision benefits.

The submission of all information requested is mandatory unless otherwise noted. If you fail to provide the information requested, your appointing authority (state agencies and departments) will not be able to verify your dependent eligibility. Individuals should not provide personal information that is not requested or required on this form.

Disclosure and Sharing
The privacy of your personal information is important to us. State agencies and departments will not share your personal information without your permission or consent, but may share them under the following circumstances:

1. Other state agencies require the information to administer and process your eligibility verification, and/or make requested changes to an existing enrollment.
2. You give us permission and we have your consent.
3. We may release information to a party with legal authority, such as a subpoena.

Privacy Policy
The information collected on this form 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 the Privacy Policy of the state agency or department in your request.

You can review CalHR's Privacy Policy at http://calhr.ca.gov/pages/privacy-policy.aspx.

Access to Your Information
We want to make sure we have accurate information about you. In general, you have the right to review your personal information that we have. If you have any questions or concerns, please contact the human resources office of the state agency or department in your request.