

HBD-12

Introduction Members with active employment status must complete and submit an HBD-12 form to their employer before enrolling for health benefits. Employers keep the completed HBD-12 in a file and should give the member a copy.

HBD-12

Instructions The table below details the steps you must take to complete an HBD-12 form.

Members and Employers

Active Members		Employers	
Please complete the following boxes 1, 2, 3, 4A, 4B, 5, 6, 7, 11, 17, 18, 19, 20 and 21.		Please complete the following boxes 8, 9, 10, 12, 13, 14, 15, 16, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35.	
Contact your employer's Health Benefits Officer (HBO) or Personnel Office if you require further assistance.		If an employee requires assistance completing this form, please provide support where possible.	
Retired Members	To make an Open Enrollment change, complete the request form HBD-30 , and mail it to CalPERS. If you prefer, you may call CalPERS to make changes over the phone. All changes are subject to verification of eligibility.		
	<u>Mail HBD-30 requests to:</u> Office of Employer and Member Health Services P.O. Box 942714 Sacramento, CA 94229-2714	<u>Or Contact CalPERS with questions</u> Toll Free: 888 CalPERS (or 888-225-7377) TTY: 800-735-2929 FAX: 916-795-1313	

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Box	Process						
<p><u>1</u> Type of Action (required)</p>	<p>Check one:</p> <table border="1" data-bbox="597 254 1401 579"> <tr> <td data-bbox="597 254 743 306">New</td> <td data-bbox="743 254 1401 306">Not enrolled</td> </tr> <tr> <td data-bbox="597 306 743 537">Change</td> <td data-bbox="743 306 1401 537"> Is enrolled and either <ul style="list-style-type: none"> ● Changing health plans (when authorized) ● Adding family members ● Deleting family members ● Changing to a Medicare Coordinated plan (at retirement) </td> </tr> <tr> <td data-bbox="597 537 743 579">Cancel</td> <td data-bbox="743 537 1401 579">Canceling all coverage</td> </tr> </table>	New	Not enrolled	Change	Is enrolled and either <ul style="list-style-type: none"> ● Changing health plans (when authorized) ● Adding family members ● Deleting family members ● Changing to a Medicare Coordinated plan (at retirement) 	Cancel	Canceling all coverage
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Cancel	Canceling all coverage						
<p><u>2 and 3</u> Social Security Number (required)</p>	<p>Enter your Social Security Number (SSN) and spouse or domestic partner's SSN. You may process this form without a SSN; however, <i>you must provide each one</i> as soon as possible.</p>						
<p><u>4A</u> Name and Mailing Address</p>	<p>Enter your name as shown on the appointment document. <i>Do not use nicknames.</i> Enter your RESIDENCE or mailing address.</p>						
<p><u>4B</u> Residence ZIP Code</p>	<p>Enter a residence ZIP Code to find an eligibility ZIP Code. If a mailing address is different from the residential address, include the Residence ZIP Code in Box 4B. If you decide to use a work ZIP Code, include that ZIP Code in Box 4A.</p>						
<p><u>5</u> Permanent Intermittent (State/CSU Only)</p>	<p>Check this box if you are Permanent Intermittent (PI) employee.</p>						
<p><u>6 and 7</u> Gender and Marital Status</p>	<p>Check the appropriate box:</p> <p>Yes- if married, separated</p> <p>No- if unmarried or received a final divorce decree</p>						
<p><u>8</u> Health Plan name</p>	<p>Refer to the Health Benefits Summary publication for a complete listing of all the CalPERS health plans on line at www.calpers.ca.gov, under the Forms and Publications section. Enter the correct name of the health plan of your choice.</p>						

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HBD-12 Instructions

Box	Process
<p>9 Health Plan Code</p>	<p>Refer to the annual Health Plan Rates located online at www.calpers.ca.gov, under the Forms and Publications section. Enter the correct health plan code for the employee.</p>
<p>10 Gross Premium</p>	<p>Using the applicable rate sheet, enter the full gross premium as shown in <i>dollars</i> and <i>cents</i>. For assistance, access CalPERS On-Line, at www.calpers.ca.gov, and search for the annual <i>Health Plan Rates</i>.</p>
<p>11 Primary Care Physician</p>	<p>Enter the name of a primary care physician and/or medical group. If you select an HMO but do not designate a Primary Care Physician/Medical Group, the plan will select one for you.</p>
<p>12 Prior Health Plan</p>	<p>Enter prior health plan only if the employee is changing plans or canceling coverage.</p>
<p>13 Prior Plan Code</p>	<p>Enter prior plan code only if the employee is changing plans or canceling coverage. For assistance, access CalPERS On-Line, at www.calpers.ca.gov and search for the annual <i>Health Plan Rates</i>.</p>
<p>14 Permitting Event Code (Reason Code)</p>	<p>Enter the appropriate transaction code, by locating the appropriate code in the Events/Reason Codes section of your manual. Complete a separate HBD-12 for each transaction that involves a different reason code or effective date.</p>
<p>15 Permitting Event Date (required)</p>	<p>Enter the date of an event that permits a change.</p> <p><u>Examples:</u> The employee's appointment date, the date of marriage or divorce, the date of death, or the birth date of a dependent.</p>
<p>16 Effective Date</p> <p>Permissive and Mandatory Transactions</p>	<p>Permissive transactions are effective on the first of the month following the date the agency receives an enrollment form (Box 33), within 60 days of event.</p> <p>Mandatory transactions are effective on the first of the month following an event (Box 15). For Open Enrollment transactions, refer to the Open Enrollment section of your manual. For additional information on effective dates, refer to the Events, Effective Dates and Reason Codes sections of your manual.</p>

Continued on next page

Members and Employers (continued)

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<p>17 and/or 18 Enrolled Family Members</p>	<p>Use the appropriate Action Code to indicate <i>additions</i> or <i>deletions</i> of family members.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%; text-align: center;">Action Code</th> <th style="text-align: center;">Procedure</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>Use A to indicate the addition of family member(s), such as a new enrollment; mark the <i>Action Code</i> to the left of each enrollee's name.</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Use D to indicate the deletion of family member(s).</td> </tr> </tbody> </table> <p><u>Note:</u> Do not use <i>Action Codes</i> to change plans or to cancel coverage (use boxes 1 and 19 to change plans or cancel coverage). When adding or deleting dependents, place an <i>Action Code</i> next to their name(s), then list additional family members' names (but do not add an <i>Action Code</i>).</p> <p>List all family members as follows (avoid nicknames):</p> <ul style="list-style-type: none"> ● First name (full) ● Middle (abbreviation) ● Last name (full) <p>List birthdate(s) as: MM/DD/YYYY</p> <p>If possible, list Social Security Numbers for dependents other than a spouse (required) in Box 35 (Remarks).</p> <p>Abbreviations for <i>family relationship codes</i>:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 50%; text-align: center;">Family Relationship</th> <th style="text-align: center;">Abbreviation</th> </tr> </thead> <tbody> <tr><td>Wife</td><td>Wife</td></tr> <tr><td>Husband</td><td>Husb</td></tr> <tr><td>Son</td><td>Son</td></tr> <tr><td>Daughter</td><td>Dtr</td></tr> <tr><td>Stepson</td><td>S/Son</td></tr> <tr><td>Stepdaughter</td><td>S/Dtr</td></tr> <tr><td>Adopted Son</td><td>A/Son</td></tr> <tr><td>Adopted Daughter</td><td>A/Dtr</td></tr> <tr><td>All Others</td><td>Specify</td></tr> </tbody> </table> <p>List gender of family member.</p> <p><u>Note:</u> A Family Code is not required.</p>	Action Code	Procedure	A	Use A to indicate the addition of family member(s), such as a new enrollment; mark the <i>Action Code</i> to the left of each enrollee's name.	D	Use D to indicate the deletion of family member(s).	Family Relationship	Abbreviation	Wife	Wife	Husband	Husb	Son	Son	Daughter	Dtr	Stepson	S/Son	Stepdaughter	S/Dtr	Adopted Son	A/Son	Adopted Daughter	A/Dtr	All Others	Specify
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HBD-12, Continued

Members and Employers (continued)

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<p><u>19</u> Check One</p>	<table border="1"> <tr> <td data-bbox="597 426 870 548">I do not wish to enroll</td> <td data-bbox="870 426 1401 548">Check this box <i>only</i> when you wish to decline Health Benefits coverage. Request a copy from your HBO or Personnel Office.</td> </tr> <tr> <td data-bbox="597 548 870 636">I elect to enroll</td> <td data-bbox="870 548 1401 636">Check this box for new enrollments and enrollment changes.</td> </tr> <tr> <td data-bbox="597 636 870 751">I elect to cancel</td> <td data-bbox="870 636 1401 751">Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.</td> </tr> </table>	I do not wish to enroll	Check this box <i>only</i> when you wish to decline Health Benefits coverage. Request a copy from your HBO or Personnel Office.	I elect to enroll	Check this box for new enrollments and enrollment changes.	I elect to cancel	Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.
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I elect to enroll	Check this box for new enrollments and enrollment changes.						
I elect to cancel	Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.						
<p><u>20</u> Employee or Annuitant Signature</p>	<p>You <u>must sign the HBD-12.</u></p> <p>By doing so you:</p> <ul style="list-style-type: none"> ● Authorize premium deductions ● Verify a health plan selection ● Verify the eligibility of all enrolled family members ● Please include a daytime phone number 						
<p><u>21</u> Date Signed</p>	<p>Enter the month, day, and year.</p> <p><u>Remember:</u> <i>Permissive enrollment transactions are valid only when they are received in the employer's office and dated within 60 calendar days from the event date.</i></p> <p>This is the last BOX a member/employee completes; the rest of the form must be processed by an HBO.</p>						
<p><u>22 - 27</u> (Active State Employees only... all others, skip to Box 28)</p>	<p><u>Note:</u> The State Controller's Office requires this information to start, change, or stop premium payments. Do not complete Boxes 22-27 if the transaction does not affect the premium payment, such as when adding a fourth family member.</p>						
<p><u>22</u> Deduction Code</p>	<p>Refer to Box 8 for instructions. Enter the 3-digit plan code, excluding the party code (last digit).</p> <p><u>Examples:</u> Kaiser code 563 Coverage, enter: 056 (3 digit codes are preceded by 0). CCPOA Code 2742 Coverage, enter: 274.</p>						
<p><u>23</u> Type of Action</p>	<p>Check the appropriate box (same as Box 1)</p> <p><u>Note:</u> The cancel and change boxes are listed in reverse order for key-entry reasons.</p>						

<p>24 Pay Period</p>	<p>A pay period is the month prior to an effective date. In the three boxes, enter two digits for the pay period month and a last digit for the appropriate year.</p> <p><u>Examples:</u></p> <table border="1" data-bbox="683 415 1304 569"> <thead> <tr> <th>Pay Period</th> <th>Digits</th> </tr> </thead> <tbody> <tr> <td>11/01/08</td> <td>10 08</td> </tr> <tr> <td>03/05/08</td> <td>02 08</td> </tr> </tbody> </table>	Pay Period	Digits	11/01/08	10 08	03/05/08	02 08						
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11/01/08	10 08												
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<p>25 Party Code</p>	<p>Enter the last digit of the plan code (1, 2, or 3).</p>												
<p>26 Employee Designation</p>	<p>Enter the appropriate alpha code:</p> <table border="1" data-bbox="618 762 1352 1066"> <thead> <tr> <th>Alpha Code</th> <th>Designation</th> </tr> </thead> <tbody> <tr> <td>R</td> <td>Rank and file employees</td> </tr> <tr> <td>S</td> <td>Supervisory employees</td> </tr> <tr> <td>M</td> <td>Management</td> </tr> <tr> <td>C</td> <td>Confidential employees</td> </tr> <tr> <td>E</td> <td>Excluded</td> </tr> </tbody> </table>	Alpha Code	Designation	R	Rank and file employees	S	Supervisory employees	M	Management	C	Confidential employees	E	Excluded
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S	Supervisory employees												
M	Management												
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<p>27 Bargaining Unit</p>	<p>Enter the appropriate two-digit collective bargaining unit code.</p>												
<p>28 Agency Name</p>	<p>Enter the agency's name (do not abbreviate).</p>												
<p>29 Payroll Office Code</p>	<p>Enter the appropriate code, referring to the Payroll Office Code section for a complete listing.</p>												
<p>30 and 31 Agency and Unit Code</p>	<p>Enter an employer's three-digit agency and unit code (where applicable).</p>												
<p>32 Signature of Health Benefits Officer (required)</p>	<p>Signature of authorize Health Benefits Officer or assistant (signature must be legible).</p>												
<p>33 Date Received in Employing Office</p>	<p>The employing office where an employee receives his or her lowest level of supervision (local timekeeper or attendance clerk).</p>												
<p>34 Phone Number</p>	<p>Enter the public phone number of the Health Benefits Officer or assistant who is the contact for an enrollment document.</p>												

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35 Remarks	<p>Use this section to enter additional information pertinent to the enrollment action and in numbering multiple documents. When there are multiple documents, please number them 1/4, 2/4, etc.</p> <p>You can also use this box to:</p> <ul style="list-style-type: none">● List completed hours for a PI employee● Certify an HBD-35 is on file for an economic dependent addition● Explain coordination of coverage between family members● Verify a family member's eligibility● Explain any special circumstances
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