2018 Open Enrollment Worksheet

Changes accepted September 10th through October 5th

CSUSB

This worksheet is <u>not</u> to be used by New Hires. Complete this form and bring the required **original** documents to HR Benefits in SH – Rm. 113. Our office will copy them for your file. Changes will become effective on **January 1, 2019.**

Employee Information

Employee Name:	Coyote ID # (if known):	Social Security Number:	
Home Street Address:	City:	State:	Zip:
Home Phone #:	Cell Phone #:	Campus Ext.: X7	Email Address:
Marital Status:	Gender:	Campus Department:	Bargaining Unit No. (if known):

For HCRA/DCRA, please note that an additional form must be requested and completed.

Enroll/Change Plan		Cancel Plan	Add/Delete Dependent(s)
☐ Health	☐ HCRA $_____	☐ Health	☐ Health
☐ Dental		☐ Dental	☐ Dental
☐ FlexCash Health	☐ DCRA $_____	☐ FlexCash Health	☐ Vision (Basic)
☐ FlexCash Dental		☐ FlexCash Dental	

Plan Options

Medical Plan Selection (list of plans on the back of this sheet)

Health Plan:_____

_____

Dental Plan Selection (list of plans on the back of this sheet)

Dental Plan: _____

Provider Name (DMO only): _____

Office/Provider ID# (DMO only): _____ Office Location (DMO only): _____

FlexCash Enrollment: Medical and/or Dental cards from other employer-sponsored coverage must be presented to show proof of coverage.

☐ Health ($128/month) Health Plan:_____ Group #: _____

☐ Dental ($12/month) Dental Plan:_____ Group #: _____

Dependent Information: Please make sure you have checked off the boxes below and bring the **original** documents, if applicable. N/A ☐

Spouse:	Domestic Partner:	Dependent Child:
☐ Marriage Certificate	☐ Declaration of Domestic Partnership	☐ Birth Certificate
☐ Social Security Card	☐ Social Security Card	☐ Social Security Card
☐ Proof of Residency	☐ Proof of Residency	☐ Adoption Certificate
☐ Divorce Decree	☐ Dissolution of Domestic Partnership	☐ Affidavit of Parent/Child Relationship
☐ Death Certificate	☐ Death Certificate	☐ Death Certificate

Dependent Enrollment Selections N/A ☐

First Name	Last Name	Social Security #	Birthdate (mm/dd/yy)	Relationship & Gender	Health		Dental		Vision	
					add	del.	add	del.	add	del.

I hereby elect to enroll in the above health/dental plans, and understand that my effective date for these plans will be **January 1, 2019**. In addition, I understand that I will be contacted to return and sign official documents.

Signature: _____ Date: _____

Questions? **Call HR Benefits:** (909) 537- 5143 **E-mail:** benefits@csusb.edu Rev. 08/18

Life Events (within 60 days):

- Newly hired, newly eligible, marriage, divorce, childbirth, child adoption, custody change, loss/gain of coverage, death etc.
  - COBRA Notice/HIPAA notification is required to show proof of loss of other coverage.

Medical Plans:

- Anthem SELECT
- Health Net Smartcare
- PERS - CARE PPO
- Anthem Traditional
- Kaiser
- PERS Choice PPO
- Blue Shield Access+
- Sharp - San Diego Only
- PERS Select PPO
- Health Net Salud Y Mas
- United HealthCare
- PORAC PPO - R08 only

Dental Plans:

- Please refer to www.deltadentalins.com/csu for additional information about the CSU Dental Program.
  - DeltaCare USA DMO
  - Delta Dental of CA PPO

Flexible Spending Accounts: (request additional form)

Health Care Reimbursement (health, dental, vision co-pays/deductibles)

- **$2,650**/year ($20 minimum per month) Monthly maximum: $220.83

Dependent Care Reimbursement (child care expenses)

- **$5,000**/year ($20 minimum per month) Monthly maximum: $416.66

FlexCash

Medical and/or Dental cards from other employer-sponsored coverage must be presented to show proof of coverage. If coverage is through your spouse, please include their Social Security Number under Dependent Enrollment. Employees enrolled in individual medical plan coverage including, but not limited to, Tricare, Medicare, Medi-Cal and Covered California are NOT eligible to receive FlexCash in lieu of CalPERS medical coverage even if the coverage provides minimum value.

Dependents

CalPERS guidelines for enrolling family members (eligible dependents) are as follows:

- **Spouse or domestic partner** can be added to your health plan if done within 60 days after the date of your marriage or registration of your domestic partnership. Former spouses and former domestic partners are not eligible.
  - **Marriage Certificate/Declaration of Domestic Partnership**
  - **Social Security Card**
  - **Proof of Residency** (ex.- utility bill, front page of previous year taxes showing the same address as employee, etc.)
- **Children** are eligible for health coverage up to age 26. They are eligible even if they are married, do not live with you, or are not students. Eligible children are defined as natural, adopted, step or domestic partner's children under age 26. If your dependent is married you may not enroll their spouse or children (unless the child is an economic dependent of the employee).
  - **Birth Certificate(s) or Adoption Papers**
  - **Social Security Card(s)**
- **Children over the age of 26** that are incapable of self-support due to a mental or physical condition that existed prior to age 26, may be included when you first enroll.
  - **A Questionnaire for the CalPERS Disabled Dependent Benefit Form (HBD-98) and Medical Report for the CalPERS Disabled Dependent Benefit Form (HBD-34) must be approved by CalPERS prior to enrollment and must be updated upon request.**
- Another person's child under age 26 may be eligible for coverage if you have been granted custody or joint custody by a court or the child resides with you.
  - **Birth Certificate**
  - **Social Security Card**
  - **Affidavit of Eligibility of Economically-Dependent Children Form (HBD-35) must be filed prior to enrollment and must be updated upon request.**

Dual Coverage

You cannot be enrolled in a CalPERS health plan as an employee and as a dependent. This is called dual coverage and is not permitted by CalPERS. When dual coverage is discovered the coverage will be retroactively canceled. You may have to pay for all costs incurred from the date the dual coverage began.

Voluntary Benefits

Voluntary benefits are available to you as a CSU benefits-eligible employee. Premiums for voluntary benefit plans are fully paid by the employee; CSU does not contribute. The following voluntary plans are available to you: VSP Premier Enhanced, Retirement Savings Plans, Health/Dependent Care Reimbursement Account Plans, Pre-Paid Legal, Critical Illness Insurance, Auto and Home Insurance, Life Insurance, Long Term Disability, Accidental Death & Dismemberment and Pre-Tax Parking.