

BENEFITS ENROLLMENT/CHANGE WORKSHEET

This worksheet is needed to initiate enrollment or make changes to your health benefits. This form must be received in Human Resources within 60 days from your appointment date or qualifying event date.

Are you employed by or are you transferring from another campus in the California State University system? Yes No If yes, which campus(es)?										
First Name	Last Name			Employee ID			Home Phone			
Employed as	Marital Status		I							
Faculty Staff Managem	ent Single	Married Do	mestic Partr	nership						
ACTIONS TO BE TAKEN: New enrollment Open enrollment Changes due to permitting event* (i.e. newborn, adoptions, marriage,										
* Date of Event:										
HEALTH PLANS: When enrolling in an HMO plan you must Health Maintenance Organization (HMO) Blue Shield Trio Preferred Provider Organization (PP							0)			
select a Primary Care Physician for yourself and each enrolled dependent.		J (800-334-5847)				PersCare				
Please call your health plan's Customer Service and provide them this information		Health Net Salud y Mas (888-926-4921)	Anthem Blue Cross Plans				PersChoice			
Anthem Blue Cross Traditional		Health Net SmartCare (888-926-4921)			7-737-7776)		Pers S	elect		
(855-839-4524)	Kaiser Permanente									
Anthem Blue Cross Select HMO California		[」] (800-464-4000)] Sharp Performance Plu	s (San Dieg	o	PORAC PPO					
(855-839-4524)		County Residents) (855-839-4524)			Members of the Statewide University					
Blue Shield Access+ (Advantage (800-334-5847)	(1)	United HealthCare Allia (877-359-3714)	nce		Police Ass (800-937-		only			
DENTAL PLANS: Delta Premier PPO/DPO DeltaCare USA										
Name of DeltaCare USA DENTIST & Provider Number										
If you are enrolling in Delta Care USA, please provide name of dentist and provider number										
FLEXCASH:*										
Enroll In FlexCash in lieu of Health and Dental Insurance. Monthly reimbursement is \$140.00 Enroll In FlexCash in lieu of Health Insurance. Monthly reimbursement is \$128.00										
Enroll In FlexCash in lieu of Dental Insurance. Monthly reimbursement is \$12.00										
Please provide Name, Policy or Group Number of alternate Health and Dental insurance										
	Policy or Group Number		Name of Denta			Policy	or Group Numbe	er		
* If alternate insurance is provided through your spouse's or domestic partner's, please provide their social security number				Spouse's /Domestic Partner's Social Security Number:						
FLEXIBLE SPENDING ACCOUNTS (DCRA & HCRA): The amount designated will be deducted monthly.										
DEPENDENT CARE (DCRA) Monthly deduction:			This account is for dependent care related expenses only. The minimum monthly contribution is \$20.00, the maximum monthly contribution is \$416.66.							
Mandala de des Com			This plan is for health related expenses only					4h a		
HEALTH CARE REIMBURSEMENT (HCRA) Monthly deduction: \$ The minimum monthly contribution is \$20.00, the maximum monthly contribution amount is \$225.00						ите 5.00				
Please list all eligible dependent to be enrolled, including yourself. If you are enrolling a spouse, you must provide a copy of your marriage certificate. If you are enrolling a domestic partner, you must porivde a copy of the state approved declaration of domestic partnership. If you are enrolling dependent children, you must provide a copy of										
their birth certificates. Additional you mu					HEAI	TU	DENTAL	\/!0	ION	
			So	cial Security					ION	
Name (First M.I. Last)	Birth Date	Relationship		Number	Add	Delete A	Add Delete	Add	Delete	
'					-					



TAX ADVANTAGE PREMIUM PLAN

At CSUF, all employees who enroll in health insurance benefits may choose whether or not they wish to pay taxes on the portion of their salary that goes to pay their health insurance premium. If you choose to participate in TAPP (Tax Advantage Premium Plan), the money you pay toward your health insurance premiums each month will be excluded from your taxable income.

TAPP allows an employee's health insurance premium to be withheld from his/her pay warrants with no federal or state taxes applied. With TAPP pre-tax premium payments, federal, state, and Social Security taxes will be lower.

Enrollment in this plan is automatic, unless non-participation is specifically designated.

Do you wish to participate in the Tax Advantage Premium Plan (TAPP) program?

Enrollment in TAPP will not affect your options during the open enrollment period. HOWEVER, during the remainder of the year, TAPP enrollees may only make changes to coverage if a "family status change" occurs. Allowable family status changes are listed in the TAPP brochure. You would not, for example, be able to cancel health coverage (except during open enrollment) due to an increase in premiums.

Some people who have dependent children may be eligible for a **federal income tax credit** for health insurance and, as a result, save more money if they pay for health insurance premiums from <u>after-tax</u> salary (non-TAPP). Please check with the IRS or your tax advisor for specific information.

If you are nearing retirement age, keep in mind that your Social Security benefits at retirement will be affected (reduced) because of your TAPP participation. You will not be paying Social Security taxes on the portion of your salary that goes to health insurance premiums.

to cover my share of the current/future cost of enrollment. I a	dicated on this form and I authorize deductions to be made from my salary also certify that the names of all dependents listed above are eligible I and Hospital Care Act and that they are not enrolled in another CalPers
Before you sign this form. please double-check to be su	re that you have provided all the information requested. Thank you!
Signature	Date
Human Resource	
Received Date	

HUMAN RESOURCES USE ONLY Deduction Paid CMS Keyed Comments **Documents on File** Date Pay Period Marriage Certificate Health **Domestic Partnership** Dental Birth Certificate Vision, Life & LTD **Adoption Papers HCRA DCRA** Divorce Decree FlexCash Affidavit of Eligibility **ACES** HBD-12A Initial Cobra Reviewed By: Date:

Yes

No