

CALIFORNIA STATE UNIVERSITY, FRESNO

2011 OPEN ENROLLMENT WORKSHEET

This document must be received by HR, Joyal Administration Room 211 **by 5:00 p.m. on Friday, November 4, 2011.**

HR will contact you to sign the original Open Enrollment document(s) in order to complete this process. (559) 278-2032

SECTION 1. Personal Information			
Employee's Name	Social Security Number	Fresno State ID:	
<input type="checkbox"/> Staff/Administrator <input type="checkbox"/> Faculty	Bargaining Unit	ADDING Spouse or Domestic Partner SSN* (New Enrollment ONLY) (Requires Copy of Marriage Certificate or Declaration of Domestic Partnership) Is spouse or domestic partner employed by CSU, State civil service or a CalPERS Public Agency? <input type="checkbox"/> NO <input type="checkbox"/> YES	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Domestic Partnership	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
Address (Number & Street, City, State & Zip) If address is new, please update address using myFresnoState (Self-Service) or Payroll Services.			
Department	Office Ext.	Home/Cell Phone	E-Mail

SECTION 2. Type of Transaction – Check as many as apply:	
<input type="checkbox"/>	New Enrollment – Eligible for benefits but not currently enrolled in any plan. Select Plan(s) in SECTION 3.
<input type="checkbox"/>	Add Dependent(s) - List dependent(s) in SECTION 4. * Review back of worksheet for eligibility and required document(s).*
<input type="checkbox"/>	Delete Dependent(s) - List dependent(s) in SECTION 4.
<input type="checkbox"/>	Cancel Coverage - <input type="checkbox"/> Health _____ <input type="checkbox"/> Dental _____ <input type="checkbox"/> FlexCash Medical <input type="checkbox"/> FlexCash Dental Enrollment - <input type="checkbox"/> FlexCash Medical (\$128) <input type="checkbox"/> FlexCash Dental (\$12) <input type="checkbox"/> Medical plan <input type="checkbox"/> Dental Plan (Select Plan in SECTION 3) (Select plan in SECTION 3) (Elections for FlexCash must attach a copy of proof of alternate NON-CSU Coverage)
<input type="checkbox"/>	Plan-to-Plan Change MEDICAL plan from _____ to _____ DENTAL plan from _____ to _____

SECTION 3. Medical Plan Options – Check new plan selected	
<input type="checkbox"/> BlueShield Access +(HMO)* <input type="checkbox"/> BlueShield NetValue(HMO)* <input type="checkbox"/> Kaiser(HMO)* <input type="checkbox"/> PERSChoice(PPO) <input type="checkbox"/> PERS Select(PPO) <input type="checkbox"/> PERS Care(PPO)	<input type="checkbox"/> PORAC (PPO) -- Unit 8 employees This medical plan is <u>restricted</u> to SUPA membership
*Zip Code Election: If you are <u>not</u> eligible to enroll in an HMO plan based on your residence's zip code and you wish to enroll in an HMO based on California State University, Fresno's zip code, an additional form must be completed. PLEASE CONTACT HUMAN RESOURCES (559) 278-2032.	

Dental Plan Options – Check new plan selected	
<input type="checkbox"/> DELTA DENTAL (PPO)	<input type="checkbox"/> DELTA CARE USA (HMO) Specify provider name & facility: _____ If no provider is listed, Delta Care will assign provider.

SECTION 4. IMPORTANT INFORMATION FOR OPEN ENROLLMENT REQUEST							
<ul style="list-style-type: none"> • NEW ENROLLMENTS: List all eligible dependents (including yourself) to be enrolled in health and/or dental plan <u>and</u> vision. • CHANGES: List all currently enrolled dependents (including yourself) for all plans. Then list <u>any new dependents to be added or deleted</u>. 							
RELATIONSHIP	LEGAL- NAME (FIRST, M.I., LAST)	SOCIAL SECURITY#	Medical	Dental	Vision	DATE OF BIRTH	ACTION
SELF			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Add Delete N/A

Please check each statement & sign below.

I understand that my changes noted above will become **effective January 1, 2012.**
 I understand my changes will not become effective until my original Enrollment form(s) is signed. This form is only a worksheet.
 I understand that in order for this request to be processed, **SSN(s) and copy of Birth Certificate(s)** for each dependent is required within 1 week of submitting this request.

Employee's Signature: _____ **Date:** _____

OFFICE USE:	
<input type="checkbox"/> Copy of Marriage Certificate or Declaration of Domestic Partnership	<input type="checkbox"/> E-mail sent _____ <input type="checkbox"/> Follow-up phone call home or office _____ 09/11

OPEN ENROLLMENT

During the open enrollment period, eligible employees may enroll as "new", change plans, or add eligible family members who are currently not covered.

HOW TO CHANGE YOUR HEALTH PLAN ON-LINE

On line changes are applicable **only** for changing from health plan to health plan. Steps to follow when changing your health plan on-line. Please note you cannot add or delete dependents using this on-line feature.

1. Sign on to the *myFresnoState* portal
2. Select/Click on Employee Self Service
3. Select Benefits
4. Select Benefits Open Enrollment

We encourage all employees to visit the *Employee Self Service* area at *myFresnoState* portal and select Benefits to view your Benefits Summary.

CALPERS GUIDELINES

All health plans require a Social Security number and a copy of Birth Certificate for each dependent.

Eligible Dependent(s) - Additional documentation may also be required as noted below:

- Spouse and Domestic Partners (same-sex over the age of 18 or opposite sex-partners if over the age of 62). Requires a copy of Marriage Certificate or Domestic Partnership.
- Under the age of 26 – Natural children, stepchildren or adopted children.
- Under the age of 26 - *Economically dependent children (Contact Human Resources for additional paperwork - Certificate and Affidavit of Eligibility of Economically-Dependent Children Form (HBD-35) for each dependent.)

Family Status Changes Outside of Open Enrollment

Although CalPERS administers our health plans, all changes **MUST be coordinated through Human Resources**. It is the employee's responsibility to notify Human Resources within 60 days when there are any changes in their family status in order to add/delete eligible dependent(s). Additions and deletions of eligible dependents are effective the first of the month following the family status change.

Family Status Changes include:

- Marriage and Domestic Partnership (**Requires Copy of Marriage Certificate or Declaration Domestic Partnership**);
- Birth of a child, Acquisition of a dependent child (economically dependent child*);
- Eligible dependent moves out;
- Divorce, Legal Separation and Death

If eligible dependent(s) are not added or deleted within 60 days of a Family Status Change, dependent(s) may be added during Open Enrollment (Mid-September through Mid-October) and will become effective the following plan year on January 1st.

Spouse or Domestic Partner: A copy of the marriage certificate or Declaration of Domestic Partnership and Social Security number are required. Former spouses or domestic partners are not eligible.

Children: Your natural children, adopted children, or stepchildren must be under age 26 - regardless of whether or not they are living with you. **Social Security number(s) in addition to a copy of birth certificate, adoption papers or other supporting documents are required.**

A child over age 26, who is incapable of self support due to a mental or physical condition that existed prior to age 26, may be eligible to enroll in your health plans. 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. Please contact Human Resources for additional information (559) 278-2032.

*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. An **Affidavit of Eligibility of Economically-Dependent Children Form (HBD-35)** must be filed prior to enrollment and must be updated upon request.

Split Enrollments: Members who are married and who both work or worked (retirees), for agencies in the CalPERS Health Program can enroll separately. If you and your spouse enroll separately, you must enroll all eligible family members, regardless of the relationship, under only one of you. Dependents cannot be split between parents. For example, if a CalPERS member with children marries another CalPERS member with children and each member has their own enrollment in the CalPERS Health Program, all children must be enrolled under one parent. The effective date of coverage will be the first of the month following the date of marriage. If split enrollments are discovered, they will be retroactively corrected. You will be responsible for all costs incurred from the date the split enrollment began.

Dual Coverage: You cannot be enrolled in a CalPERS health plan as a member and a dependent or as a dependent on two enrollments. This is called dual coverage and it is against the law. 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.