

verify the eligibility of your dependent(s). This Affidavit is required to be completed by the
Subscriber.

CSU to

Subscriber Name: _____

Subscriber CalPERS ID/SSN: _____

List all your dependents required to be verified.

Dependent Name	Relationship	Date of Birth



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:

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