CALIFORNIA STATE UNIVERSITY, FRESNO

BENEFITS WORKSHEET

This document must be received by Human Resources, Joyal Admin., Room 164, (559) 278-2032 within 60 days of Hire, Benefit Eligibility, or Family Status Change. You will be contacted to sign the original documents in order to complete the process.

Personal Information

Employee's Name	Social Security Number	Fresno State ID:

☐ Staff/Administrator ☐ Faculty

Marital Status ☐ Married ☐ Single ☐ Domestic Partnership

Gender ☐ Male ☐ Female

Spouse or Domestic Partner **(Requires Copy of Marriage Certificate for opposite-sex or Certificate of Domestic Partnership for same-sex)**

NAME_________________________________ SSN___________________________

Is spouse or domestic partner employed or retired from the CSU system, State civil service or a CalPERS Public Agency?
☐ NO ☐ **YES If yes, contact Human Resources.**

Address (Number & Street, City, State & Zip) **If address is new, please update address using *MyFresnoState* (Self-Service) or Payroll Services.**

Department	Office Ext.	Home/Cell Phone	E-Mail

Type of Transaction

	New Enrollment – appointment eligible for benefits.	Election of benefits must be made within 60 days of eligible appointment/hire. **Date of Hire or eligible appointment**:
	Change – Add Eligible Dependent(s) **(Documentation required)**	**Type of Event** (i.e., marriage, birth, adoption, economically dep.) Event: Date:
	Change – Delete Dependent(s) **(Documentation required)**	**Type of Event** (i.e. divorce, separation, death, other:_______________) Event: Date:

Loss of alternate Coverage – Enroll in CSU ☐ Medical ☐ Dental (provide proof of loss) and **cancel** applicable FlexCash benefit ☐ Medical ($128.00) ☐ Dental ($12.00). **Election must be made within 60 days of loss of alternate coverage.**

Gain of alternate Non-CSU coverage – Cancel CSU ☐ Medical ☐ Dental coverage (provide proof of alternate coverage) and **enroll** in FlexCash benefit ☐ Medical ($128.00) ☐ Dental ($12.00). **Election must be made within 60 days of gain of non-CSU plan.**

Medical Plan Options – Check plan selected

☐BlueShield Access +(HMO)*	☐BlueShieldNetValue(HMO)*	☐Kaiser(HMO)*	☐PERSChoice(PPO)	☐PERS Select(PPO)	☐PERS Care(PPO)

***Zip Code Election:** Eligibility for HMO plans are based on your residence's zip code. An additional form will need to be completed if eligibility to enroll in an HMO is based on *California State University, Fresno's* zip code.

Are you enrolling under employer's zip code? ☐ **Yes** ☐ **No**

This medical plan is restricted to Unit 8 employees with SUPA membership.
☐PORAC (PPO)

Please indicate Primary Care Physician (PCP) if you select Blue Shield Access+ OR Blue Shield Net Value as your plan:

FlexCash Option (Cash payment in exchange for waiving CSU medical and/or CSU dental coverage)

COPY OF PROOF OF ALTERNATE NON-CSU COVERAGE REQUIRED

I elect to enroll in FlexCash for: ☐ Health only ($128/mo) ☐ Dental only ($12/mo) ☐ Health & Dental ($140/mo)

Dental Plan Options – Check plan selected

☐ DELTA DENTAL (PPO) ☐ DELTA CARE USA (HMO) Specify provider name and facility:_________________________________

IMPORTANT INFORMATION FOR NEW ENROLLMENTS AND CHANGES

- **NEW ENROLLMENTS: List all eligible dependents to be enrolled in health and/or dental plans (including yourself).**
- **CHANGES: List all currently enrolled dependents for all plans (including yourself). Then list any new dependents to be added or deleted,**

RELATIONSHIP	Gender	NAME (FIRST, M.I., LAST)	Medical	Dental	Vision	DATE OF BIRTH	ACTION
SELF	❑ Female ❑ Male						Add Delete N/A
	❑ Female ❑ Male						Add Delete N/A
	❑ Female ❑ Male						Add Delete N/A
	❑ Female ❑ Male						Add Delete N/A
	❑ Female ❑ Male						Add Delete N/A
	❑ Female ❑ Male						Add Delete N/A

Please check each statement & sign below.

❑ I understand that my effective date is based on the date this document is signed & received by Human Resources.
❑ I understand that supporting documents are required for each of my dependents within two weeks of the date I sign this worksheet.

Employee's Signature: **Date:**

OFFICE USE:
☐ Copy of Marriage Certificate or Domestic Partnership ☐ E-mail sent___________ ☐ Follow-up phone call home or office _______

CalPERS Guidelines

You have <u>60 days</u> from the date of your initial benefits eligible appointment to enroll yourself and all eligible dependents in a health plan. Your coverage becomes effective the first day of the month following the date Human Resources receives your <u>completed</u> *Benefits Worksheet*.

Eligible Dependents

- Spouse (opposite-sex) and Domestic Partners (same-sex over the age of 18 or opposite sex-partners if over the age of 62).
- Unmarried, under the age of 23 – Natural children, stepchildren or adopted children
- Economically dependent children (contact Human Resources for additional paperwork).

When May I Add or Delete Dependents?

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- Additions and deletions of eligible dependents are effective the first of the month following the family status change. You have **60 days** from the date of marriage, birth, or adoption to enroll your eligible dependent.
- Open Enrollment (Mid-September through Mid-October) and will become effective January 1st.

Family Status Changes include:

- Marriage (Marriage Certificate required for opposite-sex);
- Domestic Partner
- Birth of a child, Acquisition of a dependent child (economically dependent child);
- Marriage of a dependent child (natural, stepchild, adopted or economically dependent);
- Eligible dependent moves out;
- Divorce, Legal Separation; and
- Death

Although CalPERS administers our health plans, all changes MUST be coordinated through Human Resources. It is the employee's responsibility to notify Human Resources when there are any changes in their family status.

Spouse or Domestic Partner

Your spouse can be added to your health plan if done within 60 days from the date of marriage or registration of domestic partnership. **A copy of the marriage certificate or Domestic Partnership and Social Security number are required.** Former spouses or domestic partners are <u>not</u> eligible.

Children

Your children, adopted children, or stepchildren must be under age 23 and never married - regardless of whether or not they are living with you. **A birth certificate, adoption papers or other supporting documents are required.**

A child over age 23, who has never married and is incapable of self support due to a mental or physical condition that existed prior to age 23, may be included when you first enroll. A Questionnaire for the **CalPERS Disabled Dependent Benefit Form (HBD-98) and Medical Report for the CalPERS Disabled Dependent Benefit Form (HBD-34)** must be approved by CalPERS prior to enrollment and must be updated upon request.

Another person's child under age 23 who has never married may be eligible for coverage if you have been granted custody or joint custody by a court or the child resides with you. An **Affidavit of Eligibility of Economically-Dependent Children Form (HBD-35)** must be filed prior to enrollment and must be updated upon request.

Split Enrollments

Members who are married and who both work or worked (retirees), for agencies in the CalPERS Health Program can enroll separately. If you and your spouse enroll separately, you must enroll all eligible family members, regardless of the relationship, <u>under only one of you</u>. Dependents cannot be split between parents. For example, if a CalPERS member with children marries another CalPERS member with children and each member has their own enrollment in the CalPERS Health Program, <u>all children</u> must be enrolled under one parent. The effective date of coverage will be the first of the month following the date of marriage. If split enrollments are discovered, they will be retroactively corrected. You will be responsible for all costs incurred from the date the split enrollment began.

Dual Coverage

You cannot be enrolled in a CalPERS health plan as a member and a dependent or as a dependent on two enrollments. This is called dual coverage and it is against the law. 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.