

Member Account Management Division P.O. Box 942715 Sacramento, CA 94229-2715 (888) CalPERS (or 888-225-7377) TTY (877) 249-7442

TTY (877) 249-7442 FAX (800) 959-6545

Declaration of Health Coverage: HBD-12A

| EMPLOYEE INFORMATION SOCIAL SECURITY NUMBER | NAME (FIR | RST) (MIDDLE) | (LAST) |
|---|---------------------------------|--|---|
| | | | |
| PART A I elect to enroll myself and dependents. | all eligible | | |
| PART B-1 I elect to enroll myself. My eligible dependents have other health insurance coverage. | | coverage, you can enro | endents lose health insurance Il in the CalPERS Health Benefits equest enrollment within 60 days coverage. |
| PART B-2 I elect to enroll myself and all eligible dependents. I also have eligible dependents who have other health insurance 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 | |
| PART C-1 I decline enrollment for myself and my eligible dependents because we have other health insurance coverage. | | the first of the month following the 90-day waiting period or the Open Enrollment effective date. | |
| PART C-2 I decline enrollment for myself and/or my eligible family members for reasons other than having health insurance coverage. | | 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. | |
| PART B: If you are currently e or if a court orders health coverage Health Benefits Officer or visit yo | ge for your d | lependents, you can add | |
| dependents as a result of marriag | je, birth, ado ou can enroll | option, or placement for a I yourself and dependents | s Program and you acquire new doption, or if a court orders health s. See your Health Benefits Officer |
| Special rules apply to retirement | and death. | | |
| | Мо | o. Day Yr. | |
| Member's Signature | Date Si | gned | Health Benefits Officer's Signature |
| Rev 12/15 Original | | al: Employee's Personnel File | Copy: Employee |

(PLEASE TURN OVER)