

C

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

Health Benefits Branch

P.O. Box 942714

Sacramento, CA 94229-2714

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DIRECT PAYMENT AUTHORIZATION

PERS-HBD-21 (Rev 4/88)

PART A

• EMPLOYEE INFORMATION •

1. SOCIAL SECURITY NUMBER	2. NAME (FIRST) (MIDDLE) (LAST)
3. HOME PHONE NUMBER ()	4. HOME ADDRESS (STREET) (CITY) (STATE) (ZIP)

PART B

• CARRIER PREMIUM •

5A. DIRECT PAYMENT TO: (CARRIER NAME AND ADDRESS)	5b. PLAN CODE
	6a. GROSS PREMIUM \$.
THE ABOVE PREMIUM IS PAYABLE TO CARRIER INDICATED, BEGINNING WITH PREMIUM MONTH OF:	6b. MONTH (alpha) 6c. YEAR (numerical)
I agree to pay the total premium direct to the health plan carrier listed above before the tenth of each month which precedes the premium month. (For example, the June premium would be due by May 10th; the July premium would be due by June 10th.) Note: I understand that failure to pay premiums will result in the suspension of my coverage. I also understand that the carrier will not bill me for premium and no employer contribution is available for direct payment.	
6d. EMPLOYEE SIGNATURE (See reverse for important information and disclosure statement.)	6e. DATE
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PART C

• REASON FOR DIRECT PAY •

7. ☐ LEAVE OF ABSENCE	8. ☐ APPEAL FOR DISMISSAL	9. ☐ SUSPENSION
10. ☐ ON WORKER'S COMP (ELECTED NOT TO SUPPLEMENT) OR CLAIM PENDING	11. ☐ PERMANENT INTERMITTENT (OFF-PAY)	12. ☐ ROLL CODE 9
13. ☐ APPLIED FOR DISABILITY RETIREMENT	14. PLEASE EXPLAIN ☐ OTHER (INSUFFICIENT EARNINGS, PENDING NDI)	

PART D

• AGENCY INFORMATION •

15A. NAME OF EMPLOYING AGENCY	15b. EMPLOYEE POSITION INFORMATION				
	AGENCY	UNIT	CLASS	SERIAL	BARG. UNIT
16. DATES OF ABSENCE (numerical)					17. LAST PREMIUM DEDUCTION PAY PERIOD
FROM:	MONTH	DAY	YEAR	TO:	MONTH (alpha) YEAR (numerical)
18. SIGNATURE OF HEALTH BENEFITS OFFICER					19. DATE
					20. TELEPHONE NUMBER ()

Direct Pay Authorization Information

You may continue your health coverage while on temporary leave by paying the entire monthly premium directly to your health plan.

You are eligible for direct payment if you:

- ◆ go on leave of absence without pay;
- ◆ take a temporary disability leave and do not use sick leave or vacation;
- ◆ are waiting for approval of a disability retirement or a "regular" service retirement;
- ◆ are waiting for approval of Non-Industrial Disability Insurance benefits;
- ◆ are suspended from your job or you institute legal proceedings appealing a dismissal from your job; or
- ◆ are a State Permanent-Intermittent employee eligible for health benefits but in a non-pay status. (Direct pay may be elected only through the end of the qualifying control period.)

Requests for direct payments must be received by the Office of Employer and Member Health Services **prior** to the beginning of your leave. If you do not elect the direct payment option while on leave of absence, your benefits will stop. They will be reinstated when you return to pay status, if your earnings are sufficient to cover your share of the monthly premium.

Completing the HBD-21 (Direct Payment Authorization) Form

Contact your Personnel Office for assistance in completing your form. Forms must be completed **before** your group coverage terminates. **Late forms will not be accepted.** In addition, the carrier must receive the form **and** your payment in order to continue your coverage.

While in off-pay status, you may add or delete family members. To do so, complete and submit a *Health Benefit Plan Enrollment Form* (PERS-HBD-12).

You must pay the premium for the pay period in which you return to work.

IMPORTANT INFORMATION

Submission of the requested information is mandatory. The information requested is collected pursuant to the Government Code Sections (20000. et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

DISCLOSURE OF SOCIAL SECURITY NUMBERS

Section 7(b) of the Privacy Act of 1974 (Public Law 93—579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System requests each enrollee's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System uses social security account numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and state contribution for state employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to the California Public Employees' Retirement System and other state agencies
5. Coordination of benefits among carriers

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.