

# CALIFORNIA STATE UNIVERSITY, FRESNO

## BENEFITS WORKSHEET

**This document must be received by Human Resources, Joyal Admin., Room 211, (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.**

Employee's Legal Name		Fresno State ID:	<input type="checkbox"/> Staff/Administrator	<input type="checkbox"/> Faculty
<b>Marital Status</b> <input type="checkbox"/> Married <input type="checkbox"/> Single  <input type="checkbox"/> Domestic Partnership (DP) <input type="checkbox"/> Copy of DP Certificate <input type="checkbox"/> DP imputed tax liability form		<b>SPOUSE/DOMESTIC PARTNER:</b> Requires Copy of Marriage Certificate for opposite-sex or Certificate of Domestic Partnership for same-sex)  Is spouse or domestic partner employed or retired from the CSU system, State civil service or a CalPERS Public Agency? <input type="checkbox"/> NO <input type="checkbox"/> YES <b>If yes, contact Human Resources.</b>		
Address (Number & Street, City, State & Zip) <b>If address is new, please update address using MyFresnoState (Self-Service) or Payroll Services.</b>				
Department	Office Ext.	Home/Cell Phone	Preferred E-Mail: <input type="checkbox"/> Campus E-mail <input type="checkbox"/> Other:	

### Section 1: Type of Transaction

<input type="checkbox"/> <b>New Enrollment</b> – appointment eligible for benefits.	Election of benefits must be made within 60 days of eligible appointment/hire. <b>Date of eligible appointment:</b>
<input type="checkbox"/> <b>Change</b> – Other (Election must be made within 60 days of event)	Qualifying Event: _____ Date: _____
<input type="checkbox"/> <b>Change</b> – Add Eligible Dependent(s) (Documentation required)	<b>Type of Event</b> (i.e., marriage, birth, adoption, economically dep.) Event: _____ Date: _____
<input type="checkbox"/> <b>Change</b> – Delete Dependent(s) (Documentation required)	<b>Type of Event</b> (i.e. divorce, separation, death, other: _____) Event: _____ Date: _____
<b>EMPLOYEE has LOSS or GAIN of Alternate Health Coverage-Election must be made within 60 days.</b>	
<input type="checkbox"/> ENROLL in Plan (provide proof of loss): <input type="checkbox"/> Medical <input type="checkbox"/> Dental & Cancel FlexCash <b>SELECT plan(s): Section 2/Section 4</b> <input type="checkbox"/> CANCEL Plan (provide proof of other coverage): <input type="checkbox"/> Medical <input type="checkbox"/> Dental & Enroll FlexCash: <input type="checkbox"/> Medical(\$128.00) <input type="checkbox"/> Dental(\$12.00)	

### Section 2: Medical Plan Options – Check plan selected

<input type="checkbox"/> BlueShield Access +(HMO)*	<input type="checkbox"/> BlueShieldNetValue(HMO)*	<input type="checkbox"/> Kaiser(HMO)*	<input type="checkbox"/> PERSChoice(PPO)	<input type="checkbox"/> PERS Select(PPO)	<input type="checkbox"/> 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 <i>California State University, Fresno's</i> zip code. Are you enrolling under employer's zip code? <input type="checkbox"/> Yes <input type="checkbox"/> No					This medical plan is <u>restricted</u> to Unit 8 employees with SUPA membership. <input type="checkbox"/> PORAC (PPO)

### Section 3: 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)

### Section 4: Dental Plan Options – Check plan selected

<input type="checkbox"/> DELTA DENTAL (PPO)	<input type="checkbox"/> DELTA CARE USA (HMO) Specify provider name and facility: _____
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### Section 5: IMPORTANT INFORMATION FOR NEW ENROLLMENTS AND CHANGES: Dependent on reverse side.

- **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 circle "Add" or "Delete."

RELATIONSHIP	CIRCLE Gender	LEGAL - NAME (FIRST, M.I., LAST)	SSN	Medical	Dental	Vision	DATE OF BIRTH	CIRCLE ACTION
SELF	F   M							Add   Delete   N/A
	F   M							Add   Delete   N/A
	F   M							Add   Delete   N/A
	F   M							Add   Delete   N/A
	F   M							Add   Delete   N/A
	F   M							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 (HR).
- I have read the reverse side of this form outlining the CalPERS guidelines for enrolling in a health plan.
- ADDING DEPENDENTS:** I understand that a **Certificate of Live Birth** is required for each dependents except spouse/domestic partner when I sign the original enrollment documents.   **ADDING NEWBORN:** A **Hospital Record of Birth** or **Certificate of Live Birth** is required for enrollment. I will provide the Social Security # to HR in compliance with the health plan requirements for adding a dependent within 4-6 weeks of birth.

**Employee's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**HR OFFICE USE:**    Copy of Marriage Certificate or Domestic Partnership  
 Hospital Record of Birth (Newborn only)    Birth Certificate (s)

E-mail sent \_\_\_\_\_  
 Follow-up phone call home or office \_\_\_\_\_

## CalPERS Guidelines

You have **60 days** 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 **completed 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 26 – Natural children, stepchildren or adopted children
- Economically dependent children (contact Human Resources for additional paperwork).

### When May I Add or Delete Dependents?

- 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 1<sup>st</sup>.

### 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 not eligible.

### Children

Your children, adopted children, or stepchildren must be under age 26 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 26, who 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 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 26 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, under only one of you. 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, all children 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.