

## Affidavit of Parent-Child Relationship

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in the CalPERS Health Benefits Program. Pursuant to Title 2, California Code of Regulations, 599.500(o), a "parent-child relationship" (PCR) is established when you intentionally assume parental status or duties over a child who is not your adopted, step, or recognized natural child, and meet specific enrollment criteria.

As specified in Section 599.500(o) and outlined below, you are required to substantiate a financial responsibility upon initial enrollment and annually thereafter, up to the child reaching age 26. You must submit a separate PCR Affidavit for each PCR dependent.

**Note:** Spouses of your adopted, step, and recognized natural children do not qualify for CalPERS health coverage under any circumstances.

### SECTION A: Employee/Annuitant Information

1. Name (First) (M.I.) (Last) <input style="width: 100%; height: 25px;" type="text"/>	2. Social Security Number <input style="width: 25%; height: 25px;" type="text"/> - <input style="width: 25%; height: 25px;" type="text"/> - <input style="width: 25%; height: 25px;" type="text"/>	3. Date of Birth (mm/dd/yyyy) <input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/>
4. Date you assumed the primary parental status or duties for the PCR dependent: (mm/dd/yyyy)		<input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/>
5. Relationship to the PCR dependent: <input style="width: 100%; height: 25px;" type="text"/>		

### SECTION B: PCR Dependent Information

6. Name (First) (M.I.) (Last) <input style="width: 100%; height: 25px;" type="text"/>	7. Social Security Number <input style="width: 25%; height: 25px;" type="text"/> - <input style="width: 25%; height: 25px;" type="text"/> - <input style="width: 25%; height: 25px;" type="text"/>	8. Date of Birth (mm/dd/yyyy) <input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/> / <input style="width: 25%; height: 25px;" type="text"/>
9. Address (if different from yours): (Street)	(City)	(State) (ZIP)
<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>

### SECTION C: Supporting Documentation Requirements

10. As evidenced by your selection below, you are certifying you have assumed parental status or duties and will provide the required supporting documentation for your PCR dependent with this Affidavit.

<p><b>For a PCR Dependent Under Age 19:</b>A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent. In lieu of a tax return, for a time not to exceed one tax filing year, you may submit other documents that substantiate the child's financial dependence upon you, including, but not limited to: current legal judgments/court documents showing the subscriber's legal parental status or duties/guardianship over the child; bank, credit card, tuition or insurance statements/payments; school records; bills or mail indicating common residency with the dependent (collectively referred to as "Other Suitable PCR Documentation").</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No
<p><b>For a PCR Dependent From Age 19 Up to Age 26:</b>A copy of the first page of your income tax return from the previous tax year listing the child as a tax dependent, <b>OR</b>Other Suitable PCR Documentation, as mentioned above, that substantiates that the child is financially dependent upon you provided that the child:Either lives with you for more than 50 percent of the time, or is a full-time student, <b>AND</b>Is dependent upon you for more than 50 percent of the child's support</p>	<input type="checkbox"/> Yes  <input type="checkbox"/> No

**SECTION D: Signature of Employee/Annuitant**

11. I recognize this affidavit is a legally binding document. I accept full responsibility to notify my employer or CalPERS of any changes pertaining to this PCR. I further understand the provision of California Government Code 20085, which states in part:

- (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 I have provided is true and correct to the best of my knowledge.** I also agree to provide **all** supporting documentation requested by my employer or CalPERS. I understand that each PCR dependent must be certified upon initial enrollment and annually thereafter up to age 26. I also understand that certification includes submission of this Affidavit **and** the required supporting documents.

\_\_\_\_\_  
Employee/Annuitant Signature

\_\_\_\_\_  
Date

**Important!**

**Active Employees:** Return this Affidavit and the required supporting documents to your employer.  
**Retirees:** Return this Affidavit and the required supporting documents to CalPERS.

**SECTION E: For Employer Use Only**

12. I hereby certify under penalty of perjury as follows: That I am a duly appointed, qualified, and acting officer of the following agency: \_\_\_\_\_

- I have reviewed the above affidavit and verified the identity of the employee or annuitant submitting this affidavit.
- I recommend enrolling/re-certifying this PCR dependent based on the information provided and attached documentation [per CCR §599.500(o)].
- I do not recommend enrolling/re-certifying this PCR dependent based on the information provided and/or lack of supporting documentation [per CCR §599.500(o)].

Enroll    Recertify    Do not enroll    Do not recertify

\_\_\_\_\_  
Human Resources Manager Name (Print)

\_\_\_\_\_  
Human Resources Manager Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Health Benefits Officer Name (Print)

\_\_\_\_\_  
Health Benefits Officer Signature

\_\_\_\_\_  
Date

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## Affidavit of Parent-Child Relationship Instructions

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### **Section A: Employee/Annuitant Information**

Enter your name, Social Security number, date of birth, the date you assumed the primary parental status or duties, and your relationship to the PCR dependent.

### **Section B: PCR Dependent Information**

Enter the PCR dependent's name, Social Security number, date of birth, and address (if different from yours).

### **Section C: Supporting Documentation Requirements**

Select "yes" or "no" to certify that your PCR dependent is either under the age of 19 or from age 19 up to 26. **By selecting "yes," you agree to submit all required supporting documentation for your PCR dependent with this Affidavit.**

### **Section D: Signature of Employee/Annuitant**

You must sign and date the Affidavit. By signing and dating this section, you are certifying under penalty of perjury that the information you are providing is true and correct.

### **Section E: For Employer Use Only**

**Active Employees:** Your employer will complete this section. **Retirees:** Leave this section blank.

**Note to Employer:** By completing section E, you are: a.) certifying under penalty of perjury that you are authorized on behalf of your agency to review this Affidavit and make this eligibility determination, b.) validating that the submitted documentation meets the requirements based on age, and circumstances of the enrollment, and c.) ensuring your Human Resources Manager's approval of the enrollment recommendation.

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## Important Privacy Information

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Submission of the requested information is mandatory. The information requested is collected pursuant to the Government Code (Section 20000 et seq.) and is used for administration of the CalPERS Board's duties under the Public Employees' 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 other governmental agencies (such as your employer), physicians and insurance carriers but only in strict compliance with current statutes regarding confidentiality. Failure to supply the information may result in CalPERS being unable to perform its functions regarding your status.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the CalPERS Customer Contact Center at **888-CalPERS** (or **888-225-7377**).

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency requesting an individual to disclose a Social Security number to inform the individual whether the disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it. Section 111 of Public Law 110-173 requires group health plans to collect and provide member Social Security numbers for the coordination of federal and State benefits. Furthermore, the CalPERS health program requires each enrollee's Social Security number for identification purposes and to verify eligibility for benefits.

The CalPERS health program uses Social Security 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 CalPERS and other state agencies.
5. Coordination of benefits among health plans.
6. Resolution of member complaints, grievances and appeals with health plans.