



Affidavit of Parent-Child Relationship

California Code of Regulations section 599.500(o)

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in a CalPERS-sponsored health plan. Pursuant to Title 2, California Code of Regulations (CCR), section 599.500(o), an employee or annuitant may enroll a child, other than an adopted, step or recognized natural child, in the health plan if the employee or annuitant has assumed a "parent-child relationship" with that child in lieu of the child's adoptive, step or natural parent, up to age 26.

A parent-child relationship occurs when the employee or annuitant assumes a parental role and is considered the primary care "parent." Evidence of this relationship may include assuming responsibilities such as providing shelter, clothing, food, child care or education for the child, as well as assuming parental duties, such as providing permission for school activities, health care services, extracurricular, and recreational activities.

A parent-child relationship must be certified at the time of enrollment for each child and annually thereafter up to age 26. Spouses of your recognized natural, adopted, or stepchild are **not** eligible for enrollment.

Employee/Annuitant Information

Name: _____

Social Security Number: _____ (First) _____ (M.I.) _____ (Last)

What is the date you assumed the primary custodial parental role for the child: _____

What is your relationship to the child? _____

Child Information

Name: _____ Date of Birth: _____

Social Security Number: _____ (First) _____ (M.I.) _____ (Last)

Address (if different from employee/annuitant): _____

Have you enrolled other children as family members under CCR section 599.500(o)? Yes No

If yes, what is the number of children enrolled under CCR section 599.500(o)? _____

Note: A new Affidavit of Parent Child-Relationship form must be submitted for each child.

Eligibility

I hereby certify I have assumed a parent-child relationship with the child named above, as evidenced by the following:	Internal Use Only (HBO Initials)
1. I have assumed a primary custodial role for this child.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
2. I am considered the primary care "parent."	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
3. I have assumed responsibility for providing the essential needs for this child, such as food, shelter, clothing, and education.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
4. Has the child been placed in your care as a result of foster care?	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
5. I am listed as the primary contact on school, health, and other emergency forms.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
6. I provide parental permission for the child regarding health care services, school, extracurricular, and other activities.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
7. The child is living with me. (If the child is not currently living with you, please state the reason why.) _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
8. I claim the child as my dependent for income tax purposes.	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____
9. Other (please explain or attach explanation): _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Initials _____

I recognize this affidavit is a legally binding document. I accept full responsibility for notifying my Health Benefits Officer in writing if there are any changes pertaining to this parent-child relationship. Active employees contact your Health Benefits Officer. Retirees contact CalPERS. I further understand the provision of California Government Code 20085, which states:

(a) It is unlawful for a person to do any of the following:

- (1) Make, or cause to be made, any knowingly false material statement or material representation, to knowingly fail to disclose a material fact, or to otherwise provide false information with the intent to use it, or allow it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by this system.
- (2) Present, or cause to be presented, any knowingly false material statement or material representation for the purpose of supporting or opposing an application for any benefit administered by this system.

I hereby certify under penalty of perjury, that the information provided by me is true and correct to the best of my knowledge. I also agree to provide supporting documentation such as, but not limited to, court records, birth certificate, tax returns, statement of financial liability, or any other documents, when requested by my employer or CalPERS. I understand that each child, other than recognized natural, adopted, or stepchild, for whom I assume a parent-child relationship, must be certified at the time of enrollment and annually thereafter up to age 26.

Employee/Annuitant Signature

Date

For Employer Use:

I hereby certify under penalty of perjury as follows:

That I am a duly appointed, qualified, and acting officer of the below named agency.

- I hereby certify I have reviewed the above application and verified the identity of the employee submitting this affidavit.
- Based on the information provided and any attached documentation, I am approving the enrollment of this child according to CCR section 599.500(o).
- Recommend not approving the enrollment of this child.

Health Benefits Officer Signature

Agency Name

Date

Personnel Officer/Human Resources Manager Approve Disapprove Date

State of California
 Department of Personnel Administration
State-sponsored Dental Program
AFFIDAVIT OF ELIGIBILITY

For Dependent Children, As Defined Under California Code of Regulations Section
 599.500 (o)

I, _____ understand that the Department of Personnel Administration (DPA) allows for the enrollment of a child(ren) other than a natural, adopted or step child(ren), who is considered a family member(s) and where the employee or annuitant has established a parent-child relationship, on or before the time of enrollment, through assumption of parental duties in the place of the child's(') biological parents. I also recognize this affidavit is a legally binding document and I accept full and unconditional responsibility for notifying my departmental Personnel Office in writing and immediately, if there are any changes in the child's status as my economic dependent. I further agree to provide supporting documentation, such as tax, court, or custody records when at any time requested by my employing department, CalPERS or DPA, as long as the child is enrolled on my State-sponsored dental coverage as my eligible dependent.

By signing this affidavit, I also attest to and certify under penalty of perjury that I am exercising parental authority, responsibility, and control which includes financial support as defined under California State law. I further certify that the child(ren) resides with me as part of my household, in the absence of the child's natural parents, **and** the child(ren) is/are dependent upon me as his/her primary source of financial support. If I have legal custody (sole or joint) of the child(ren), I agree to provide proof of legal custody of the child(ren) at the time of enrollment.

I acknowledge I have read and understand declarations on this page:

Employee/Retiree Signature _____

Date: _____

Child's Name						
Child's SSN						
Child's DOB						
Parent's Names (if available)						
Child's Relationship to Employee						
Is Child Your Tax Dependent?	Yes	No	Yes	No	Yes	No

For other dependent children, please attach list or use another affidavit. **Please note that this affidavit is subject to yearly renewal.**

By signing this affidavit I understand that making, or causing to be made, any knowingly false material statement or material representation; knowingly failing to disclose a material fact, or to otherwise provided false information with the intent to use it, or allow it to be used, to obtain, receive, continue, and/or increase, benefits administered by DPA, may constitute fraud and may result in financial liability to me, and possible employment action up to and including termination of employment.

By signing this document, I therefore swear (or affirm), under penalty of perjury, that I understand the eligibility requirements described in this document and that all information provided is true and correct. The child(ren) listed on this affidavit is/are my dependent(s); resides with me as a member of my household; and is in a parent-child relationship with me, and that I am the primary care parent and am in a parent child relationship in lieu of the child's adoptive, step or natural parent; spouses of your recognized natural, adopted, or step child are not eligible for enrollment; that I am the primary source of his/her/their financial support and maintenance as defined under California State law; that the dependent child(ren) is/are not a foster child; and, is/are not enrolled in dental benefit coverage from any other California State-sponsored civil service employment or California State University employment source.

Employee Signature: _____ Date Signed _____

Social Security Number: _____ - _____ - _____

Employing Agency: _____

City: _____ Daytime Phone Number: () _____

EMPLOYING DEPARTMENT USE ONLY

The Personnel Office must maintain this document in the employee's official personnel file, attached to the agency copy of the Dental Enrollment Authorization (STD. 692). Do not send a copy of affidavit to SCO or DPA.

Date Received in Authorized Departmental Personnel Office: _____

I have verified that all portions of this affidavit are complete and any required documentation has been submitted to the human resources office at the time this document was submitted.

Employing Department Personnel - Authorized Signatory

PRIVACY NOTICE

The Information Practice Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on this form is used by the Department of Personnel Administration and the dental insurance company for the purpose of identification and dental coverage processing.

It is **mandatory** to furnish all information requested on this form. Failure to provide the **mandatory** information may result in the dental enrollment action not being processed or being processed incorrectly.

The Department of Personnel Administration requires social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Section 218, Title II of the Social Security Act.

Information provided on the form will be forwarded to the dental company providing coverage. Copies of the Affidavit of Eligibility for Dependent Children are maintained in confidential files of your personnel office for five years. For retirees, these forms are maintained with the California Public Employees' Retirement System (CalPERS) for five years. Individuals have the right of access to copies of their Affidavit of Eligibility for Dependent Children upon request. For active employees, please send requests to your personnel office. For retirees, please send your request to the California Public Employees' Retirement System (CalPERS), 400 P. Street, Sacramento, CA. 95814, Attn: Health Benefit Services Division.