

Affidavit of Parent-Child Relationship

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in the CalPERS Health Benefits Program. Pursuant to Title 2, California Code of Regulations, 599.500(o), a "parent-child relationship" (PCR) is established when you intentionally assume parental status or duties over a child who is not your, adopted, step, or recognized natural child, and meet specific enrollment criteria.

As specified in Section 599.500(o) and outlined below, you are required to substantiate a financial responsibility upon initial enrollment and annually thereafter, up to the child reaching age 26. You must submit a separate PCR Affidavit for each dependent in a PCR. For initial enrollment and recertifications, all required documents and information must be submitted within 60 days of acquiring the dependent or 90 days prior to the dependent's recertification date. Incomplete forms will not be accepted.

Note: Foster children and spouses of your adopted, step, and recognized natural children do not qualify for CalPERS health coverage under any circumstances

Section 1: Employee/Annuitant Information

Name (First, Last)	SSN or CalPERS ID	Date of Birth (mm/dd/yyyy)
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Date assumed primary parental status or duties for the dependent in a PCR (mm/dd/yyyy)	Relationship to the dependent in a PCR
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Section 2: PCR Dependent Information

Name (First, Last)	SSN or CalPERS ID	Date of Birth (mm/dd/yyyy)
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Residential Address (if different from yours)

Section 3: Supporting Documentation Requirements

As evidenced by your selection below, you are certifying you have assumed parental status or duties and will provide the required supporting documentation for your dependent in a PCR with this Affidavit.

For a PCR Dependent Age 18 and Under:

- Submit a copy of the first page of your federal or state income tax return such as IRS Form 1040 from the previous tax year listing the child as a tax dependent, **OR**
- In lieu of a tax return, for a time not to exceed one tax filing year and only during the child's initial enrollment as a PCR, submit three supporting documents (see Section 4):

Please note, all future re-certifications of this child up until the age of 19, will require a copy of your income tax return from the previous tax year listing the child as a tax dependent. If you do not file taxes, you must submit THREE or more supporting documents and confirmation from the Internal Revenue Service, Franchise Tax Board, certified public accountant, tax preparer or other tax professional indicating a tax return is not required.

For a PCR Dependent Age 19 to 26:

- Submit a copy of the first page of your federal or state income tax return such as IRS Form 1040 from the previous tax year listing the child as a tax dependent, **OR**
- Select one of the following and provide the information requested to substantiate the child is dependent on you for more than 50 percent of their financial support:
 - the child resides with you rent free for more than 50 percent of the time: submit two supporting documents** (see Section 4)
 - the child resides with you and pays rent OR is a full-time student and doesn't reside with you: submit three supporting documents** (see Section 4)

Section 4: Supporting PCR Documentation

All supporting documents must have the child's name printed on them by the issuer. Except for legal judgements, court documents, driver's licenses, state identification, vehicle registrations, and rental/lease agreements, all other supporting documents may not be older than 60 calendar days from the date of signature of the Affidavit of Parent-Child Relationship.

Category A – Primary Supporting PCR Documentation

A minimum of ONE document must be from Category A

- Current legal judgments or court documents showing the subscriber's legal parental status or duties/guardianship over the child
- Current child's driver's license or state identification showing common residency
- Current rental or lease agreements
- School or college records listing you as child's guardian or indicating common residency
- Other verifiable documents showing common residency
- Bank statements or other financial documentation reflecting rent payment(s) for the child who does not reside with you along with proof of payment made by you

Category B - Secondary Supporting PCR Documentation

- Tuition payment(s), car insurance, vehicle registration, credit card statements, or other billing statements along with proof of payment(s) made by you
- Joint or child's bank statement showing reoccurring deposits along with proof that deposits was made by you
- Medical and dental bills for the child along with proof of payment(s) made by you

Section 5: Signature of Employee/Annuitant

I hereby certify under penalty of perjury, that all the information I have provided is true and correct to the best of my knowledge.

I recognize this affidavit is a legally binding document. I accept full responsibility to notify my employer or CalPERS of any changes pertaining to this PCR.

I also agree to provide all supporting documentation requested by my employer or CalPERS. I understand that each dependent in a PCR must be certified separately upon initial enrollment and annually thereafter up to age 26. I also understand that certification includes submission of this Affidavit and the required supporting documents.

I further understand the provision of California Government Code 20085, which states in part, it is unlawful for a person to do any of the following:

- Make, or cause to be made, any knowingly false material statement or material representation, to knowingly fail to disclose a material fact, or to otherwise provide false information with the intent to use it, or allow it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by this system.
- Present, or cause to be presented, any knowingly false material statement or material representation for the purpose of supporting or opposing an application for any benefit administered by this system.

Employee/Annuitant Signature

Date (mm/dd/yyyy)

Active Employees: Return this affidavit and required supporting documentation to your employer.

Retirees: Return this affidavit and required supporting documentation to CalPERS. Submit using **one** of the following:

Online (recertifications only): myCalPERS.ca.gov

Mail to:
CalPERS
Health Account Management Division
P.O. Box 942715
Sacramento, CA 94229-2715

Fax: (800) 959-6545

Section 6: For Employer Use Only (Active Employees Only)

This section must be signed and dated by the agency's Health Benefits Officer.

I hereby certify under penalty of perjury as follows:

I am a duly appointed and qualified representative of the agency/department.

I have reviewed the above affidavit, supporting documentation, and verified the identity of the subscriber submitting this affidavit.

I retained copies of the subscriber's health and dental enrollment form(s) and all supporting documents to enroll/recertify the eligibility of the employee's dependent in a PCR.

Based on the review of the documentation and information provided:

- I recommend enrolling/recertifying this dependent in a PCR based on the information provided and documentation attached [per CCR §599.500(o)].
- I do not recommend enrolling/recertifying this dependent in a PCR based on the information provided and/or lack of supporting documentation [per CCR §599.500(o)].

Health Benefit Officer Name (First, Last)

Health Benefit Officer Signature

Date (mm/dd/yyyy)

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested is collected pursuant to the Government Code (sections 20000 et seq.) and will be used to conduct CalPERS Board of Administration duties under the Public Employees' Retirement Law, the Social Security Act, and/or the Public Employees' Medical and Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to submit the required information may result in CalPERS being unable to perform its functions regarding your status.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers are collected either on a mandatory or voluntary basis. If this is CalPERS' first request for disclosure of your Social Security number, then disclosure is mandatory. If your Social Security number has already been provided, disclosure is voluntary. Due to the use of Social Security numbers by other agencies for identification purposes, we may be unable to verify eligibility for benefits without the number.

Social Security numbers are used for the following purposes:

1. Enrollee identification
2. Payroll deduction/state contributions
3. Billing of contracting agencies for employee/ employer contributions
4. Reports to CalPERS and other state agencies
5. Coordination of benefits among carriers
6. Resolving member appeals, complaints, or grievances with health plan carriers

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by CalPERS. For questions about this notice, our Privacy Policy, or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888-225-7377**).