Health Account Management Division
P.O. BOX 942715, Sacramento, CA 94229-2715
888 CalPERS (or **888**-225-7377) | TTY (877) 249-7442
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California Public Employees' Retirement System

Certification of Medicare Status

Instructions for completing *Certification of Medicare Status*
- Complete Section 1: CalPERS member information
- Complete either Section 2, 3, or 4: Choose only one
- Complete Section 5: Sign, date, mail to:

Section 1: Member's / Dependent's name and CalPERS ID(s)

CalPERS Retiree Name:	CalPERS Retiree CalPERS ID:
Medicare Eligible Dependent's Name:	Dependent's CalPERS ID:

Section 2: For Member / Dependent Enrolled in Medicare Parts A and B

☐ I am enrolled in Medicare Part A and B. I have a copy of my Medicare Card.This is the information shown on my red, white, and blue Medicare card or Notice of Entitlement from the Social Security Administration (SSA):

Name of Medicare Beneficiary:
Medicare Claim Number: _____
Hospital (PART A) effective date: _____
Medical (PART B) effective date: _____

I would like to enroll in the following CalPERS Medicare health benefit plan due to my Medicare enrollment as my qualifying event:

Name of Health Plan you would like to enroll in: _____

Section 3: For Member/Dependent claiming Medicare Ineligibility

☐ I am not eligible for Medicare Part A at no cost (in my own right or through the work history of a current, former, or deceased spouse). I have verified this with the SSA and have attached a copy of supporting documentation from SSA.

Section 4: For Member/Dependent who works and has Employer Group Health Plan Coverage

☐ I have deferred enrollment in Medicare Part B due to working beyond age 65 and have health coverage through my or my spouse's Employer Group Health Plan. I have attached a copy of supporting documentation showing enrollment in the Employer Group Health Plan.

1. Name of your current employer: _____
2. Name of your Group Health Plan provided by your employer: _____

Section 5: Member/Dependent Signature. I certify that the above information is true and correct.

Signature	Date	Primary Phone Number

Privacy Notice

The privacy of personal information is of the utmost importance to CalPERS. The following information is provided to you in compliance with the Information Practices Act of 1977 and the Federal Privacy Act of 1974.

Information Purpose

The information requested by CalPERS' Information Security Office is collected pursuant to the following authority:

- CA Civil Code §56.10
- CA Civil Code §56.11
- CA Civil Code §56.13
- 45 C.F.R. §164.508

The principal purpose the information will be used for is the administration of duties under the Health Insurance Portability and Accountability Act (HIPAA), as the case may be. Submission of the requested information is mandatory. Failure to comply may result in the system being unable to process your request.

Please do not include information that is not requested.

Social Security Numbers

Social Security numbers (SSN) are collected on a mandatory and voluntary basis. If this is CalPERS' first request for disclosure of your SSN, then disclosure is mandatory. If your SSN has already been provided to CalPERS, disclosure is voluntary. Due to the use of SSNs by other agencies for identification purposes, we may be unable to process your request without its disclosure.

Social Security numbers are used for the following purposes:

1. Member / Representative identification
2. Fulfill Member / Representative requests

Information Disclosure

Portions of this information may be transferred to other state agencies (such as your employer), physicians, and insurance carriers, but only in strict accordance with current statutes regarding confidentiality.

Your Rights

You have the right to review your membership files maintained by the system. For questions about this notice, our Privacy Policy (https://www.calpers.ca.gov/page/privacy-policy), or your rights, please write to:

CalPERS
CalPERS Privacy Officer
400 Q Street
Sacramento, CA 95811

You may also call us at **888 CalPERS** (or **888**-225-7377).