

## Health Benefits Plan Enrollment for Retirees and Survivors (HBD-30) Instructions

Contact CalPERS if you have questions about your health enrollment. To enroll or decline enrollment in a CalPERS Health Program, or to make changes to a health plan, you can submit this form to CalPERS. If you have more than three dependents, please complete another HBD-30 form. Once you retire, CalPERS becomes your Health Benefits Officer or personnel office.

### SECTION A: Applicant Information

Enter your basic information as indicated. If you are eligible for Medicare, complete part 5.

### SECTION B: Qualifying Retirement Employer Information

Please enter information about the agency you retired from.

### SECTIONS C & D: Type of Action and Type of Permitting Event

Select the type of action and your permitting event. Below is a list of permitting events and the required documentation. The required documents in the table below are not inclusive; you may need to submit additional documentation upon CalPERS' request.

Permitting Event	Required Documentation
New Retiree	<ul style="list-style-type: none"><li>Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)</li></ul>
New Contracting Agency	<ul style="list-style-type: none"><li>Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)</li></ul>
Medicare Enrollment (see the CalPERS Medicare Enrollment Guide) (HBD-65)	<ul style="list-style-type: none"><li>Certification of Medicare Status Form (PERS08M0021DMC)</li><li>Copy of your Medicare Card</li></ul>
Marriage or Domestic Partnership	<ul style="list-style-type: none"><li>Marriage Certificate or</li><li>Declaration of Domestic Partnership from the Secretary of State's Office</li></ul>
Delete Dependent Due to Death	<ul style="list-style-type: none"><li>Death Certificate</li></ul>
Divorce or Domestic Partnership Termination	<ul style="list-style-type: none"><li>Divorce Decree or</li><li>Termination of Domestic Partnership submitted to the Secretary of State's Office</li></ul>
Move	<ul style="list-style-type: none"><li>New address - Please provide your new address to CalPERS</li></ul>
Birth/Adoption	<ul style="list-style-type: none"><li>Birth Certificate/Adoption Paperwork</li></ul>
Open Enrollment	<ul style="list-style-type: none"><li>Health Benefits Plan Enrollment for Retirees and Survivors Form (HBD-30)</li></ul>

### SECTION E: Subscriber and Dependent Information

List yourself and other dependents and the actions you are requesting (add or delete). Use the relationship codes to identify the type of dependents.

### SECTION F: Enrollment

To enroll in a CalPERS health plan, you must review the information and check the box in part 22. To decline enrollment in a CalPERS health plan, you must review the information and check the box in part 23. Sign and date the form in parts 24 and 25.

### SECTION G: Additional Information

Please review the important Medicare and dental reminders.

### SECTIONS H & I: CalPERS Privacy Notices

Please review these important privacy notices.

### More Information

You can obtain health benefits publications, required forms, and other information about your CalPERS health benefits through our website at [www.calpers.ca.gov](http://www.calpers.ca.gov) or by calling CalPERS at **888 CalPERS** (or **888-225-7377**).