Health Account Services
P.O. Box 942715
Sacramento, CA 94229-2715
(888) CalPERS (or **888**-225-7377)
TTY (877) 249-7442
Fax (800) 959-6545

MEMBER QUESTIONNAIRE for the CalPERS DISABLED DEPENDENT HEALTH BENEFIT

Member: Please complete all items. Incomplete forms will be returned causing a delay in benefits. CalPERS will determine eligibility upon receipt of this form and the physician's **MEDICAL REPORT for the DISABLED DEPENDENT BENEFIT**.

PART A: EMPLOYEE/ANNUITANT INFORMATION	**DEPENDENT INFORMATION**
Name: _____	**Name:** _____
Social Security Number (SSN): ___-___-___	**Social Security Number (SSN):** ___-___-___
Address: _____	**Address:** _____
_____	_____
_____	_____
Telephone: (___) _____	**Date of Birth:** _____

PART B: Please provide the following information about the dependent who is seeking initial or continued enrollment or recertification in the health plan under the disabled dependent benefit. For purposes of this benefit, a person is considered disabled if the person is incapable of self-support (i.e., incapable of any substantial gainful activity) as a result of a physical or mental disabling injury, illness or condition. Mail this completed form to the above address.

MEMBER QUESTIONNAIRE			
			Health Insurance
1.			Is the dependent entitled to:
	Yes ☐	**No** ☐	Medicare Part A (hospital care)? (If yes, attach a copy of the dependent's Medicare card.)
	Yes ☐	**No** ☐	Medicare Part B (medical care)? (If yes, attach a copy of the dependent's Medicare card.)
	Yes ☐	**No** ☐	Other insurance? (If yes, specify the plan name and type of coverage.)
			_____
			Income and Support
2.	**Yes** ☐	**No** ☐	Is the dependent economically dependent upon you for his or her support?
	Yes ☐	**No** ☐	I claim the child as my dependent for income tax purposes.
3.			Is the dependent entitled to receive:
	Yes ☐	**No** ☐	Social Security Disability Insurance (SSDI)? If yes, as of what date? _____
	Yes ☐	**No** ☐	Supplemental Security Income (SSI)? If yes, as of what date? _____
			Additional Eligibility Questions
4.	**Yes** ☐	**No** ☐	Is the dependent working?
	Yes ☐	**No** ☐	Is the dependent incapable of self-support because of a physical or mental disability?
			If yes, what age did the dependent become physically or mentally disabled? _____

PART C: CERTIFICATION

I hereby certify under penalty of perjury, that information provided by me is true and correct to the best of my knowledge. I also agree to provide supporting documentation such as, but not limited to, tax returns, statement of financial liability, or any other documents, when requested by my employer or CalPERS.

_____ _____

Employee/Annuitant Signature Date

PRIVACY INFORMATION

Submission of the requested information is mandatory. The information requested is collected pursuant to the Government Code Sections (20000. et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **888-CalPERS** (or **888**-225-7377).

Section 7(b) of the Privacy Act of 1974 (Public Law 93 --579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 101-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and state benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and state contribution for state employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to the California Public Employees' Retirement System and other state agencies
5. Coordination of benefits among carriers
6. Resolution of member complaints, grievances, and appeals with health plans