

## Health Benefits Plan Enrollment for Active Employees (HBD-12) Instructions

Contact your agency's personnel office if you have questions about your health enrollment. To enroll or decline enrollment in the CalPERS Health Program or to make changes to your health plan, you must submit an HBD-12 form to your Health Benefits Officer (HBO). If you have more than five dependents, please complete another HBD-12 form. Your agency's personnel office will retain your original HBD-12 form and supporting documentation or affidavits in your employee file and will provide a copy to you.

### SECTION A: Applicant Information

Enter your basic information as indicated. If you are using your work zip code for health eligibility, please include your work zip code in part 8.

### SECTIONS B & C: Type of Action and Type of Permitting Event

Select the the type of action and your permitting event. Below is a list of permitting events and required documentation. The required documents in the table below are not inclusive; you may need to submit additional documentation upon your HBO's request.

Permitting Event	Required Documentation
New Employee	<ul style="list-style-type: none"> <li>• Health Benefits Plan Enrollment Form (HBD-12)</li> </ul>
New Contracting Agency	<ul style="list-style-type: none"> <li>• Health Benefits Plan Enrollment Form (HBD-12)</li> </ul>
Marriage or Domestic Partnership	<ul style="list-style-type: none"> <li>• Marriage Certificate or</li> <li>• Declaration of Domestic Partnership from the Secretary of State's Office</li> </ul>
Delete Dependent Due to Death	<ul style="list-style-type: none"> <li>• Death Certificate</li> </ul>
Divorce or Domestic Partnership Termination	<ul style="list-style-type: none"> <li>• Divorce Decree or</li> <li>• Termination of Domestic partnership submitted to the Secretary of State's Office</li> </ul>
Move	<ul style="list-style-type: none"> <li>• New address - Please provide your new address to your agency's personnel office</li> </ul>
Birth/Adoption	<ul style="list-style-type: none"> <li>• Birth Certificate/Adoption Paperwork</li> </ul>
Open Enrollment	<ul style="list-style-type: none"> <li>• Health Benefits Plan Enrollment Form (HBD-12)</li> </ul>

### SECTION D: Subscriber and Dependent Information

List yourself and other dependents and the actions you are requesting (add or delete). Use the relationship codes to identify the type of dependents.

### SECTION E: Enrollment

To enroll in a CalPERS health plan, you must review the information and check the box in part 16. To decline enrollment in a CalPERS health plan, you must review the information and check the box in part 17. Sign and date the form in parts 18 and 19.

### SECTIONS F & G: CalPERS Privacy Notices

Please review these important privacy notices.

### SECTION H: Employer Use Only

Your agency's personnel office will complete this section.

### More Information

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).