

SPOUSE:

- A copy of your government-issued marriage certificate, **AND**
- A document dated within the last 60 days showing your current relationship status, such as a recurring household bill or statement account or the front page of your latest tax filing. The document must list your name, your spouse's name, the date and your mailing address.

REGISTERED DOMESTIC PARTNER:

- A copy of your Declaration of Domestic Partnership registered with the California Secretary of State, **AND**
- A document dated within the last 60 days showing your current relationship status, such as a recurring household bill or statement of account. The document must list your name, your partner's name, the date and your mailing address.

CHILDREN up to age 26*:

- A child is defined as a natural or adopted child, or a step-child, including a child of a domestic partner.
- A copy of the child's birth certificate or adoption certificate naming you, your spouse or your domestic partner as the child's parent **OR**
- A copy of the court order naming you, your spouse or domestic partner as the child's legal guardian.

CHILDREN up to age 26 where you assume the role of primary care parent:

- An Affidavit of Parent-Child Relationship, **AND**
- A copy of the front page of your most recent federal or state tax return confirming the child as your dependent, **OR**
- A copy of the court order naming you as the child's legal guardian, **OR** document(s) dated within the last 60 days showing shared household address with the dependent, such as a recurring household bill or statement of account. The document must list your name, your dependent's name, the date and your mailing address.

*For a stepchild, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.

FlexCash Enrollments:

When enrolling in Medical and/or Dental FlexCash, employees are required to provide proof of alternate group health and/or dental coverage. Supporting documentation may include, but is not limited to, documentation verifying the group coverage and identifying you as a covered member. This can be a statement on company letterhead, an email from the Human Resources department, or a print out from the employer's benefits web page. The employer's name or website must be displayed on the print out for verification. A health identification card with your name on it may be sufficient documentation as long the employer's name is also displayed on the card.

If you are covered under an individual health insurance policy (i.e. Covered California or another insurance marketplace), or by TRICARE, Medicare, Medi-Cal or the International Student Health Insurance Plan, you are considered to have "individual" health coverage and are not eligible to receive FlexCash in lieu of other health coverage.

Split Enrollments:

Members who are married or in a registered domestic partnership and who both work for agencies in the CalPERS Health Program can enroll separately. If you and your spouse or domestic partner enroll separately, you must enroll all eligible family members, regardless of the relationship, under one parent. Dependents cannot be split between parents.

Dual Coverage

You cannot be enrolled in a CalPERS health plan as a member and a dependent, or a dependent on two enrollments. This is considered dual coverage, is unlawful, and when discovered, will be cancelled retroactively. You may be subject to pay for all costs incurred from the date the dual coverage began.

Family Status Changes – Adding or Deleting Dependents

Divorce or Termination of Domestic Partnership

If you divorce or terminate a domestic partnership, your former spouse/domestic partner is no longer eligible to be enrolled in your health coverage, even if the court orders you to provide health coverage for them. The coverage terminates on the first day of the month following the date the final decree of divorce or termination is granted. Former spouses may be eligible for coverage under a COBRA or an Individual Conversion Policy. You must submit a copy of your final divorce decree or Notice of Termination of Domestic Partnership form to Benefits Services.

Newborn or Newly Adopted Child

You must enroll within 60 days from the date of birth; however, your newborn child is covered from the date of birth. Adopted children are covered beginning the date the formal adoption takes effect. We will process your child's paperwork for enrollment with a hospital birth certificate; however, you have 45 days from birth or adoption to provide a **certified birth certificate AND their Social Security number. This is required to keep your dependent covered.**

Death of a Dependent

If you have lost a family member and they are a dependent under your health plan, notify Benefits Services as soon as possible. A copy of the death certificate is required.