



Office of Employer and Member Health Services
 PO Box 942714
 Sacramento, CA 94229-2714
 Toll Free: (888) CalPERS (225-7377) Fax: (916) 795-1313
 Telecommunications Device for the Deaf: (916) 795-3240

Declaration of Health Coverage: HBD-12A

(INSTRUCTIONS ON REVERSE)

| EMPLOYEE INFORMATION SOCIAL SECURITY NUMBER | NAME (FIRST) | (MIDDLE) | (LAST) |
|---|--------------|---|--------|
| PART A <input type="checkbox"/> I elect to enroll myself and all eligible dependents. | | <p>If you or your dependents lose health insurance coverage, you can enroll in the CalPERS Health Benefits Program. You must request enrollment within 60 days from the date you lose coverage. If you do not request enrollment within 60 days, you or your dependents must wait at least 90 days or until the next Open Enrollment Period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90 day waiting period or the Open Enrollment effective date.</p> | |
| PART B-1 <input type="checkbox"/> I elect to enroll myself. My eligible dependents have other health insurance coverage. | | | |
| PART B-2 <input type="checkbox"/> I elect to enroll myself and eligible dependents. I also have eligible dependents who have other health insurance coverage. | | | |
| PART C-1 <input type="checkbox"/> I decline enrollment for myself and my eligible dependents because we have other health insurance coverage. | | | |
| PART C-2 <input type="checkbox"/> I decline enrollment for myself and/or my eligible family members for reasons other than having health insurance coverage. | | | |

PART B: If you are currently enrolled in the Health Benefits Program and you acquire new dependents or if a court orders health coverage for your dependents, you can add your new dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

PART C: If you are not currently enrolled in the Health Benefits Program and you acquire new dependents as a result of marriage, birth, adoption, or placement for adoption, or if a court orders health coverage for your dependents, you can enroll yourself and dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

Special rules apply to retirement and death. Please read the back of this form carefully.

| | | |
|-----------------------------|-------------------------------------|--|
| _____ Member's Signature | _____ Date Signed | _____ Health Benefits Officer's Signature |
| Rev (3/09) | Original: Employee's Personnel File | Copy: Employee |



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| PART C-2 <input type="checkbox"/> I decline enrollment for myself and/or my eligible family members for reasons other than having health insurance coverage. | | | |
| <p>You can request enrollment for yourself and/or your dependents at any time. You must wait at least 90 days after you request enrollment or until the next Open Enrollment period before you can enroll in the Program. Your effective date of coverage will be the first of the month following the 90 day waiting period or the Open Enrollment effective date.</p> | | | |

PART B: If you are currently enrolled in the Health Benefits Program and you acquire new dependents or if a court orders health coverage for your dependents, you can add your new dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

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Member's Signature

Date Signed

Health Benefits Officer's Signature

Rev (3/09)

Original: Employee's Personnel File

Copy: Employee