



2008 BENEFITS OPEN ENROLLMENT

The following information is needed to complete documentation into a CALPERS health insurance plan.

Name _____ Soc. Sec.# _____

Mailing Address _____

Phone (Home) _____ (Work) _____ (Alt.) _____

Male _____ Female _____ Single _____ Married _____

Medical Plan Choice	Employee*	Spouse*	Children*
_____ Blue Shield HMO*	_____	_____	_____
_____ Blue Shield HMO NetValue*	_____	_____	_____
_____ Kaiser*	_____	_____	_____
_____ PERS-Care			
_____ PERS Choice			
_____ PERS-Select			

***HMO only:** Please enter name of Physician and or Medical Group selection under each person.

List all persons (including self) to be enrolled in your health insurance plan.

Name	Date of Birth	SS#	Relationship
1. _____			
2. _____			
3. _____			
4. _____			

(Please use the backside if more space is needed)

Are you or other family members currently enrolled in another PERS plan? _____

I elect to enroll in (or change to) the plan shown above and authorize a deduction (if any applies) to be made from my salary to cover my share of the cost as it is now or as it may be in the future.

Signature

Date

For Official Use Only: Plan Code _____ Plan Name _____ Gross Premium _____
Permitting Event Code _____ Permitting Event Date _____ Effect. Date _____