



Office of Employer and Member Health Services
 P.O. Box 942714
 Sacramento, CA 94229-2714
 (888) CalPERS 225-7377
 Telecommunications Device for the Deaf - 916-795-3240
 FAX 916-795-1277

TO: All Faculty Retirees of Hartnell Community College

DATE: May 14, 2010

SUBJECT: CALPERS RETIREE HEALTH INSURANCE

Welcome! The **Hartnell Community College District** has elected to participate in the Public Employees' Medical and Hospital Care Act (PEMHCA) effective July 1, 2010. As an annuitant of the Hartnell Community College District, 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.

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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,

Terri McIntyre, Manager
 Public Agency Programs

Eligibility and definitions

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

<p>Annuitant</p> <p>Survivor</p> <p>Family Members</p>	<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.
<p>Requirements to add a Family Member</p>	<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 (Form HBD-35).
<p>Who's not eligible to enroll?</p>	<ul style="list-style-type: none"> • A survivor cannot enroll any dependents that were not directly related to the deceased member.
<p>The Hartnell Community College District filed a Resolution with CalPERS</p>	<ul style="list-style-type: none"> • You are eligible to participate as long as the District's 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 January premium will be deducted from the allowance that is paid to you on or about January 1st.)
- For Medicare eligible retirees, your former employer will contribute **\$1.00** 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. 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 (please read carefully)

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

ENROLLMENT EVENT! ⇔ :

PLEASE TURN IN YOUR COMPLETED HEALTH FORM AT THE SPECIAL ENROLLMENT EVENT:

Come talk to agents from CalPERS, MedCo Rx, and Blue Cross!

DATE: MAY 20, 2010 (THURSDAY)

TIME: 11:00 A.M.

LOCATION: HARTNELL LIBRARY, DISTANCE LEARNING ROOM 113

If your form is received by CalPERS after June 30, 2010, your effective date will be August 1, 2010, and you will experience a lapse in coverage.

**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 2010. 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 before you complete your enrollment form.



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May 14, 2010

Dear Retiree:

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 into 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)

If you are a new enrollee for Kaiser Permanente coverage under the CalPERS-sponsored Kaiser *Senior Advantage* plan, you must complete a Kaiser Permanente *Senior Advantage* “**Group Plan**” Election Form and mail to Kaiser Permanente at the following address:

Kaiser Permanente – Medicare Unit
P.O. Box 232400
San Diego, CA 92193-2400

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

Kaiser Permanente Senior Advantage enrollment

- Whether you are new or currently enrolled in a Kaiser *Senior Advantage* health plan, you must complete the CalPERS retiree enrollment form and verify you are enrolled in Medicare Part A and Part B and that you live in the Kaiser Permanente Senior Advantage service area.
- You will not have to pay a separate premium for the CalPERS-sponsored Kaiser *Senior Advantage* plan.

**Retirees enrolling in the CalPERS-sponsored Blue Shield Advantage Plans (Blue Shield Advantage Access + and Blue Shield Advantage Net Value)
*these plans are also known as Blue Shield 65 Plus plan**

Whether you are enrolling new or transferring your existing Blue Shield of California coverage to the CalPERS-sponsored Blue Shield Advantage plans, you must complete a Blue Shield of California 65 Plus (HMO) Employer/Union Group Health Plan Enrollment Request Form and mail to Blue Shield.

To request the Blue Shield Enrollment Request Form, contact Blue Shield at 1-800-776-4466.

- Your completed Blue Shield Enrollment Request form must be returned to Blue Shield for processing to complete your CalPERS Blue Shield Advantage enrollment.
- You will need verification that you are enrolled in Medicare Part A and Part B.
- You will not have to pay a separate premium for the CalPERS-sponsored Blue Shield Advantage plan.
- Blue Shield Advantage/Blue Shield 65 Plus is limited to parts of Los Angeles, Orange, San Luis Obispo, Venture, Riverside, San Bernardino, Kern, Fresno, and Madera counties. Please contact Blue Shield to ensure that you live in the Blue Shield Advantage/Blue Shield 65 Plus service area.

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>

Sincerely,



Terri McIntyre, Manager
Public Agency Programs

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 contains 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

HEALTH CARE COVERAGE FOR AGES 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.

FREQUENTLY ASKED QUESTIONS:

1. WHAT DO RETIREES AND SURVIVORS WHO ARE 65 OR OLDER NEED TO DO REGARDING HEALTH INSURANCE ENROLLMENT?

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

2. IS ENROLLMENT IN CALPERS MEDICARE AUTOMATIC?

Response: 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?

Response: 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?

Response: Once you are enrolled in a CalPERS Medicare coordinated health plan, you must maintain continuous enrollment in Medicare Part B. If you refuse, cancel or fail to pay your Medicare Part B, you are no longer eligible for CalPERS health coverage.

Delayed enrollment in Part B may result 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. Part B enrollment can be deferred if you are still working, and have active employer group health coverage (your own or your spouse's), you must indicate this on the *Certification of Medicare Status* form and return it to CalPERS. You will remain in a CalPERS Basic health plan until retirement or until you lose your employer group health coverage.

5. WILL I BE ENSURED IN FULL HEALTH CARE COVERAGE?

Response: 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: In order 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?

Response: Call the Social Security Administration at 1-800-772-1213 with your Medicare questions.

Call the CalPERS Customer Contact Center at 1-888-225-7377 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
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PA

Agency: HARTNELL COLLEGE
Agency Code: 0203-024
Group Code: 001

AGENCY NAME: Hartnell Community College	RETIREMENT SYSTEM: <input type="checkbox"/> CalSTRS <input type="checkbox"/> CalPERS	BARGAINING UNIT: (HCFA) Hartnell College Faculty Association
MEMBER'S SOCIAL SECURITY NUMBER _____	SPOUSE'S SOCIAL SECURITY # _____	DEPENDENT'S SOCIAL SECURITY # _____

NAME IN FULL: First Middle Last

YOUR MAILING ADDRESS

NUMBER & STREET _____ **SEX:** Male Female

CITY _____ **MARRIED:** Yes No

STATE & ZIP CODE _____ **BIRTHDAY:** ____/____/____

PLEASE SELECT YOUR ENROLLMENT EFFECTIVE DATE:

July 1, 2010 Other: ____ 1, 2010 ____ 1, 2011

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

***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.**

Enclosed is a photocopy of my Medicare card or Certification of Medicare Status form.

I am not eligible for Medicare. Attached is evidence of this fact.

Enclosed is a photocopy of my dependent's Medicare card or Certification of Medicare Status form.

My dependent is not eligible for Medicare. Attached is evidence of this fact.

I DO NOT WISH TO ENROLL IN A PLAN UNDER THE ACT

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
Sacramento, CA 94229-2714
(888) CalPERS 225-7377