Health Account Management Division
P.O. BOX 942715, Sacramento, CA 94229-2715
888 CalPERS (or **888**-225-7377) | TTY (877) 249-7442
FAX (800) 959-6545 | www.calpers.ca.gov

MEMBER QUESTIONNAIRE for the CalPERS DISABLED DEPENDENT HEALTH BENEFIT

Member: Please complete all items. Incomplete forms will be returned causing a delay in benefits. CalPERS will determine eligibility upon receipt of this form and the physician's **MEDICAL REPORT for the DISABLED DEPENDENT BENEFIT.**

PART A: EMPLOYEE/ANNUITANT INFORMATION:	DEPENDENT INFORMATION:
Name:_______________________________________	Name:_______________________________________
Social Security Number (SSN): _______-____-________	Social Security Number (SSN):______-_____-______
Address:_____________________________________	Address:_____________________________________
Primary Phone Number: (____)_____________________	Date of Birth: _______________________________

PART B: Please provide the following information about the dependent who is seeking initial or continued enrollment or recertification in the health plan under the disabled dependent benefit. For purposes of this benefit, a person is considered disabled if the person is incapable of self-support (i.e., incapable of any substantial gainful activity) as a result of a physical or mental disabling injury, illness or condition. Mail this completed form to the above address.

MEMBER QUESTIONNAIRE			
			Health Insurance
1.			Is the dependent entitled to:
	Yes	No	Medicare Part A (hospital care)? (If yes, attach a copy of the dependent's Medicare card.)
	Yes	No	Medicare Part B (medical care)? (If yes, attach a copy of the dependent's Medicare card.)
	Yes	No	Other insurance? (If yes, specify the plan name and type of coverage.)
			Income and Support
2.	Yes	No	Is the dependent economically dependent upon you for his or her support?
	Yes	No	I claim the child as my dependent for income tax purposes.
3.			Is the dependent entitled to receive:
	Yes	No	Social Security Disability Insurance (SSDI)? If yes, as of what date? _____________
	Yes	No	Supplemental Security Income (SSI)? If yes, as of what date? _____________
			Additional Eligibility Questions
4.	Yes	No	Is the dependent working?
	Yes	No	Is the dependent incapable of self-support because of a physical or mental disability?
			If yes, what age did the dependent become physically or mentally disabled? _____

PART C: CERTIFICATION:

I hereby certify under penalty of perjury, that information provided by me is true and correct to the best of my knowledge. I also agree to provide supporting documentation such as, but not limited to, tax returns, statement of financial liability, or any other documents, when requested by my employer or CalPERS.

____ ____________________
Employee/Annuitant Signature Date

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 CalPERS being unable to perform its functions regarding your status.

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).