



# Affidavit of Parent-Child Relationship

California Code of Regulations section 599.500(o)

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in a CalPERS-sponsored health plan. Pursuant to Title 2, California Code of Regulations (CCR), section 599.500(o), an employee or annuitant may enroll a child, other than an adopted, step or recognized natural child, in the health plan if the employee or annuitant has assumed a "parent-child relationship" with that child in lieu of the child's adoptive, step or natural parent, up to age 26.

A parent-child relationship occurs when the employee or annuitant assumes a parental role and is considered the primary care "parent." Evidence of this relationship may include assuming responsibilities such as providing shelter, clothing, food, child care or education for the child, as well as assuming parental duties, such as providing permission for school activities, health care services, extracurricular, and recreational activities.

A parent-child relationship must be certified at the time of enrollment for each child and annually thereafter up to age 26. Spouses of your recognized natural, adopted, or stepchild are **not** eligible for enrollment.

## Employee/Annuitant Information

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (First) (M.I.) (Last)

What is the date you assumed the primary custodial parental role for the child? \_\_\_\_\_

What is your relationship to the child? \_\_\_\_\_

## Child Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ (First) (M.I.) (Last)

Address (if different from employee/annuitant): \_\_\_\_\_

Have you enrolled other children as family members under CCR section 599.500(o)? Yes  No

If yes, what is the number of children enrolled under CCR section 599.500(o)? \_\_\_\_\_

**Note:** A new Affidavit of Parent Child-Relationship form must be submitted for each child.

## Eligibility

I hereby certify I have assumed a parent-child relationship with the child named above, as evidenced by the following:	Internal Use Only (HBO Initials)
1. I have assumed a primary custodial role for this child.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
2. I am considered the primary care "parent."	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
3. I have assumed responsibility for providing the essential needs for this child, such as food, shelter, clothing, and education.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
4. Has the child been placed in your care as a result of foster care?	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
5. I am listed as the primary contact on school, health, and other emergency forms.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
6. I provide parental permission for the child regarding health care services, school, extracurricular, and other activities.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
7. The child is living with me. (If the child is not currently living with you, please state the reason why.) _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
8. I claim the child as my dependent for income tax purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____
9. Other (please explain or attach explanation): _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials ____

