



Health Account Services  
P.O. Box 942715  
Sacramento, CA 94229-2715  
(888) CalPERS (or 888-225-7377)  
TTY (877) 249-7442  
FAX (800) 959-6545

Declaration of Health Coverage: HBD-12A  
dependents as

(INSTRUCTIONS ON

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a result of marriage, birth, adoption, or placement for adoption, or if a court orders health coverage for your dependents, you can enroll yourself and dependents. See your Health Benefits Officer or visit your personnel office for applicable time limits.

Special rules apply to retirement and death. Please read the back of this form carefully.

Member's Signature

Date Signed

## INSTRUCTIONS – DECLARATION OF HEALTH COVERAGE (HBD-12A)

Please contact your Health Benefits Office if you have any questions regarding the HBD 12A.	
Employee Information	Complete with the appropriate employee information.

Part A: Mark this box if you are: