

Temporary and Per Diem Employees Medical Coverage

PLAN
CONFIDENTLY

ENROLL
EASILY

THRIVE
ALL YEAR!



WHO IS ELIGIBLE?

New Temporary employees who meet and **maintain** the following criteria are eligible for medical coverage:

- You must complete a 60-day waiting period and remain on active assignment; and
- You must be reasonably expected to work more than 30 hours per week (130 hours per month).

Ongoing Temporary employees whom the County of Riverside has determined to have worked 30 or more hours per week (130 or more hours per month) on average over the course of a 12-month Standard Measurement Period.

You may choose coverage for yourself and your eligible dependents. Eligible dependents include your spouse/registered domestic partner and your natural children or stepchildren who are under age 26; children for whom you have legal custody or guardianship under age 26; and eligible dependents who are over age 26 and who are incapable of self-care.

EXCLUDED CLASSES

Retired Annuitants are permanently excluded from eligibility based on CalPERS rules for working annuitants. Interns, Seasonal employees and Title 5 employees are also excluded from coverage.

Election workers, Per Diem employees, Commission Advisory group employees and Hazmat employees are variable hour employees and excluded from enrollment upon hire. Employees from these classes may be considered eligible after working 30 or more hours per week during the course of a 12-month Initial Measurement Period.

HOW THE HEALTH PLAN WORKS

The County of Riverside contracts with the CalPERS health program to provide employees with access to two PPO plans and a variety of HMO medical plan options. CalPERS has a standardized copay structure for all HMO plans. If you have detailed or specific questions about what the plans cover, please review the Evidence of Coverage (EOC) booklet available at www.calpers.ca.gov or contact the individual health plan carrier.

PLAN ELIGIBILITY

Your health plan eligibility and cost are based on where you live or work. Use the [CalPERS Health Plan Search by ZIP Code](#) search tool to find CalPERS health plans available in your area.

If you want to see a specific doctor or use a specific medical group or hospital, be sure to select a plan that includes that specific provider. Contact the health plan(s) and/or provider directly to explore the availability of any specific provider before enrolling.

When you enroll in a health plan, services are provided through the health plan's delivery system, and the continued participation of any doctor, hospital or other provider cannot be guaranteed. The provider network may change during the plan year. If the network changes during the plan year, you will be allowed to select a new provider, but you will not be permitted to change plans.

2026 HMO COPAY STRUCTURE	
CalPERS HMO Plans	
Office visit	\$15
Specialist	\$15
Urgent care	\$15
Emergency room	\$50
Generic prescription (retail – up to a 30-day supply)	\$5

2026 IN-NETWORK PPO COPAY STRUCTURE		
	PERS Gold California Only	PERS Platinum Worldwide
Network	Smaller network of doctors and hospitals	Larger network of doctors and hospitals
Office visit copay	\$35*	\$20
Annual deductible*		
Individual	\$1,000*	\$500
Family	\$2,000*	\$1,000
Coinsurance (Percentage you pay after deductible is met)	You pay 20%, plan pays 80%	You pay 10%, plan pays 90%
Max coinsurance		
Individual	\$3,000	\$2,000
Family	\$6,000	\$4,000
Generic prescription – up to a 30-day supply	\$5	\$5

*PERS Gold offers incentives that can reduce the annual deductible and PCP office visit copay.

PAYING FOR COVERAGE

The County of Riverside will pay the employer contribution as prescribed by the Public Employees' Medical and Hospital Care Act (PEMHCA) when you enroll. The remaining part of the premium is deducted from your pay warrant on a pretax basis. The semimonthly premium in the chart on the right reflects the amount you will pay for coverage each pay period, after the employer contribution. No deduction is taken on the third pay period in a month that has three pay periods, unless you owe uncollected premiums (arrear).

IMPORTANT

The County of Riverside collects premiums one month ahead of the coverage effective date. Missed premiums (arrear) and the current required premium will be deducted in full from your first available pay warrant(s). This could result in a significant deduction from your paycheck. Please be sure to prepare for this added expense.

SEMIMONTHLY PLAN COSTS FOR 2026*			
	Region 2 (Orange, San Diego and Imperial Counties)	Region 3 (Riverside, Los Angeles, San Bernardino and Ventura Counties)	Out-of-State Region (Residents Outside of California)
Anthem Select HMO			
Single	\$367.66	\$340.84	Not Available
Two-Party	\$875.82	\$822.18	
Family	\$1,180.72	\$1,110.99	
Anthem Traditional HMO			
Single	\$438.63	\$423.77	Not Available
Two-Party	\$1,017.76	\$988.03	
Family	\$1,365.24	\$1,326.59	
Blue Shield Access+ HMO			
Single	\$385.95	\$318.46	Not Available
Two-Party	\$912.39	\$777.41	
Family	\$1,228.26	\$1,052.79	
Blue Shield Trio HMO			
Single	\$327.79	\$285.78	Not Available
Two-Party	\$796.08	\$712.06	
Family	\$1,077.06	\$967.83	
Health Net Salud y Mas HMO			
Single	\$299.29	\$229.56	Not Available
Two-Party	\$739.07	\$599.61	
Family	\$1,002.94	\$821.65	
Kaiser Permanente HMO			
Single	\$353.35	\$344.03	\$558.98
Two-Party	\$847.19	\$828.55	\$1,258.46
Family	\$1,143.50	\$1,119.27	\$1,678.15
PERS Gold PPO			
Single	\$337.64	\$339.52	Not Available
Two-Party	\$815.78	\$819.53	
Family	\$1,102.67	\$1,107.54	
PERS Platinum PPO			
Single	\$572.62	\$575.41	\$564.65
Two-Party	\$1,285.74	\$1,291.31	\$1,269.79
Family	\$1,713.61	\$1,720.86	\$1,692.88
PORAC PPO			
Single	\$388.00	\$388.00	\$462.50
Two-Party	\$923.00	\$923.00	\$1,083.50
Family	\$1,213.50	\$1,213.50	\$1,309.50
Sharp HMO			
Single	\$317.60	Not Available	Not Available
Two-Party	\$775.70		
Family	\$1,050.56		
UnitedHealthcare Alliance HMO			
Single	\$335.00	\$294.88	Not Available
Two-Party	\$810.49	\$730.26	
Family	\$1,095.79	\$991.49	
UnitedHealthcare Harmony HMO			
Single	\$288.07	\$242.26	Not Available
Two-Party	\$716.64	\$625.01	
Family	\$973.78	\$854.67	

*Some rates were rounded to the next even number for even semimonthly premium deductions.

PAYING FOR COVERAGE WHEN YOU'RE NOT ON ASSIGNMENT

When you're not on assignment (not in a paid status), you are responsible for paying the premium payments required to continue coverage. **Uncollected premiums while you are in an unpaid status will be immediately collected, in addition to your current premium, when you return to a paid status.**

If you expect to be off assignment or on leave of absence for one full pay period or longer, you must notify the Human Resources Benefits Division to cancel your elections or continue benefits by electing Direct Pay. Under the Direct Pay program, you will complete a CalPERS HBD-21 form and pay your premiums directly to the health plan while in a nonpay status.

If you do not elect Direct Pay, after two consecutive unpaid pay periods, your coverage will end for nonpayment. The County will send a letter to the mailing address on file providing you with a 30-day notice to pay the missed premiums before your coverage is cancelled for nonpayment. For example, if you are not in paid status for both paychecks in April, you will receive a letter letting you know of your medical plan termination effective June 1.

HOW TO ENROLL

During the onboarding process, you will complete a TAP Benefit Election Form. The elections you make during your onboarding process will go into effect on the first of the month following a 60-day waiting period. If you are including a dependent in your enrollment, be sure to provide the proper documentation when submitting your enrollment form (birth certificate, marriage certificate, domestic partner registration) to verify dependent eligibility.

In the event your election request changes **before** it is processed and a premium has been collected, please contact the Benefits Division of HR at **(951) 955-4981, option 1** or email tapbenefits@rivco.org so that a new form can be completed.

WHEN DOES COVERAGE BEGIN?

Your coverage will begin on the first of the month following a 60-day waiting period.

The County of Riverside collects premiums one month ahead of the coverage effective date. Missed premiums (arrear) and the current required premium will be deducted in full from your first available pay warrant(s). This could result in a significant deduction from your paycheck. For example, employees hired on July 1 who meet and maintain the criteria shown on page 1 would have a medical election effective date of September 1. Once the election is entered, the employee will minimally owe the premium for the entire month of September and the current pay period's premium. Please be sure to prepare for this added expense.

WHEN DOES COVERAGE END?

Coverage for you and your enrolled dependents will end at the earliest of:

- The end of the month following the month your employment ends.
- The end of the month in which your dependent ceases to be eligible for coverage due to divorce, termination of domestic partnership or reaching the age of elimination.
- The first of the month following submission of a TAP Benefit Election Form requesting to cancel coverage due to a mid-year qualified change of status.
- At the end of the period for which premiums have been paid when coverage is ended due to nonpayment. When your portion of health care premiums are not deducted from your pay warrant and you miss premium deductions for two consecutive pay periods, your coverage will terminate.

MID-YEAR ELECTION CHANGES

The benefit elections you make as a new hire or during Annual Enrollment will stay in effect for the entire plan year if you remain eligible for benefits. After Annual Enrollment ends, you can make changes to your medical enrollment **ONLY** if your request is because of and consistent with a qualified change of status as defined by the Internal Revenue Service (IRS). If you believe you have experienced a qualified change of status, please contact the Benefits Division of HR at **(951) 955-4981, option 1.**

ANNUAL ENROLLMENT

Each year during the annual enrollment period held every fall, you have an opportunity to change your coverage elections for the following plan year. Please note that during the annual enrollment period, the County will review your employment to confirm you still meet the eligibility criteria for enrollment. If you have not worked full-time hours for the 12-month Standard Measurement Period as determined by the County during the annual review (see below), you will not be able to enroll for the following plan year, and you and any dependents will be offered COBRA continuation coverage.

ANNUAL REVIEW

Each year, the Benefits Division will conduct a review to confirm that Temporary and Per Diem employees who worked from October 2 of the previous year through October 1 of the current year have worked enough hours during the Standard Measurement Period (30 hours per week or 130 hours per month) to maintain eligibility for the following plan year.

CHANGES IN EMPLOYMENT STATUS

TRANSITIONING FROM PERMANENT TO TEMPORARY POSITIONS

When you are enrolled in coverage as an active Regular employee and transition to Temporary Assignment Program (TAP) or Per Diem status, your medical benefits will continue unless you choose to cancel. If you wish to cancel your coverage when transitioning, you must submit an *HBD-12 form* declining coverage within 60 days of your transition from Regular status. Your dental and vision benefits will end automatically at the end of the month following your transition, and you will receive notice of your rights under the Consolidated Omnibus Reconciliation Act (COBRA). If you are NOT enrolled in a CalPERS medical plan, you may enroll in a medical plan if you experience a mid-year qualified change of status.

Your cost share for coverage is different as a Temporary or Per Diem employee because you will no longer receive flexible benefits credits. You will be responsible for the premium cost listed previously on page 2. If you choose to end your medical enrollment during the transition, you may do so by completing an *HBD-12 form*. Failure to complete a form promptly may result in owed premiums.

Outside of a mid-year qualified change of status, coverage cannot be changed or cancelled. Your transition from Regular status to Temporary or Per Diem status is a mid-year qualified change of status event allowing you to cancel your coverage; it is vital that you submit your desired election change within the 60 days following your transition date.

If you are NOT enrolled in a CalPERS medical plan, you may enroll in a medical plan if you experience a mid-year qualified change of status. Employees who transition from Regular employment status to Per Diem status have already been deemed eligible for medical enrollment for the current plan year and can elect to continue their current enrollment. Their continued eligibility will be reviewed yearly during the annual review process outlined on page 3.

TRANSITIONING FROM TEMPORARY TO PERMANENT POSITIONS

When employees in the Temporary Assignment Program (TAP) are hired to a Regular Permanent position, they will be offered the option to enroll in benefits for which they are newly eligible based on their new job title. Often this means they can elect dental, vision, FSA, etc. A change in medical plan enrollment is not permitted because the employee has not experienced a change in eligibility, except when a separate qualified life change in status has occurred. Employees who were hired as Per Diem status will also be offered the option to enroll in benefits for which they become newly eligible based on their new Job title (dental, vision, etc). However, Per Diem employees transitioning to a Regular Permanent position within their first calendar year of work will be eligible for a medical plan election, as they were not previously eligible.

HOW TO ENROLL

To enroll in a medical plan, you must complete a CalPERS HBD-12 enrollment form within 60 days of your mid-year qualified change of status. Forms should be returned to your Department HR or emailed to tapbenefits@rivco.org.

WHEN DOES COVERAGE BEGIN?

Your coverage will begin on the first of the month following receipt of your completed forms.

The County of Riverside collects premiums one month ahead of the coverage effective date. Missed premiums (arrear) and the current required premium will be deducted in full from your first available pay warrant(s). This could result in a significant deduction from your paycheck. Please be sure to prepare for this added expense.

WHEN DOES COVERAGE END?

Your dental, vision, life and disability enrollment benefits will end automatically the first of the month following your transition date. Temporary or Per Diem status employees are ineligible for Life Insurance and Disability Insurance.

You have 60 days from the date of your transition from Regular to Temporary or Per Diem status to voluntarily end your medical plan.

If you submit an HBD-12 form to cancel your medical coverage, your cancellation will be effective the first of the month following receipt of your form unless otherwise indicated on your form. To avoid owing premiums, we recommend that you cancel your medical plan the first of the month following your transition and turn in your complete form the month you transition to Temporary or Per Diem status.

HBD-12 FORM COMPLETION INSTRUCTIONS

To enroll or decline enrollment in the County of Riverside's medical plans or to change your health plan, you must submit a completed *HBD-12 form*, which is attached to the end of this guide. If you have more than five dependents, please complete a secondary *HBD-12 form*. Every section of the form must be completed in order for your election to be processed. Incomplete forms will cause a delay in your request being processed.

SECTION A: APPLICANT INFORMATION

Enter your basic information as requested. If you are using your work zip code for health eligibility, please include your work zip code in part 8.

Please note when using your work zip code for health eligibility, any changes in your work location during the plan year may affect your health plan enrollment. Should your work location change result in a change in region eligibility, you will automatically be enrolled in the same health plan for your region eligibility. If you are no longer eligible for the enrolled health plan, you will be required to select a new health plan.

SECTIONS B & C: TYPE OF ACTION AND TYPE OF PERMITTING EVENT

Elect the option that's consistent with your request: "Enroll in a Health Plan," "Cancel All Coverage" or "Decline Coverage."

Your Permitting Event Date should be the month you are requesting to enroll, change or decline coverage. For example, if you are a new employee hired on April 15, your Permitting Event Date would be July 1.

If you are requesting to cancel your coverage, your Permitting Event Date should be the first of the month following the signature date. Please review pages 3-4 carefully when completing this section and contact the Benefits Division of Human Resources at **(951) 955-4981, option 1** if you need clarification on how these dates will impact your benefits and paychecks.

EXAMPLES

- A new employee hired on April 15 who meets and maintains the criteria listed on page 1 would make the following selections: "Enroll in a Health Plan" and "New Employee," with a Permitting Event Date of July 1.
- A new Per Diem employee who transitioned from Regular to Per Diem status on August 8 and would like to cancel coverage would make the following selections: "Cancel All Coverage," "Other" (then write in "Decline coverage"), with a Permitting Event Date of September 1. In the "Name of Health Plan" section, write in "Cancel all coverage."

SECTION D: SUBSCRIBER AND DEPENDENT INFORMATION

List yourself and other dependents and the actions you are requesting (add or delete).

SECTION E: ENROLLMENT

To enroll in a CalPERS health plan, you must review the information and check the box in part 17. To decline enrollment in a CalPERS health plan, you must review the information and check the box in part 18. Sign and date the bottom of the form.

CONTACT INFORMATION		
Plan	Telephone	Website
CalPERS Medical Plans		
Anthem Select HMO and Anthem Traditional HMO	(855) 839-4524	www.anthem.com/ca/calpers
Blue Shield	(800) 334-5847	www.blueshieldca.com/calpers
Health Net Salud y Mas	(888) 926-4921	www.healthnet.com/calpers
Kaiser Permanente (HMO)	(800) 305-1220	www.kp.org/calpers
PERS Platinum and PERS Gold (PPO)	(855) 633-4436	https://includedhealth.com/microsite/calpers/
PORAC	(800) 655-6397	http://ibtofporac.org/
Sharp	(855) 995-5004	www.sharphealthplan.com/calpers
UnitedHealthcare	(877) 359-3714	www.uhc.com/calpers
CVS Caremark	(833) 291-3649	www.caremark.com/calpers



Health Benefits Plan Enrollment for Active Employees (HBD-12)

Return to:
County of Riverside - Employee Benefits Division
Mail: P.O. BOX 1569 Riverside, CA 92502
Email: benefits@rivco.org
Fax: 1-951-955-3490

SECTION A: Applicant Information						
Employee ID #	1. Employee Name: (First) (M.I.) (Last)				2. Hire Date: (mm/dd/yyyy)	
3. CalPERS ID or Social Security Number:		4. Date of Birth: (mm/dd/yyyy)		5. Gender: Male Female Nonbinary		
6. Physical Address: (Street)		(City)	(State)	(ZIP)	(County)	
7. Mailing Address (If different): (Street)		(City)	(State)	(ZIP)	(County)	
8. Use Work ZIP Code for Health Eligibility: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter zip code here: (ZIP)						
9. E-mail Address:			10. Primary Phone:		Alternate:	
SECTION B: Type of Action						
11. <input type="checkbox"/> Enroll in a Health Plan <input type="checkbox"/> Add/Delete Dependents <input type="checkbox"/> Change Health Plan <input type="checkbox"/> Cancel All Coverage <input type="checkbox"/> Decline Coverage						
SECTION C: Type of Permitting Event						
12. <input type="checkbox"/> New Employee <input type="checkbox"/> New Contracting Agency <input type="checkbox"/> Marriage or Domestic Partnership Date (mm/dd/yyyy): <input type="checkbox"/> Open Enrollment <input type="checkbox"/> Move <input type="checkbox"/> Delete Dependent Due to Death <input type="checkbox"/> Divorce or Domestic Partnership Termination <input type="checkbox"/> Birth/Adoption <input type="checkbox"/> Other:						
13. Name of Health Plan: (If changing health plans, list new plan name)			14. Permitting Event Date: (mm/dd/yyyy)		15. Elected Coverage Begin Date:	
SECTION D: Subscriber and Dependent Information (List yourself and all of your dependents)						
16.	Name (First, M.I., Last)	Relationship Code *1	Gender	Date of Birth (mm/dd/yyyy)	CalPERS ID or Social Security Number	Action
		SELF	M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
			M F Nonbinary			<input type="checkbox"/> Add <input type="checkbox"/> Delete
*1 Relationship Codes: S - Spouse DP - Domestic Partner NC - Natural Child SC - Step Child AC - Adopted Child DPC - Domestic Partner Child PCR - Parent Child Relationship						
SECTION E: Enrollment						
17. To enroll, carefully review the information in this section and check the box: <input type="checkbox"/> I ELECT TO ENROLL in (or MAKE CHANGES TO) a health benefits plan as indicated above and agree to authorize deductions from (1) my salary to cover my share of the cost of enrollment as it is now or as it may be in the future (2) my retirement allowance to continue health benefits coverage into retirement. I CERTIFY that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act. I VOLUNTARILY enroll into the selected Health Plan. I AGREE to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan. I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.						
18. To decline, carefully review the information in this section and check the box: <input type="checkbox"/> I DECLINE ENROLLMENT into the CalPERS Health Program for myself and my dependents. I UNDERSTAND that if I choose to enroll at a later date, I must wait at least 90 days after I request enrollment or until the next Open Enrollment (OE) period before enrolling in the CalPERS Health Program. Furthermore, if I or my dependents involuntarily lose other health insurance coverage, I may request enrollment into the Program within 60 days from the date of lost coverage. If I do not request enrollment within 60 days, I must wait at least 90 days or until the next OE period before I can enroll. The effective date of coverage will be the first of the month following the 90 day waiting period or the OE effective date.						
19. Employee Signature:					Date: (mm/dd/yyyy)	

SECTION F: CalPERS Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code Sections (20000 et seq.) and will be used for administration of Board duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to perform its functions regarding your status.

Please do not include information that is not requested.

SSN

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction / state contributions
3. Billing of contracting agencies for employee / employer contributions
4. Reports to the CalPERS system and other state agencies
5. Coordination of benefits among carriers

6. Resolve member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our [Privacy Policy](#), or your rights, please write the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call our Customer Contact Center at 888-CalPERS (888-225-7377).

SECTION G: Privacy Information

Submission of the requested information is mandatory. The information requested is collected pursuant to the California Government Code (sections 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' 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 other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership files. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **1-888-CalPERS** (or 1-888-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency requesting an individual to disclose a Social Security account number to inform the 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. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security 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 CalPERS and other state agencies.
5. Coordination of benefits among health plans.
6. Resolution of member complaints, grievances and appeals with health plans.

IMPORTANT: It is your responsibility to notify your personnel office when there are any changes in your family situation. Changes include domestic partnership termination, establishment of a parent-child relationship, acquisition of a dependent child, change of address, marriage, divorce, legal separation, and death. Failure to notify your personnel office may result in adverse consequences.

SECTION H: For Employer Use

Please retain original signed form and all supporting documentation or affidavits in employee file. DO NOT send to CalPERS.

Agency Name:		21. Date of Hire: (mm/dd/yyyy)	22. Retirement System: <input type="checkbox"/> CalPERS <input type="checkbox"/> CalSTRS <input type="checkbox"/> Other	
23. CalPERS Employer ID:	24. Division ID:		25. Employee Bargaining Unit/Employee Group:	
26. Payroll Office: <input type="checkbox"/> State Controller's Office <input type="checkbox"/> Non Central <input type="checkbox"/> Public Agency Billing		27. Date Received by Employer:		28. Effective Date: (mm/dd/yyyy)
I hereby certify under the penalty of perjury that I am a duly appointed, qualified and acting Health Benefits Officer (HBO) of the above named agency, and the payment by the agency as provided by Section 22870-22905 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made by the Board of Administration, Public Employees' Retirement System, in accordance with the Public Employees' Medical and Hospital Care Act and the regulations implementing the Act.				
29. Health Benefits Officer: (Print name)	30. Signature:		31. Date: (mm/dd/yyyy)	32. Phone Number:
33. Remarks:				

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Information Purpose

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Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the System. For questions about this notice, our Privacy Policy, or your rights, please write to the CalPERS Privacy Officer at 400 Q Street, Sacramento, CA 95811 or call us at **888 CalPERS** (or 888-225-7377).