

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
Date \_\_\_\_\_

CalPERS Health Account Service  
ATTN: Ellen  
400 Q Street  
Sacramento, CA 95811  
FAX Number: 800-959-6545

Subject: 2015 Dependent Eligibility Verification for \_\_\_\_\_ (name)

I was advised to submit my DEV information directly to CalPERS, since I had not received any mailing from HMS Employer Solutions. This letter, together with attachments, is meant to satisfy the requirements of the Dependent Eligibility Verification (DEV) process for my CalPERS health benefits plan.

### Declaration of Personal Information

**Retiree Name** \_\_\_\_\_ **DOB** \_\_\_\_\_ **Date of Retirement** \_\_\_\_\_

**SSN** \_\_\_\_\_ **CalPERS ID** \_\_\_\_\_

**Covered by Medicare –Parts A&B** \_\_\_\_\_ **Medicare Claim Number** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Spouse Name** \_\_\_\_\_ **DOB** \_\_\_\_\_

**SSN** \_\_\_\_\_

**Covered by Medicare –Parts A&B** \_\_\_\_\_ **Medicare Claim Number** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Address** \_\_\_\_\_

**Child Dependent:** (supply on a separate page)

**Attachments:**

- \_\_\_\_\_ Copy of Marriage Certificate
- \_\_\_\_\_ Copy of the front page of my 2013 federal or state tax return showing my spouse
- \_\_\_\_\_ Other \_\_\_\_\_

I attest by signing below that I have reviewed the information provided on this Declaration of Personal Information form and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements. I further understand and agree that a statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects to criminal and civil penalty.

Signature of Subscriber (required) \_\_\_\_\_ Date \_\_\_\_\_