CSU The California State University

Dependent Verification Affidavit for Dental

At least once every three years, California Government Code Section 22843.1 requires CSU to verify the eligibility of your dependent(s). This Affidavit is required to be completed by the Subscriber.

Important!

Active Employees: Return this Affidavit and the required supporting documents to your campus benefits office.

SECTION A: Subscriber Information

Subscriber Name: _____

Subscriber CalPERS ID/SSN: _____

SECTION B: Dependent(s) Requiring Verification

List all your dependents required to be verified.

Dependent Name	Relationship	Date of Birth

SECTION C: Required and Acceptable Verification Documents

Review the table below to assist with the required and acceptable documentation needed to verify each dependent's eligibility. All required documents **MUST** include a date, your name, and the name of the dependent being verified.

Relationship Type	Acceptable Verification Documents
Spouse	A copy of your marriage certificate **AND** one of the following documents: • A copy of the front page of the most recent federal or state tax return confirming dependent as your spouse **OR** • A copy of a document dated within the last 60 days showing current relationship status, such as a recurring household bill or joint statement of account. The document must list your name, the name of your spouse, and your address.
Registered Domestic Partner	A copy of your Declaration of Domestic Partnership registered with the California Secretary of State **AND** one of the following documents: • A copy of the front page of the most recent federal or state tax return confirming dependent as your domestic partner **OR** • A copy of a document dated within the last 60 days showing current relationship status, such as a recurring household bill or joint statement of account. The document must list your name, the name of your partner, and your address.
Children (natural-born, adopted, placement for adoption, step, or registered domestic partner's children) up to age 26 (the month in which dependent attains age 26)*	• A copy of the child's birth certificate or adoption certificate naming you, your spouse, or your domestic partner as the parent of the child **OR** • A copy of the court order naming you, your spouse, or your domestic partner as the legal guardian of the child. * For a stepchild, or domestic partners child, you must also provide documentation of your current relationship to your spouse or domestic partner as requested above.

SECTION D: Initial and Signature of Subscriber

Every statement within this section below must be initialed by the Subscriber. The Subscriber must sign and date.

I hereby certify under penalty of perjury:

_____ I understand the eligibility requirements described in this document and that all information provided by me is true and correct to the best of my knowledge.

_____ I provided the required documentation to substantiate the relationship of my enrolled dependent(s).

_____ I understand that additional information and supporting documentation may be requested as necessary to substantiate dependent eligibility for health or dental benefits.

_____ I agree to notify my campus benefits office in writing within 60 days upon the dissolution of a marriage, domestic partnership, or when a change in a dependent's eligibility occurs.

_____ I agree that I am responsible for ensuring that my health enrollment information for myself and my family members is accurate. If I do not maintain accurate health enrollment information, I may be liable for reimbursement of health premiums or health care services incurred during the ineligibility period.

Subscriber Name:_____ Subscriber CalPERS ID: _____

Subscriber Signature:_____ Date: _____

SECTION E: Employer Authorization

For Employer Use Only

This section must be initialed, signed, and dated by the campus Human Resources Representative.

I hereby certify that:

_____ I am a duly appointed and qualified representative of the CSU.

_____ I have reviewed the employee's supporting documents to verify each dependent's eligibility.

_____ I informed the employee they are required to notify their employer in writing within 60 days upon the dissolution of a marriage or termination of domestic partnership, when a parent-child relationship ceases, or a change in a dependent's eligibility occurs.

_____ I informed the employee they may be required to reimburse their employer, the health, dental, or vision benefit plan, and CalPERS for expenditures made for medical claims, or health premiums incurred during the ineligibility period of any family member if any of the submitted documentation is found to be inaccurate or fraudulent and that a review of eligibility can occur at any time.

_____ I retained copies of the employee's health, dental, and vision enrollment form(s) and all supporting documents to verify eligibility of employees' dependent(s) in the employee's Official Personnel File.

_____ I will provide a copy of this completed affidavit to the employee.

_____ Based on the information provided and review of the documentation, I am approving the enrollment of such dependent(s).

HR Representative Name: _____ Job Title: _____

HR Representative Signature: _____ Date: _____