Health Benefits Plan Enrollment for Retirees

888 CalPERS (or **888**-225-7377) • TTY for Speech and Hearing Impaired: (916) 795-3240 • FAX (916) 795-1313

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. (Complete all sections.)
- ☐ Add Eligible Dependents to My Health Plan.
  (Complete Retiree Information, Dependent Information and Retiree Signature.)

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)

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's Signature

Please be sure to sign this form.

By signing this form, I elect to change to 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.

Signature of Retiree | Date

Section 6 Additional Information

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

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.

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. All changes are subject to verification of eligibility. You are eligible to enroll in a CalPERS health 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 life event, such as adding a new spouse, registered domestic partner, or economically 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 child where a parent-child relationship exists requires an Affidavit of Parent-Child Relationship form (HBD-40).
- 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.

Mail to: **CalPERS Office of Employer & Member Health Services** • P.O. Box 942714, Sacramento, California 94229-2714