

## Disclosures and Privacy Information

Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

### **1) HEALTH BENEFITS PLAN:**

If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize your Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

**Medical Plan Privacy Information:** Submissions of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer), but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, PO Box 942702, Sacramento, CA 94229-2702.

Section 7(b), of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency which requests an individual to disclose his Social Security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System request each enrollee's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System uses Social Security account numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification
2. Payroll deduction and state contribution for state employees
3. Billing of contracting agencies for employee and employer contributions
4. Reports to the California Public Employees' Retirement System and other state agencies
5. Coordination of benefits among carriers

**Binding Arbitration:** Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HBD-DO-22 to determine if this provision is applicable to your plan or contact your Benefits Service Representative at 408-924-2250

**Dental Plan Privacy Information:** The Information Practices 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 the Benefits election pages is used by the State Controller's Office and the dental insurance company for the purposes of identification and dental coverage processing.

It is mandatory to furnish all the information requested on the Benefits election pages except for employee's gender and marital status, which may be furnished on a voluntary basis and are used by the dental insurance company for statistical and actuarial purposes. Failure to provide the mandatory information may result in the dental enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's 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 Sections 218, Title II of the Social Security Act.

Information provided on the Benefits election pages will be forwarded to the dental insurance company providing coverage for the employee. Copies of the Dental Plan Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Dental Plan Enrollment Authorization forms upon request. Send requests to: State Controller's Office, Personnel/Payroll Operations Bureau, P.O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.

### **2) FLEXCASH PLAN:**

I have reviewed the brochure describing the CSU's optional FlexCash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Service (IRS) Code. I understand that regulations under the IRS Code require that my benefit choices authorized by the election are irrevocable during this plan year unless I have a "Change of Family Status" as defined in these regulations or other permitting events as described in

the enrollment brochure. I understand that my FlexCash enrollment in lieu of medical and/or dental coverage will continue from year to year until I complete a new FlexCash Enrollment of Cancellation. I authorize my Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

**FlexCash Plan Privacy Information:** The Information Practices 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 the Benefits election pages is used by the State Controller's Office and the dental insurance company for the purposes of identification and dental coverage processing.

It is mandatory to furnish all the information requested on the Benefits election pages except for employee's marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the dental enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's 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 Sections 218, Title II of the Social Security Act.

Copies of the FlexCash Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller's Office, Post Office Box 94250, Sacramento, California 94250-5878.

### **3) FLEXIBLE SPENDING HEALTH AND DEPENDENT CARE ACCOUNTS:**

I understand that my enrollment into the Health Care and/or Dependent Care Reimbursement Account Plan(s) is for the current plan year only. If I wish to continue enrollment for the next plan year, I must re-enroll annually during Open Enrollment. I understand that IRS regulations require that my monthly deductions authorized by this election are irrevocable during this plan year, unless I experience an allowable "status change event," as defined in these regulations and described in the Health Care and/or Dependent Care Reimbursement Account brochure(s). My agreement to have my pay reduced is made on the condition that the CSU contribute the amounts to the Reimbursement Account(s) that I have specified during this enrollment. I also agree to pay the \$2.00 monthly administrative fee through payroll deduction on a post-tax basis. The \$2.00 administrative fee is charged per Plan. All reimbursement requests for the current Plan Year must be postmarked by June 30 of the following Plan Year in order to be reimbursed. I further understand that any unclaimed amount remaining in my Health Care or Dependent Care Reimbursement Account(s) after that date will be forfeited. I have read the above statements and agree to the terms and conditions of the Health Care and/or the Dependent Care Reimbursement Account Plan(s) as outlined. I authorize my Benefits Service Representative to provide requested information to the program administrator for the purpose of identification and account processing.

**Flexible Spending Health and Dependent Care Accounts Privacy Information:** The Information Practices 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 the Benefits election pages is used by the State Controller's Office and the dental insurance company for the purposes of identification and dental coverage processing.

It is mandatory to furnish all the information requested on the Benefits election pages except for employee's marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the dental enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's 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 Sections 218, Title II of the Social Security Act.

Information provided on the Benefits election pages will be forwarded to the program administrator. Copies of the Health Care/Dependent Care Reimbursement Enrollment Authorization Form(s) are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller's Office, P. O. Box 94250, Sacramento, California 94250-5878, Telephone (916) 445-5361.