The California State University
HUMAN RESOURCES MANAGEMENT

Retiree Dental Enrollment Change Request Form

RETIREE INFORMATION - Please print legibly

Please indicate the name of the campus you retired from:

Social Security Number or CalPERS ID:	Last Name First Name MI	Gender ☐ Male ☐ Female
Date of Birth (Month/Day/Year)	Mailing Address	
Telephone Number	City State Zip	☐ Registered Domestic Partnership ☐ Married ☐ Single

DATE OF RETIREMENT:

TYPE OF CHANGE:

☐ Enroll In A Dental Plan	☐ Add Or Delete Eligible Family Members
☐ Change My Dental Plan	☐ Cancel My Dental Enrollment

DENTAL PLAN ELECTION (Check only one plan)

☐ Delta Dental PPO - Basic (#4018-2071) *	☐ DeltaCare USA (HMO) - Basic (#72034-0004) **
☐ Delta Dental PPO Voluntary Enhanced II (#4018-12071) **NEW** **Retiree only:** $15.70 **Retiree + 1:** $29.30 **Retiree+ Family:** $53.84	☐ DeltaCare USA Voluntary Enhanced (#72034-10004) **NEW** **Retiree only:** $ 6.49 **Retiree + 1:** $ 10.55 **Retiree + Family**: $15.45

**No Cost **DeltaCare USA enrollment is limited to California residents only and is No Cost.*

ADDITION OR DELETION OF RETIREE AND/OR DEPENDENTS (See Reverse of Form for Additional Information)

If you are adding a new spouse or dependent, indicate the relationship below. If you are adding Registered Domestic Partner family member(s) (as defined by the Secretary of State), please use the following codes to describe the relationship:

A = DP Adult Female; B = DP Adult Male; C = DP Child Female; D = DP Child Male

Note: Include a copy of your marriage certificate if you are adding a spouse; or if you are adding a Registered Domestic Partner, please include a copy of the "Declaration of Domestic Partnership" from the Secretary of State or a similar document from another jurisdiction. Include copy of birth certificate if adding a dependent up to age 26.

(Last Name, First Name, MI)	Add	Delete	Social Security Number or CalPERS ID	Date of Birth (Month, Day, Year)	Relationship
					Self

RETIREE CERTIFICATION AND SIGNATURE (Please initial each statement below, then sign and date the form.)

_____I hereby certify under penalty of perjury that the information provided by me is true and correct to the best of my knowledge.

_____ I understand my dental plan election will continue for the following year unless I have a qualifying event.

_____I understand that the appropriate supporting documents (e.g., birth certificate(s), marriage license, Certificate of Registration of Domestic Partnership, "Affidavit of Parent-Child Relationship" are required for each of my dependents that I plan to add during open enrollment.

Signature of Retiree	Date Signed

FAX THIS FORM TO: (800) 959-6545, or
MAIL THIS FORM TO:
CalPERS – Health Account Management Division
P.O. Box 942715 - Sacramento, CA 94229-2715

If you need assistance, please contact CalPERS at (888) 225-7377.

CSU Guidelines for Enrolling Family Members are as follows:

Spouse:

You may add your spouse to your dental plan within 60 days of your marriage. You are required to provide a *copy of the marriage certificate* and the spouse's Social Security Number. You may complete an *affidavit of marriage* if you are unable to provide a copy of the marriage certificate.

Registered Domestic Partner:

You may add your registered domestic partner to your dental plan within 60 days of registration of the domestic partnership. You must register your domestic partnership through the California Secretary of State's Office. CSU requires that you submit a *copy of the Certificate of Registration of Domestic Partnership*, and the registered domestic partner's *Social Security Number.*

Same sex domestic partnerships between persons who are both at least age 18 and certain opposite sex domestic partnerships (one partner must be 62 years of age or older and the other partner at least 18 years of age) are eligible to register with the California Secretary of State.

Children:

Natural-born (within 60 days of birth), adopted (within 60 days of physical custody), domestic partner's, and stepchildren (within 60 days after the date of your marriage or registration of domestic partnership) who are under age 26 may be added to your retiree dental coverage. The CSU requires that you submit a *copy of the child's birth certificate or adoption papers* and their social security number(s).

Disabled Children over Age 26:

A child over age 26, who is incapable of self-support because of a mental or physical condition that existed prior to age 26 and continuously since age 26, must have his or her condition documented by a physician. If the dependent is also covered on a CalPERS health plan, the certification will suffice. If the dependent is not covered on a CalPERS health plan, a document certifying the condition must be forwarded directly to the dental carrier for approval.

Parent-Child Relationship:

Other children may be eligible if they are under age 26 and a parent-child relationship exists when the employee has: (1) assumed a parental role or (2) is considered the primary care "parent." You have 60 days from the date you assumed a primary custodial parental role to request enrollment. You must submit an *Affidavit of Parent-Child Relationship* at the time of enrollment for each child and annually thereafter up to age 26. The Chancellor's Office must approve or disapprove each affidavit before enrollment can occur.

Dual Coverage:

Retirees and their eligible dependents may only be enrolled in one CSU or state sponsored dental plan at a time (this includes COBRA enrollment). This is called dual coverage and it is not permitted. When dual coverage is discovered, the coverage will be retroactively canceled. You may have to pay for all costs incurred from the date the dual coverage began.

Late Enrollment:

If you fail to add your eligible dependents to dental coverage within 60 days of the change in status event, there is a 90-day waiting period before benefits will be activated, or you can opt to add your eligible dependents during any subsequent open enrollment period.