CAL POLY HUMBOLDT

Benefits Enrollment Worksheet

If you are enrolling for the first time or adding dependents to medical and/or dental plans, you must provide a copy of the appropriate documentation as follows: Marriage certificate or domestic partnership certification issued by the California Secretary of State; birth or adoption documentation for all dependent children; and/or social security numbers for all dependents.

First Name, MI, Last Name _____ Employee Identification Number _____ Social Security Number _____

Department _____ Email _____ Home Phone Number _____ Campus Extension _____

Marital Status ☐ Single ☐ Married ☐ Registered Domestic Partner (RDP)

Date of Marriage or Domestic Partnership _____

If a new employee, please mark any of the following that apply:

☐ I am transferring from a CalPERS / State agency? If so, which agency: _____

☐ I am currently working at another CalPERS / State / Public agency? If so, which agency: _____

☐ I am a CalPERS retiree.

Check action to be taken:

☐ New enrollment - eligible for benefits but not currently enrolled

☐ Open enrollment change

☐ Add eligible dependents State reason: _____ Date: _____

☐ Delete dependents State reason: _____ Date: _____

☐ Other State reason: _____ Date: _____

☐ Cancel Plan

Please check the medical plan of your choice or FlexCash.

☐ Blue Shield Access + HMO ☐ Western Health Advantage HMO ☐ PERS Gold PPO ☐ Other, if currently residing outside Humboldt County Please specify plan: _____

☐ Anthem Blue Cross Traditional HMO ☐ PERS Platinum PPO ☐ PORAC PPO (Limited to Unit 8) ☐ FlexCash (must provide proof of other coverage)

Please check the dental plan of your choice.

☐ Delta Dental ☐ DeltaCare USA ☐ FlexCash (must provide proof of other coverage)

Please check the vision plan of your choice.

☐ VSP Basic Plan (If you wish to enroll in the VSP Premier Plan, you will need to complete their enrollment form and send it directly to VSP. If you need add/delete dependents from this plan, you will need to contact VSP directly at 1-800-877-7195)

Please list below the name, birthdate and relationship of all family members to be covered (including yourself). Use an additional enrollment worksheet if necessary. All dependents listed, other than spouse or domestic partner, must be under the age of 26. You may not enroll your spouse if they are already covered by a CalPERS health plan.

Eligible Enrollees	Social Security (required)	Relationship	Birthdate	Medical		Dental		Vision	
		Self		☐ Add	☐ Delete	☐ Add	☐ Delete	☐ Add	☐ Delete
				☐ Add	☐ Delete	☐ Add	☐ Delete	☐ Add	☐ Delete
				☐ Add	☐ Delete	☐ Add	☐ Delete	☐ Add	☐ Delete
				☐ Add	☐ Delete	☐ Add	☐ Delete	☐ Add	☐ Delete

Your health plan cards will be mailed to your official address on file with the university. To update this address, please email hsuhr@humboldt.edu for further instructions

ELECT TO ENROLL in (or MAKE CHANGES TO) a health benefits plan as indicated above and agree to authorize deductions from my salary to cover my share of the cost of enrollment as it is now or as it may be in the future. I CERTIFY that the information provided herein is accurate and listed dependents are eligible family members as defined in the Public Employees' Medical and Hospital Care Act. I VOLUNTARILY enroll into the selected Health Plan. I AGREE to read the associated Evidence of Coverage (EOC) and any subsequent EOCs in the following years to understand the benefits of the plan. The Subscriber and all eligible dependents agree to all the terms and conditions of the EOC and the Health Plan. I UNDERSTAND that enrolling in certain health plans requires binding arbitration and that any dispute as to medical malpractice, that is as to whether any medical services rendered under this contract were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered, will be determined by submission to arbitration as provided by California Law and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. The parties to this agreement, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury and instead are accepting the use of arbitration.

Signature _____ Date Signed _____