

HBD-12

Introduction Members with active employment status must complete and submit an HBD-12 form to their employer before enrolling for health benefits. Employers keep the completed HBD-12 in a file and should give the member a copy.

HBD-12

Instructions The table below details the steps you must take to complete an HBD-12 form.

Members and Employers

Active Members	Employers	
Please complete the following boxes 1, 2, 3, 4A, 4B, 5 , 6, 7, 11, 17, 18, 19, 20 and 21. 8, 9, 10 Contact your employer's Health Benefits Officer (HBO) or Personnel Office if you require further assistance.	Please complete the following boxes 8, 9, 10, 12, 13, 14, 15, 16, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34 and 35. If an employee requires assistance completing this form, please provide support where possible.	
Retired Members	To make an Open Enrollment change, complete the request form HBD-30 , and mail it to CalPERS. If you prefer, you may call CalPERS to make changes over the phone. All changes are subject to verification of eligibility.	
	<u>Mail HBD-30 requests to:</u> Health Account Services P.O. Box 942715 Sacramento, CA 94229-2715	<u>Or Contact CalPERS with questions</u> 888 CalPERS (or 888-225-7377) TTY (877) 249-7442 Fax (800) 959-6545

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Box	Process						
<p>1 Type of Action (required)</p>	<p>Check one:</p> <table border="1" data-bbox="613 254 1357 551"> <tr> <td data-bbox="613 254 748 298">New</td> <td data-bbox="748 254 1357 298">Not enrolled</td> </tr> <tr> <td data-bbox="613 298 748 509">Change</td> <td data-bbox="748 298 1357 509"> Is enrolled and either <ul style="list-style-type: none"> • Changing health plans (when authorized) • Adding family members • Deleting family members • Changing to a Medicare Coordinated plan (at retirement) </td> </tr> <tr> <td data-bbox="613 509 748 551">Cancel</td> <td data-bbox="748 509 1357 551">Canceling all coverage</td> </tr> </table>	New	Not enrolled	Change	Is enrolled and either <ul style="list-style-type: none"> • Changing health plans (when authorized) • Adding family members • Deleting family members • Changing to a Medicare Coordinated plan (at retirement) 	Cancel	Canceling all coverage
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Cancel	Canceling all coverage						
<p>2 and 3 Social Security Number (required)</p>	<p>Enter your Social Security Number (SSN) and spouse or domestic partner's SSN. You may process this form without a SSN; however, you must provide each one as soon as possible.</p>						
<p>4A Name and Mailing Address</p>	<p>Enter your name as shown on the appointment document. <i>Do not use nicknames.</i> Enter your RESIDENCE or mailing address.</p>						
<p>4B Residence ZIP Code</p>	<p>Enter a residence ZIP Code to find an eligibility ZIP Code. If a mailing address is different from the residential address, include the Residence ZIP Code in Box 4B. If you decide to use a work ZIP Code, include that ZIP Code in Box 4A.</p>						
<p>5 Permanent Intermittent (State/CSU Only)</p>	<p>Check this box if you are Permanent Intermittent (PI) employee.</p>						
<p>6 and 7 Gender and Marital Status</p>	<p>Check the appropriate box: Yes - if married, separated No - if unmarried or received a final divorce decree</p>						
<p>8 Health Plan name</p>	<p>Refer to the Health Benefits Summary publication for a complete listing of all the CalPERS health plans on line at www.calpers.ca.gov, in the Forms and Publications Center. Enter the correct name of the health plan of your choice.</p>						

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HBD-12 Instructions

Box	Process
9 Health Plan Code	Refer to the annual Health Plan Rates located online at www.calpers.ca.gov , in the Forms and Publications Center. Enter the correct health plan code for the employee.
10 Gross Premium	Using the applicable rate sheet, enter the full gross premium as shown in <i>dollars</i> and cents. For assistance, access CalPERS On-Line , at www.calpers.ca.gov and search for the annual <i>Health Plan Rates</i> .
11 Primary Care Physician	Enter the name of a primary care physician and/or medical group. If you select an HMO but do not designate a Primary Care Physician/Medical Group, the plan will select one for you.
12 Prior Health Plan	Enter prior health plan only if the employee is changing plans or canceling coverage.
13 Prior Plan Code	Enter prior plan code only if the employee is changing plans or canceling coverage. For assistance, access CalPERS On-Line , at www.calpers.ca.gov and search for the annual <i>Health Plan Rates</i> .
14 Permitting Event Code <i>(Reason Code)</i>	Enter the appropriate transaction code, by locating the appropriate code in the Events/Reason Codes section of your manual. Complete a separate HBD-12 for each transaction that involves a different reason code or effective date.
15 Permitting Event Date <i>(required)</i>	Enter the date of an event that permits a change. <u>Examples:</u> The employee's appointment date, the date of marriage or divorce, the date of death, or the birth date of a dependent.
16 Effective Date Permissive and Mandatory Transactions	<p>Permissive transactions are effective on the first of the month following the date the agency receives an enrollment form (Box 33), within 60 days of event.</p> <p>Mandatory transactions are effective on the first of the month following an event (Box 15). For Open Enrollment transactions, refer to the Open Enrollment section of your manual. For additional information on effective dates, refer to the Events, Effective Dates and Reason Codes sections of your manual.</p>

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Members and Employers (continued)

Box	Process																										
<p>17 and/or 18 Enrolled Family Members</p>	<p>Use the appropriate Action Code to indicate additions or deletions of family members.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 15%; text-align: center;">Action Code</th> <th style="text-align: center;">Procedure</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">A</td> <td>Use A to indicate the addition of family members (s), such as a new enrollment; mark the <i>Action Code</i> to the left of each enrollee's name.</td> </tr> <tr> <td style="text-align: center;">D</td> <td>Use D to indicate the deletion of family members (s)</td> </tr> </tbody> </table> <p>Note: Do not use <i>Action Codes</i> to change plans or to cancel coverage (use boxes 1 and 19 to change plans or cancel coverage). When adding or deleting dependents, place an <i>Action Code</i> next to their name (s), then list additional family members' names (but do not add an <i>Action Code</i>).</p> <p>List all family members as follows (avoid nicknames):</p> <ul style="list-style-type: none"> • First Name (full) • Middle (abbreviation) • Last name (full) <p>List birthdate(s) as: MM/DD/YYYY</p> <p>If possible, list Social Security Numbers for dependents other than a spouse (required) in Box 35 (Remarks).</p> <p>Abbreviations for family relationship codes:</p> <table border="1" style="width: 100%; border-collapse: collapse; margin: 10px 0;"> <thead> <tr> <th style="width: 60%;">Family Relationship</th> <th style="width: 40%;">Abbreviation</th> </tr> </thead> <tbody> <tr><td>Wife</td><td>Wife</td></tr> <tr><td>Husband</td><td>Husb</td></tr> <tr><td>Daughter</td><td>Dtr</td></tr> <tr><td>Son</td><td>Son</td></tr> <tr><td>Stepson</td><td>S/Son</td></tr> <tr><td>Stepdaughter</td><td>S/Dtr</td></tr> <tr><td>Adopted Son</td><td>A/Son</td></tr> <tr><td>Adopted Daughter</td><td>A/Dtr</td></tr> <tr><td>All Others</td><td>Specify</td></tr> </tbody> </table> <p>List gender of family member.</p> <p>Note: A Family Code is not required.</p>	Action Code	Procedure	A	Use A to indicate the addition of family members (s), such as a new enrollment; mark the <i>Action Code</i> to the left of each enrollee's name.	D	Use D to indicate the deletion of family members (s)	Family Relationship	Abbreviation	Wife	Wife	Husband	Husb	Daughter	Dtr	Son	Son	Stepson	S/Son	Stepdaughter	S/Dtr	Adopted Son	A/Son	Adopted Daughter	A/Dtr	All Others	Specify
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HBD-12, Continued

Members and Employers (continued)

Box	Process						
<p>19 Check One</p>	<table border="1"> <tr> <td data-bbox="625 394 846 491">I do not wish to enroll</td> <td data-bbox="846 394 1365 491">Check this box only when you wish to decline Health Benefits coverage. Request a copy from your HBO or Personnel Office.</td> </tr> <tr> <td data-bbox="625 491 846 558">I elect to enroll</td> <td data-bbox="846 491 1365 558">Check this box for new enrollments and enrollment changes.</td> </tr> <tr> <td data-bbox="625 558 846 663">I elect to cancel</td> <td data-bbox="846 558 1365 663">Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.</td> </tr> </table>	I do not wish to enroll	Check this box only when you wish to decline Health Benefits coverage. Request a copy from your HBO or Personnel Office.	I elect to enroll	Check this box for new enrollments and enrollment changes.	I elect to cancel	Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.
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I elect to enroll	Check this box for new enrollments and enrollment changes.						
I elect to cancel	Check this box only for cancellation of all coverage, including "self." Do not check this box when deleting a family member.						
<p>20 Employee or Annuitant Signature</p>	<p>You must sign the HBD-12.</p> <p>By doing so you:</p> <ul style="list-style-type: none"> • Authorize premium deductions • Verify a health plan selection • Verify the eligibility of all enrolled family members • Please include a daytime phone number 						
<p>21 Date Signed</p>	<p>Enter the month, day, and year.</p> <p>Remember: <i>Permissive enrollment transactions are valid only when they are received in the employer's office and dated within 60 calendar days from the event date.</i></p> <p>This is the last BOX a member/employee completes; the rest of the form must be processed by an HBO.</p>						
<p>22-27 (Active State Employees only... all others, skip to Box 28)</p>	<p>Note: The State Controller's Office requires this information to start, change, or stop premium payments. Do not complete Boxes 22-27 if the transaction does not affect the premium payment, such as when adding a fourth family member.</p>						
<p>22 Deduction Code</p>	<p>Refer to Box 8 for instructions. Enter the 3-digit plan code, excluding the party code (last digit).</p> <p>Examples: Kaiser code 563 Coverage, enter: 056 (3 digit codes are preceded by 0). CCPOA Code 2742 Coverage, enter: 274.</p>						
<p>23 Type of Action</p>	<p>Check the appropriate box (same as Box 1)</p> <p>Note: The cancel and change boxes are listed in reverse order for key-entry reasons.</p>						

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