



Office of Employer and Member Health Services
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 Telecommunications Device for the Deaf - 916-795-3240
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September 15, 2009

<<First>> <<Last>>
 <<Address>>
 <<City>>, <<State>> <<Zip>>

SUBJECT: CALPERS RETIREE HEALTH INSURANCE

Welcome! The **Los Angeles Community College District (LACCD)** has elected to participate in the Public Employees' Medical and Hospital Care Act (PEMHCA) effective **January 1, 2010**. As an annuitant of the **LACCD**, you are now eligible to participate in a CalPERS health benefits plan.

In this enrollment package, you will find information on benefits, rates, and eligibility for plans offered in the CalPERS Health Benefits Program. An enrollment form and a return envelope have been included for your convenience.

Table of Contents

| Section | Page |
|--|-------------|
| General Information | 2-3 |
| Medicare Information | 4-6 |
| Frequently Asked Questions | 7-9 |
| CalPERS 2009 Health Premiums | 10 |
| <i>Retiree Enrollment Form</i> | 11 |
| <i>Certification of Medicare Status Form</i> | 12 |

Checklist

- I have read all the information enclosed.
- I have completed, signed, and returned the *Retiree Enrollment Form* and *Certification of Medicare Status* (if applicable) to CalPERS, using the return envelope provided.

Questions

If you have any questions regarding the health benefits program or need assistance completing the enrollment form, please write or telephone any of the California Public Employees' Retirement System offices shown on the back of the enclosed pamphlets. Also feel free to contact us toll free at **(888) CalPERS** (or **888-225-7377**).

Sincerely,


 Kim Maness, Manager
 Public Agency Programs

GENERAL INFORMATION

Eligibility and definitions

The following table highlights who is eligible and the requirements for enrollment:

| | |
|--|---|
| Annuitant Survivor Family Members | <ul style="list-style-type: none"> An employee who has retired (service or disability). A family member who is receiving an allowance as a survivor of a retiree. A spouse, registered domestic partner, disabled dependent and eligible children under the age of 23. |
| Requirements to add a Family Member | <ul style="list-style-type: none"> Spouse - a copy of your marriage certificate, your spouse's Social Security number and Medicare ID # if eligible. Domestic partner - a registered Declaration of Domestic Partnership, your domestic partner's Social Security number and Medicare ID # if eligible. Dependent under 23 years of age – birth certificate or adoption papers and their Social Security number. Economically dependent children - an Affidavit of Eligibility. |
| Who's not eligible to enroll? | <ul style="list-style-type: none"> A survivor cannot enroll any dependents that were not directly related to the deceased member. |
| The LACCD filed a Resolution with CalPERS | <ul style="list-style-type: none"> You are eligible to participate as long as the LACCD resolution remains in effect, and you continue to maintain annuitant status. |

Monthly contribution

- Premiums are payable in advance for all plans. (For example, your portion of the February premium will be deducted from the allowance that is paid to you on or about February 1st.)
- Your former employer will contribute \$<<**Contribution Amount**>> per month towards the cost of enrollment in an approved plan.
- If you choose to enroll, any remaining premium balance (over and above your former employer's contribution) will be deducted from your retirement allowance.
- Should your retirement allowance be insufficient to pay the premium balance our office will contact you regarding how to remit your share of the monthly premium.

Health Plans

Each Health Plan offers a “Basic Plan” and a “Medicare” coordinated plan. Enclosed is a copy of the 2010 Health Program Guide and 2010 Health Benefit Summary for your reference. Annuitants and dependents eligible for Medicare Parts A and B must enroll in a Medicare coordinated health plan (refer to the enclosed “yellow” Medicare documents). A copy of the Medicare card must be provided at the time of enrollment for the person(s) enrolling in a Medicare coordinated health plan.

- PERSCare and PERS Choice plans are not geographically restricted and are available to you regardless of your residence ZIP code. These plans offer a Supplement to Medicare (Original) plan. See your “Medicare & You” handbook provided by the Social Security Administration.
- Health Maintenance Organizations (HMOs) are restricted to persons residing in a geographic service area. See enclosed list to determine what HMOs, if any, are available in your area. HMOs offer **one** of two types of Medicare coordinated plans: Supplement to Medicare (Original) and Managed Medicare plans.

Enrollment

Your enrollment period begins now and closes 60 days after the effective date (**January 1, 2010**) of your agency’s participation with CalPERS.

The table below identifies effective coverage dates for medical benefits based on the submission of your enrollment document:

| If CalPERS received your enrollment documents on or before: | Your coverage will begin on: |
|--|-------------------------------------|
| December 31, 2009 | January 1, 2010* |
| January 31, 2010 | February 1, 2010* |
| February 28, 2010 | March 1, 2010* |

Note: If your enrollment form is received after payroll cut-off (usually by mid-month), you may experience two health premium deductions the following month.

If you miss this enrollment period, you will have to wait until the next open enrollment period during the fall of 2009. You may contact our office at 888 CalPERS (or 888-225-7377) to request Open Enrollment Materials.

IMPORTANT NOTE: If you are currently enrolled in a Medicare Part D Prescription Drug Plan (PDP), please refer to the enclosed Medicare Part D– Prescription Drug Plan information (refer to the enclosed “yellow” Medicare documents) before you complete your enrollment form.

This is a special communication to new CalPERS Health Program Medicare enrollees regarding Medicare Part D, the federal outpatient prescription drug benefit that was added to the Medicare program effective January 1, 2006. Members who enroll in a CalPERS health plan will have prescription drug coverage that is as good as, or better than, what is available under Medicare Part D. Part D is generally intended to assist those in Medicare who do **not** have prescription drug coverage through an Employer Group Health Plan like CalPERS.

HERE IS WHAT YOU NEED TO KNOW ABOUT MEDICARE PART D AND CALPERS

CalPERS Health Benefits Program

- Because CalPERS prescription drug coverage is as good as, or better than what is available under Medicare Part D, CalPERS members should **not** enroll in a non-CalPERS Medicare Part D Prescription Drug Plan (PDP).
- **Under California law, members who enroll in a non-CalPERS Medicare Part D PDP are not eligible for CalPERS health coverage.**
- **Dual coverage in Medicare PDP and CalPERS sponsored prescription drug plan is not permitted.**

Retirees who enroll in a Supplement to Medicare Plan

If you enroll in a supplement to Medicare health plan (PERSCare or PERS Choice PPO, or Blue Shield HMO), prescription drug coverage is included.

- You will have the option to participate in a mail service program or receive your prescriptions through a retail pharmacy program.

Retirees enrolling in the CalPERS Group Kaiser Permanente Senior Advantage Part D Prescription Drug Plan (PDP)

Whether you are enrolling new or transferring your existing Kaiser Permanente coverage to the CalPERS-sponsored Kaiser *Senior Advantage* plan, you must complete a Kaiser Permanente *Senior Advantage* “**Employer Group Plan with Part D**” Election Form and mail to Kaiser Permanente at the following address:

Kaiser Permanente
California Service Center
P.O. Box 232400
San Diego, CA 92193-9919

**Kaiser
Permanente
Senior Advantage
enrollment**

To request the Kaiser Permanente *Senior Advantage* “Employer Group Plan with Part D” Election Form, contact Kaiser at 1-877-882-2687.

Retirees have the option to enroll in the CalPERS Kaiser Permanente *Senior Advantage health plan*. To do this, you must disenroll from your existing Kaiser plan prior to enrollment in the CalPERS Kaiser *Senior Advantage plan*.

- Your completed **Employer Group Plan Part D Election Form** must be returned to Kaiser for processing to complete your CalPERS Kaiser Permanente Senior Advantage enrollment.
 - You will need verification that you are enrolled in Medicare Part A and Part B and that you live in a Kaiser Permanente Senior Advantage service area.
 - You will not have to pay a separate premium for the CalPERS-Kaiser Employer Group Part D plan.
-

**Retirees enrolling
in the Blue Shield
65 Plus (HMO)
Group Medicare
Advantage
Prescription Drug
Plan**

Blue Shield 65 Plus (HMO) is a Medicare-approved HMO with a Medicare Advantage-Prescription Drug Plan contract. Blue Shield 65 Plus offers this comprehensive plan to CalPERS retired Medicare beneficiaries who are entitled to Part A and Part B.

Members in the counties of Los Angeles, Orange, San Bernardino, Riverside, San Luis Obispo, Ventura, Fresno, Kern, and Madera may be in a qualifying zip code for the Blue Shield 65 Plus (HMO) plan. Please call the Blue Shield customer call center number below for more information and to find out if you are eligible for this plan.

If you have any questions about the Blue Shield 65 Plus (HMO) plan benefits, provider network, and how to enroll, please contact the Blue Shield Member Service Call Center at 1-800-776-4466 – select option 9 (TTY/TTD 1-800-794-1099) between 7 a.m. to 8 p.m., seven days a week. You may also visit the Blue Shield website at www.blueshieldca.com/calpers.

**Creditable
Coverage
Disclosure**

A Creditable Coverage Disclosure will be mailed to you once you are enrolled in a CalPERS health plan. **Please retain this very important document in your files.**

If you leave the CalPERS Health Program and enroll in a non-CalPERS Medicare Part D PDP, you may need to provide a copy of the Creditable Coverage Disclosure to your new health plan. This Disclosure will prove you have been enrolled in a health plan that has prescription drug coverage equal to Medicare Part D, otherwise you may have to pay a penalty to enroll in Medicare Part D later.

Social Security Administration (SSA) Low-Income Assistance Program

- **The Social Security Administration (SSA) offers a program to help people with low incomes and limited resources pay for Medicare Part D PDP costs. If you qualify for the low-income assistance program, you will need to decide whether it is in your best interest to enroll in the CalPERS Health Benefits Program.**
- **Your local SSA office or the Health Insurance Counseling and Advocacy Program (HICAP) can answer questions about the low-income assistance program.**

Questions about Medicare Part D and about the Low-Income Assistance Program?

Centers for Medicare & Medicaid Services (CMS)

Phone: 1-800-633-4227

Web site: www.medicare.gov

Health Insurance Counseling and Advocacy Program (HICAP)

Phone: 1-800-434-0222

Web site: www.cahealthadvocates.org

Social Security Administration

Phone: 1-800-772-1213

Web site: www.ssa.gov

Questions about this letter or how Part D affects your current health plan benefits?

CalPERS Customer Contact Center

Phone: 1(888) CalPERS (225-7377) or

Web site: <http://www.calpers.ca.gov>

FREQUENTLY ASKED QUESTIONS (General)

1. When will my deductions for this insurance begin?

If we receive your enrollment form by the fifth of the month, the deduction will be on the warrant issued the first of the following month. For example, your deduction will begin January 1st if we receive the enrollment form in our office by December 5th. If the election form is received in our office after December 5th but prior to January 1st, the first deduction would be on your February 1st warrant. Your share of the premium for January's coverage would be a "One Time Adjustment" on the February warrant.

2. I currently have deductions for health insurance taken from my allowance for a group policy through my former employer. Will this deduction automatically terminate when the PERS health plan takes effect?

No. CalPERS does not have the authority to cancel your deductions for your current "Direct Authorization" for health insurance. To cancel your individual policy, you should send a written request to your current health insurance carrier. Your former carrier will send a form to the CalPERS Post Retirement Services Division to stop your deduction.

3. What if my allowance is too small for my share of the monthly premium and/or for an adjustment for prior months?

Compare your retirement allowance with the cost of your share of the health plan you have chosen. To determine your share of the premium, refer to the monthly plan rate in the enclosed CalPERS 2007 Health Premiums schedule and subtract the contribution provided by your former employer.

Ongoing Insufficient Allowance. You will be paying your share of the monthly allowance on a quarterly basis. If you are a CalPERS or STRS member, you will be paying the difference in your allowance and your share of the premium. CalPERS staff will contact you to let you know how to remit your share of the monthly premium.

4. How do I use medical services prior to receiving my member card?

Notify the doctor's office or hospital that you are a new enrollee with your health plan. If you have your copy of the enrollment form, take it with you when you go so that they know the effective date and plan code. This form is your proof of enrollment if the HBD processed stamp appears in the upper right hand corner. Some health insurance carriers will start providing services with no restrictions, others may have certain requirements such as having you sign an agreement to pay if the enrollment is not valid, or having you pay for your prescriptions prior to receiving your card. Any monies paid by you for covered benefits will be reimbursed by the plan less any applicable co-payments and/or deductibles.

Please do not enclose a money order or a personal check with your initial enrollment form.

Please refer to the Health Program Guide which contain valuable information and may answer some of the questions you have regarding eligibility and enrollment for yourself and family members.

MEDICARE PART A AND B CALPERS ENROLLMENT REQUIREMENTS FOR HEALTH CARE COVERAGE AGE 65 AND OLDER

CALIFORNIA LAW

- Medicare-eligible members who wish to enroll in a CalPERS Health Program are required to enroll in Medicare Parts A and B before they enroll in a CalPERS sponsored Medicare health benefits plan. Note, Medicare eligible persons include retirees under age 65 who are Medicare eligible due to Social Security determined disability and/or End Stage Renal Disease (ERSD).
- Retirees and their dependents that are eligible for Medicare Part A (Hospital) and Part B (Medical) are prohibited by California law from enrolling in a CalPERS basic health plan.

1. What do retirees and survivors who are 65 or older need to do regarding health insurance enrollment?

CalPERS can't process health insurance enrollments for retirees and survivors, who are 65 or older, until it receives the CalPERS Certificate of Medicare Status form and/or a copy of your Medicare card. This documentation must be included with your enrollment form.

2. Is enrollment in CalPERS Medicare automatic?

No. You must complete the CalPERS Certification of Medicare Status form. If you are Medicare eligible, you must provide your Notice of Entitlement from the Social Security Administration indicating Medicare Parts A and B, OR provide documentation of your deferred enrollment in Part B.

If you are ineligible for Medicare, provide documentation of your Medicare ineligibility from the Social Security Administration.

3. Can I be eligible for Medicare through my spouse?

Yes, you may be eligible for Medicare through a spouse (current, former or deceased). If you are applying for Part A through a spouse, you can apply when your spouse is first eligible to receive Social Security benefits (age 62 for most).

A person not currently eligible for Medicare in their own right may become eligible through a future spouse. The Social Security Administration has specific rules about eligibility through a spouse.

Contact the Social Security Administration at 800-772-1213 to clarify your Medicare eligibility through a spouse.

4. What happens if I cancel or delay Medicare Part B enrollment?

Once you are enrolled in a CalPERS Medicare coordinated health plan, you must maintain continuous enrollment in Medicare Part B. If you cancel Medicare Part B, you no longer are eligible for CalPERS health coverage.

Delayed enrollment in Part B also results in the Social Security Administration permanently increasing your Medicare Part B premium. The Social Security Administration imposes a permanent monthly surcharge of 10% for every 12-month period that you could have been enrolled in Medicare Part B but did not enroll.

5. How am I ensured full health care coverage?

Your Medicare enrollment combines your federal Medicare insurance benefits with your CalPERS Medicare coordinated health plan benefits to ensure full coverage. Medicare-eligible enrollees can enroll in a Medicare health benefits plan. Remember, to enroll in a CalPERS Medicare plan, you must enroll in Medicare Parts A and B.

6. Whom do I call if I still have questions?

Call the Social Security Administration at 800-772-1213 with your Medicare questions.

Call the CalPERS Customer Contact Center at 888-225-7377 about questions for completing the CalPERS Certification of Medicare Status form.

CalPERS 2010 Health Premiums - Regional Contracting Agencies Only

| Basic | 2009 | | | 2010 | | | Percent Change (+/-) |
|---|----------|------------|------------|----------|------------|------------|----------------------|
| | Single | 2-Party | Family | Single | 2-Party | Family | |
| Basic Premium Rates - Bay Area | | | | | | | |
| Alameda, Amador, Contra Costa, Marin, Napa, Nevada, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba | | | | | | | |
| Blue Shield Access+ | \$560.57 | \$1,121.14 | \$1,457.48 | \$577.33 | \$1,154.66 | \$1,501.06 | 2.99% |
| Blue Shield NetValue | 495.50 | 991.00 | 1,288.30 | 500.35 | 1,000.70 | 1,300.91 | 0.98% |
| Kaiser CA | 508.30 | 1,016.60 | 1,321.58 | 532.56 | 1,065.12 | 1,384.66 | 4.77% |
| PERS Choice | 482.48 | 964.96 | 1,254.45 | 508.74 | 1,017.48 | 1,322.72 | 5.44% |
| PERS Select | 453.16 | 906.32 | 1,178.22 | 474.93 | 949.86 | 1,234.82 | 4.80% |
| PERSCare | 749.83 | 1,499.66 | 1,949.56 | 868.17 | 1,736.34 | 2,257.24 | 15.78% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Basic Premium Rates - Sacramento | | | | | | | |
| El Dorado, Placer, Sacramento | | | | | | | |
| Blue Shield Access+ | \$560.57 | \$1,121.14 | \$1,457.48 | \$519.57 | \$1,039.14 | \$1,350.88 | -7.31% |
| Blue Shield NetValue | 495.50 | 991.00 | 1,288.30 | 473.48 | 946.96 | 1,231.05 | -4.44% |
| Kaiser CA | 508.30 | 1,016.60 | 1,321.58 | 502.56 | 1,005.12 | 1,306.66 | -1.13% |
| PERS Choice | 482.48 | 964.96 | 1,254.45 | 458.36 | 916.72 | 1,191.74 | -5.00% |
| PERS Select | 453.16 | 906.32 | 1,178.22 | 427.90 | 855.80 | 1,112.54 | -5.57% |
| PERSCare | 749.83 | 1,499.66 | 1,949.56 | 782.19 | 1,564.38 | 2,033.69 | 4.32% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Basic Premium Rates - Los Angeles Area | | | | | | | |
| Los Angeles, San Bernardino, Ventura | | | | | | | |
| Blue Shield Access+ | \$412.35 | \$824.70 | \$1,072.11 | \$424.69 | \$849.38 | \$1,104.19 | 2.99% |
| Blue Shield NetValue | 364.49 | 728.98 | 947.67 | 368.06 | 736.12 | 956.96 | 0.98% |
| Kaiser CA | 388.02 | 776.04 | 1,008.85 | 413.17 | 826.34 | 1,074.24 | 6.48% |
| PERS Choice | 449.04 | 898.08 | 1,167.50 | 452.41 | 904.82 | 1,176.27 | 0.75% |
| PERS Select | 421.75 | 843.50 | 1,096.55 | 422.35 | 844.70 | 1,098.11 | 0.14% |
| PERSCare | 697.87 | 1,395.74 | 1,814.46 | 772.05 | 1,544.10 | 2,007.33 | 10.63% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Basic Premium Rates - Other Southern California | | | | | | | |
| Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare | | | | | | | |
| Blue Shield Access+ | \$471.18 | \$942.36 | \$1,225.07 | \$485.29 | \$970.58 | \$1,261.75 | 2.99% |
| Blue Shield NetValue | 416.49 | 832.98 | 1,082.87 | 420.59 | 841.18 | 1,093.53 | 0.98% |
| Kaiser CA | 425.11 | 850.22 | 1,105.29 | 454.99 | 909.98 | 1,182.97 | 7.03% |
| PERS Choice | 458.59 | 917.18 | 1,192.33 | 472.83 | 945.66 | 1,229.36 | 3.11% |
| PERS Select | 430.72 | 861.44 | 1,119.87 | 441.41 | 882.82 | 1,147.67 | 2.48% |
| PERSCare | 712.71 | 1,425.42 | 1,853.05 | 806.89 | 1,613.78 | 2,097.91 | 13.21% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Basic Premium Rates - Other Northern California | | | | | | | |
| Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne | | | | | | | |
| Blue Shield Access+ | \$569.01 | \$1,138.02 | \$1,479.43 | \$586.02 | \$1,172.04 | \$1,523.65 | 2.99% |
| Kaiser CA | 519.62 | 1,039.24 | 1,351.01 | 539.49 | 1,078.98 | 1,402.67 | 3.82% |
| PERS Choice | 501.59 | 1,003.18 | 1,304.13 | 492.41 | 984.82 | 1,280.27 | -1.83% |
| PERS Select | 471.10 | 942.20 | 1,224.86 | 459.69 | 919.38 | 1,195.19 | -2.42% |
| PERSCare | 779.53 | 1,559.06 | 2,026.78 | 840.31 | 1,680.62 | 2,184.81 | 7.80% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Basic Premium Rates - Out of State | | | | | | | |
| Kaiser/Out of State | \$660.32 | \$1,320.64 | \$1,716.83 | \$724.69 | \$1,449.38 | \$1,884.19 | 9.75% |
| PERS Choice | 525.47 | 1,050.94 | 1,366.22 | 579.58 | 1,159.16 | 1,506.91 | 10.30% |
| PERSCare | 816.65 | 1,633.30 | 2,123.29 | 989.07 | 1,978.14 | 2,571.58 | 21.11% |
| PORAC | 484.00 | 906.00 | 1,151.00 | 484.00 | 906.00 | 1,151.00 | 0.00% |
| Medicare | 2009 | | | 2010 | | | Percent Change (+/-) |
| | Single | 2-Party | Family | Single | 2-Party | Family | |
| Medicare Premium Rates - All Regions | | | | | | | |
| Blue Shield Access+ | \$341.44 | \$682.88 | \$1,024.32 | \$299.53 | \$599.06 | \$898.59 | -12.27% |
| Blue Shield NetValue | 304.66 | 609.32 | 913.98 | 299.53 | 599.06 | 898.59 | -1.68% |
| Kaiser CA | 280.16 | 560.32 | 840.48 | 298.36 | 596.72 | 895.08 | 6.50% |
| Kaiser/Out of State | 318.84 | 637.68 | 956.52 | 319.34 | 638.68 | 958.02 | 0.16% |
| PERS Choice | 349.11 | 698.22 | 1,047.33 | 356.09 | 712.18 | 1,068.27 | 2.00% |
| PERS Select | 349.11 | 698.22 | 1,047.33 | 356.09 | 712.18 | 1,068.27 | 2.00% |
| PERSCare | 404.60 | 809.20 | 1,213.80 | 410.60 | 821.20 | 1,231.80 | 1.48% |
| PORAC | 330.00 | 657.00 | 1,052.00 | 363.00 | 723.00 | 1,157.00 | 10.03% |



CalPERS HEALTH BENEFITS / RETIREE ENROLLMENT FORM

TO ENROLL, YOU MUST COMPLETE AND RETURN THIS FORM TO OUR OFFICE

CalPERS Office of Employer & Member Health Services
 PO BOX 942714
 Sacramento, CA 94229-2714
 Telecommunications Device for the Deaf: 916-795-3240
 Toll Free: (888) 225-7377
 Fax : (916) 795-1313

Agency: LACCD
Agency Code: 0770-000

PA

| | | | |
|--|---|--|---|
| AGENCY NAME: Los Angeles Community College District | RETIREMENT SYSTEM: (check one) <input type="checkbox"/> PERS <input type="checkbox"/> STRS <input type="checkbox"/> Other | BARGAINING UNIT: (check one) <<Bargaining Unit>> | |
| MEMBER'S SOCIAL SECURITY NUMBER -- -- | SPOUSE'S SOCIAL SECURITY NUMBER -- -- | DEPENDENT'S SOCIAL SECURITY NUMBER -- -- | |
| NAME IN FULL: <u> </u> First <u> </u> Middle <u> </u> Last | | | |
| YOUR MAILING ADDRESS | | | |
| NUMBER & STREET _____ | SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE | | |
| CITY _____ | MARRIED: <input type="checkbox"/> YES <input type="checkbox"/> NO | | |
| STATE & ZIP CODE _____ | BIRTHDAY: ____ / ____ / ____ | | |
| PLEASE SELECT YOUR ENROLLMENT EFFECTIVE DATE: | | | |
| <input type="checkbox"/> January 1, 2010 <input type="checkbox"/> February 1, 2010 <input type="checkbox"/> March 1, 2010 | | | |
| NAME OF HEALTH PLAN: _____ | | | |
| PRIMARY CARE PHYSICIAN / MEDICAL GROUP: _____ | | | |
| ALL PERSONS TO BE ENROLLED ON THE HEALTH PLAN: | | | |
| NAME | BIRTHDATE | RELATIONSHIP | BASIC OR MEDICARE COVERAGE* |
| _____ | ____ / ____ / ____ | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Medicare Supplement |
| _____ | ____ / ____ / ____ | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Medicare Supplement |
| _____ | ____ / ____ / ____ | _____ | <input type="checkbox"/> Basic <input type="checkbox"/> Medicare Supplement |
| <p>*NOTE: Persons eligible for premium-free Part A must enroll in Part B of Medicare and are required to enroll in a Medicare-coordinated health plan. If aged 65 or more, a copy of Medicare card and/or Certification of Medicare Status form must be returned with this form in order to enroll.</p> <p><input type="checkbox"/> Enclosed is a photocopy of my Medicare card or Certification of Medicare Status form.</p> <p><input type="checkbox"/> I am not eligible for Medicare. Attached is evidence of this fact.</p> <p><input type="checkbox"/> Enclosed is a photocopy of my dependent's Medicare card or Certification of Medicare Status form.</p> <p><input type="checkbox"/> My dependent is not eligible for Medicare. Attached is evidence of this fact.</p> | | | |
| <input type="checkbox"/> I DO NOT WISH TO ENROLL IN A PLAN UNDER THE ACT <input type="checkbox"/> I ELECT TO ENROLL IN A HEALTH BENEFITS PLAN AS SHOWN ABOVE AND AUTHORIZE DEDUCTIONS TO BE MADE FROM MY RETIREMENT ALLOWANCE TO COVER MY SHARE OF THE COST OF ENROLLMENT AS IT IS NOW OR AS IT MAY BE IN THE FUTURE. | | | |
| SIGNATURE: | | DATE FORM SIGNED: | |
| DAYTIME TELEPHONE NUMBER: () | | | |



Certification of Medicare Status

Please complete **Section 1, and either Section 2, 3 or 4.** Sign and date the form and return it to CalPERS at address listed below. **Please complete this form for each Medicare-eligible participant.**

Section 1: Please enter the Member's/Dependent's name and Social Security Number

| | |
|--|--|
| CalPERS Retiree Name: | CalPERS Retiree Social Security Number: _____ - _____ - _____ |
| Member/Dependent Age 65 or older: | Member/Dependent Social Security Number: _____ - _____ - _____ |

Section 2: For Member/Dependent Enrolled in Medicare Parts A and B

I am enrolled in Medicare Part A and Medicare Part B. This is the information reflected on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration:

| |
|--|
| Name of Medicare Beneficiary _____ |
| Medicare Claim Number ____ - ____ - _____ - _____ |
| HOSPITAL (PART A) effective date ____ - ____ - _____ |
| MEDICAL (PART B) effective date ____ - ____ - _____ |

Section 3: For Member/Dependent claiming Medicare Ineligibility

I am not eligible for premium-free Medicare Part A (in my own right or through a spouse). I have verified this with the Social Security Administration and have attached documentation of this fact. (Check all boxes that apply to you.)

| |
|--|
| <input type="checkbox"/> I did not work for <u>any</u> Social Security covered employment. |
| <input type="checkbox"/> I worked for Social Security covered employment, but have less than 40 quarters. |
| <input type="checkbox"/> I do not have a spouse (current, former or deceased) that qualifies me for Medicare Part A. |

Section 4: For Member/Dependent who works and has Employer Group Health Plan coverage

I have deferred Medicare Part B enrollment due to working beyond age 65 and have coverage in my/my spouse's Employer's Group Health Plan and have attached documentation of this fact.

| |
|--|
| 1. Name of your current employer _____ |
| 2. Name of your Group Health Plan provided by your employer _____ |

Under penalty of perjury, I certify that the above information is true and complete.

Signature

Date

(_____) _____
Daytime telephone number

Office of Employer & Member Health Services
P.O. Box 942714
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(888) CalPERS 225-7377