What is workers' compensation?
Workers' compensation provides benefits to employees who are injured or become ill during the course of or due to employment. You could get hurt by:
• One event at work, such as hurting your back in a fall, getting burned by a chemical that splashes on your skin or getting hurt in a car accident while making deliveries.
• Repeated exposures at work, such as hurting your wrist from doing the same motion over and over or losing your hearing because of constant loud noise.

What does workers' compensation cover?
These benefits may include medical treatment, payments for lost wages, payments that compensate the injured employee for having a permanent impairment or limitation, vouchers to pay for retraining, and death benefits.

What should I do if I get injured on the job?
Promptly report the injury to your employer. If your injury or illness developed over time, report it as soon as you learn or believe it was caused by your job.
Get emergency treatment if you need it. Your employer may tell you where to go for treatment. Tell the health care provider who treats you that your injury or illness is job-related.
Fill out a claim form and give it to your employer. If your employer doesn't give you the claim form, you can download it from the DWC website.

How do I obtain medical treatment?
If you did not pre-designate your physician prior to the date of injury, you must see a physician listed in the Medical Provider Network (MPN). State employees can refer to the State Fund MPN Provider Finder to identify an MPN physician in their area.

Why do I need to attend a Qualified Medical Examiner (QME) appointment?
You and/or the claims administrator might disagree with what the treating doctor says. There could be other disagreements over medical issues in your claim. A Qualified Medical Examiner (QME) can be asked to address those disagreements. A QME may be asked to determine:
• Whether or not your injury was caused by your work
• Whether or not you may need future treatment for your injury
• Whether or not you need to stay home from work to recover
• The level of permanent disability that may have resulted from your work-related injury
The QME report is used to determine what benefits you are entitled to receive.

Does an employee continue to make California Public Employee Retirement System (CalPERS) or California State Teachers Retirement System (CalSTRS) contributions and earn retirement credit while receiving Industrial Disability Leave (IDL)?
An employee receiving Industrial Disability Leave (IDL) will continue to make CalPERS or CalSTRS contributions and earn retirement credit while receiving IDL. The employee's full contribution will be deducted from the IDL payment. For more information regarding retirement contributions, contact

CalPERS or CalSTRS directly.

When should a department submit an Employer's First Report of Injury (STATES 3067S)?
The department should submit the Employer's First Report of Injury as soon as possible after the employer's knowledge or notification that a work-related injury or illness has occurred and no later than five days from the employer's date of knowledge.

How do I determine the date of knowledge (DOK)?
The date of knowledge (DOK) is the date the employer knew or should have known that a work-related injury or illness occurred or is being claimed.

For example:

- A work-related injury or illness has occurred that requires medical treatment beyond first aid or that results in lost time beyond the date of injury.
- An employee informs you that he or she has suffered a work-related injury or illness. The claimed injury or illness does not have to be witnessed.
- An employee presents a doctor's note stating that a work-related injury or illness has occurred.
- An accident occurs on state property injuring a state employee.
- An accident occurs while a state employee is conducting state business and the employee is injured.

Are employees eligible for Administrative Time Off (ATO) for appointments or other lost time related to their workers' compensation claim?
When in the course of a workers' compensation claim, an employee is asked to attend a medical-legal evaluation pursuant to Labor Code 4060, 4061 or 4062 with a medical evaluator, such as a Qualified Medical Evaluator (QME), an Agreed Medical Evaluator (AME), or an Independent Medical Evaluator (IME), the employee should be placed on Administrative Time Off (ATO) for any time lost from work.

In addition to medical-legal appointments, ATO is also granted for time lost on the date of injury and for time lost to attend a deposition.

ATO is not granted for regular medical appointments, to meet with attorney, or to attend a hearing or other appointment at the Workers' Compensation Appeals Board.

For more information on ATO related to a Workers' Compensation claim, please refer to the CalHR Manual: Workers' Compensation Administrative Time Off.

Are departments still required to report COVID-19 cases?
All COVID-19 cases should be reported to State Compensation Insurance Fund through the end of 2023.

How does our department add or remove employees from the CalHR Workers' Compensation contact list in order to receive information about the Forums and Roundtables meetings?
Email all CalHR Workers' Compensation contact list changes or requests directly to workcomp calhr.ca.gov.

What is the first day of disability for IDL for the purpose of calculating the 52 weeks or appropriate work hours in the two year period for IDL?
The first day of disability is the first day of lost time, not the date of injury. Since the day of injury is paid as Administrative Time Off, it would not be appropriate to include the date of injury as the beginning of the IDL period. It is important to remember that all days of disability must be confirmed by State Fund and may be partial days of disability.

Is time used on the date of injury picked up as Administrative Time Off only after the workers' compensation claim is approved?
No. If the employee missed time from work on the date of injury, this time is Administrative Time Off even if the claim is not approved for workers' compensation benefits. Employees should be directed to seek appropriate medical treatment, and employers should authorize the initial visit and secure transportation if necessary.

Is IDL paid for time lost from work to attend medical appointments related to the employee's workers' compensation injury?
No, not after July 1, 2014. IDL is paid for medically substantiated periods of disability that State Fund has confirmed. The obligation to pay IDL ends when the injured employee returns to work, is deemed able to return to work, or when the employee's medical condition achieves permanent and stationary status. If the employee is able to work, time off solely to attend a medical appointment does not constitute a period of disability. Employees can use available leave credits, or adjust their time (depending on business needs) to attend medical appointments.

How is the three calendar day waiting period calculated after July 1, 2014?
IDL is not paid for the first three days after an employee leaves work as a result of the injury unless temporary disability continues for more than 14 days, the injury is the result of a criminal act of violence, or the employee is hospitalized for treatment required by the injury. The three day waiting period shall be identified by State Fund as the first three days of medically substantiated disability. These days of disability do not need to be full days, consecutive days, or days that the employee was scheduled to work. The waiting period is calculated the same for all employees regardless of work schedules and time bases. Here are two examples:Emily Employee was injured on Thursday. The doctor reported, and State Fund confirmed, that Emily was disabled and could not return to work until Monday. The waiting period was served (Friday, Saturday, and Sunday). Emily Employee was injured on Thursday. The doctor reported, and State Fund confirmed, that Emily could only work half time Friday, Saturday,

and Sunday, and return to work on her regular schedule on Monday. The employee has served the waiting period (Friday, Saturday, and Sunday).

Prior to July 1, 2014, how was the three calendar day waiting period and 14 day period calculated?
The waiting period did not need to be consecutive or full days of absence. Partial days of absence relating to the disability (including medical appointments) were accumulated to 24 hours to fulfill the waiting period. The waiting period did not need to be consecutive or full days of absence. Partial days of absence relating to the disability (including medical appointments) were accumulated to 24 hours to fulfill the waiting period.

Must the Agency complete the Industrial Disability Leave – Benefit Option Comparison (STD. 618S) for every employee who is approved for IDL?
Yes. The STD. 618S must be completed upon receipt of the disability notification from State Fund. The STD. 618S is a key piece of documentation for both the employer and the employee that provides a basic explanation of the benefits and calculation of compensation.

If an employee incurred a work-related injury or illness at one state agency and transfers to another agency, which agency is responsible for paying IDL?
Each agency is responsible for paying IDL during the periods of disability that occurred while the employee was working for that agency. The agency losing the employee has a duty to provide any history of IDL paid (calendar, 618S, etc.) to the agency gaining the employee.

Whose responsibility is it to track the waiting period and the 52 weeks or appropriate hours of IDL?
It is the agency's responsibility to track the waiting period and the hours of IDL. The agency should notify State Fund 30 days prior to the final hour of IDL, so that State Fund can begin paying TD, if appropriate. It is State Fund's responsibility to notify agencies of medically substantiated periods of disability, including the waiting period. After July 1, 2014, full-time employees have 2080 hours of IDL available. To determine the eligible hours of IDL, for other time bases, use the following formula: 2080 x time base = total hours available The calculations for some common time bases are shown below:
1/2 time employees: 2080 x 1/2 = 1040 hours 3/4 time employees: 2080 x 3/4 = 1560 hours 5/6 time employees: 2080 x 5/6 = 1733 hours 4/5 time employees: 2080 x 4/5 = 1664 hours 7/8 time employees: 2080 x 7/8 = 1820 hours

How are the appropriate hours of IDL tracked for employees who change time bases during the time they are receiving IDL benefits?
The goal is to provide 52 weeks of IDL benefits within a two year period. If an employee changes time bases during their period of IDL eligibility, you will need to recalculate the available hours to insure the employee receives the benefits they are entitled to. Convert the hours the employee used to days (may need to approximate). Subtract that number from 260 paid days in a year to determine the number of available days of IDL. Convert the number of available days back to hours at the new time base. Here are two examples: Emily Employee was a full-time employee and used 360 hours of IDL, then her time base was reduced to ¾ time. How many hours of IDL are available? 360 hours at full-time = 45 days (360 divided by 8 hours/day)

260 – 45 = 215 x 6 (3/4 time = 6 hours per day) = 1290 hours of IDL available
Emily Employee was a half time employee and used 175 hours of IDL, then her time base was increased to 7/8 time. How many hours of IDL are available?
175 hours at 1/2 time = 44 days (175 divided by 4 hours/day = 43.75 round to 44)
260 – 44 = 216 x 7 (7/8 time = 7 hours per day) = 1512 hours of IDL available

Should employees on alternate work week schedules have their schedules changed to a 5-8-40 schedule?
No. An employee off for the month on IDL can remain on their alternate work schedule and does not earn or use excess hours or holidays. An employee cannot be paid more than the maximum hours in the pay period.

How are excess/deficit hours shown for employees on alternate work week schedules who are using IDL intermittently or working while on IDL?
Treat the employee the same as if they were working. The employee receives a credit for months when there is an excess and for months with a deficit they must use leave credits to supplement the number of hours required for the pay period.

Does the amount of leave credits used to supplement IDL count toward the hours of IDL the employee is entitled to?
No. Leave credits used for supplementation have a dollar value, but no "time value." The employee's time off is already covered by IDL, the supplementation is just a cash out of available leave credits to bridge the gap between the IDL payment and regular salary.

Can an employee receiving IDL go on vacation?
Yes. If the employee is totally temporarily disabled and receiving full IDL, continue the IDL payment. If the employee is working while on IDL, continue the IDL payment and post appropriate leave credits for the additional time missed from work. Agencies are encouraged to share information about the employee's activities with the claims adjuster.

Are employees entitled to special pay(s) when they are on IDL?
Refer to Section 14, "Pay Differentials", in the California State Civil Service Pay Scales Manual to determine if the special pay should be included or excluded from the IDL calculation. If it states that the pay should be included in the calculations and is ongoing, the IDL calculation must include the special pay. If the special pay is task related (e.g., diving pay) and the employee must perform the task to receive the pay, the special pay should only be included if the employee was scheduled to perform the task.

Is an employee entitled to shift differential while on IDL?
Yes, if the employee was receiving the shift differential at the time of the injury. However, if there is a regular shift rotation that would place the employee on a shift not entitled to the differential, payments

for IDL and supplementation should be recalculated to exclude shift pay.

How is an employee compensated for holidays while receiving IDL?
If the holiday falls within the disability period it is compensated in the employee's IDL payment. If the holiday falls outside the disability period or is a Saturday Holiday, provide payment or holiday credit as if the employee were not receiving IDL. If the employee is working reduced hours due to the injury, and receiving IDL for the balance of the hours, the employee would be paid for the holiday and the time would not count against the employee's IDL benefits.

Can an employee who is in two state miscellaneous positions qualify for IDL in both positions?
Yes. If both positions are CalPERS/CalSTRS-qualifying positions, the employee may receive IDL if he or she is disabled in both jobs, as long as the total IDL compensation does not exceed the equivalent of one full-time position. The position with the higher time base is used for this calculation; if both positions are equal in time base, the higher salaried position is used. If the employee is in a full-time position and a part-time position, IDL is paid on the full-time position.

Can an employee who is in two state safety positions qualify for EIDL in both positions?
Yes. If both jobs qualify for EIDL, the employee is disabled from both jobs, State Fund has notified both agencies, and the appointing powers at both jobs approve the benefits.

Does an employee continue to make CalPERS/CalSTRS contributions and earn full retirement credit while receiving IDL?
Yes. An employee's full CalPERS/CalSTRS contribution will be deducted from the IDL payment. The employee will continue to earn full retirement credits. For more information regarding retirement contributions, contact CalPERS or CalSTRS directly.

Does an employee continue to make CalPERS/CalSTRS contributions and earn full retirement credit while receiving IDL?
Yes, however per Government Code section 19844.1, time when an employee is excused from work because of holidays, sick leave, vacation, annual leave, compensating time off, or any other leave shall not be considered as time worked by the employee for the purpose of computing cash or compensating time off for overtime. Only actual hours worked count toward the weekly calculation for premium rate overtime pay. Employees who are not eligible for premium rate would earn straight rate pay.

Can employees supplement Permanent Disability (PD) advances with leave credits?
No. There is no statutory authority to supplement PD advances with leave credits.

Can an employee opt to use their sick leave in lieu of IDL?
No. Government Code section 19871 states that the employee shall receive IDL. However, employees are allowed to use leave credits or dock to cover periods of disability that have not yet been confirmed by State Fund. Once the period of disability has been confirmed by State Fund, the agency will restore

those leave credits and pay IDL.

If an employee is injured prior to becoming a CalPERS or CalSTRS member and becomes a member while on TD, can he or she elect to go on IDL?
No. The employee must remain on TD for the duration of the disability because they were not eligible for IDL on the date of injury.

Can an employee receive IDL after reaching maximum medical improvement or becoming permanent and stationary?
When an employee becomes permanent and stationary, they are no longer eligible for IDL. However, in some cases, an employee will experience a subsequent period of temporary disability. This would entitle the employee to an additional period of IDL if State Fund confirms the subsequent period of temporary disability and the employee has not exhausted their IDL benefits.

s it possible for an employee to receive IDL and NDI on the same date, assuming that they qualify for both benefits?
Yes. If the NDI benefit is greater than the IDL benefit that the employee is due for the day, the employee gets the IDL and the balance due for NDI. For example, if the IDL benefit is $10 and the NDI benefit is $19, the employee receives $10 in IDL benefits and $9 in NDI benefits. Refer to Government Code section 19882 This is uncommon and rarely happens during IDL

Can an employee receive State Disability Insurance (SDI) benefits for an industrial injury?
Employees can apply for and receive SDI during the period of disability while their workers' compensation claim is pending or denied. If the claim is approved at a later date, and IDL benefits are confirmed by State Fund, there may be over lapping IDL and SDI benefits, and a potential overpayment of SDI. The employee is responsible for resolving any SDI overpayment with the Employment Development Department.

Can an employee take a bereavement leave while on IDL?
Yes. The employee is entitled to bereavement leave when on IDL. The agency should interrupt IDL and put the employee on bereavement leave (regular pay status) for the appropriate period of time and then resume IDL. The regular pay days/hours do not count toward the IDL limit.

Can an employee attend jury duty while on IDL?
Yes, if the work restrictions placed on the employee do not conflict with jury service. The employee is bound by the same rules regarding jury duty as if they were working, and should provide substantiation of jury service. The agency should interrupt IDL for the period of time the employee is on jury duty and place them on regular pay status. Once jury duty is completed, the employee should be placed back on IDL. The regular pay days/hours do not count toward the IDL limit.

Is an employee eligible for catastrophic leave while waiting for IDL to be approved or for supplementation of IDL?
Yes. An employee may be eligible for an agency's catastrophic leave program if the nature of the illness or injury otherwise meets the criteria established by the agency for catastrophic leave. Please check the appropriate bargaining unit contract.

If an employee is off work on IDL and is eligible for a Merit Salary Adjustment (MSA), should the supervisor approve the pay increase?
Yes. You cannot deny a MSA because the employee filed a workers' compensation claim.

Can an employee who is on IDL change their marital status and dependents?
Adding or deleting family members can be done whenever appropriate. However, changes may not be made to exemptions for the purpose of tax withholding during the first 22 working days or 176 hours of approved IDL (which are paid at full net salary), because Government Code section 19871 requires that IDL payments be based on the net salary at the date of injury. Marital status and dependents may be changed after the first 22 working days or 176 hours of IDL have been paid.

Can an employee on IDL who subsequently demotes during the disability period retain their salary rate, or is the salary rate adjusted to reflect the demotion?
IDL should be adjusted to reflect the salary an employee would receive if the disability had not occurred. If the employee receives an increase in pay while on IDL, the benefit payments increase; if the employee receives a demotion or pay cut, the IDL payment should be reduced accordingly.

Is an employee who is suspended because of an adverse action while on a workers' compensation claim entitled to IDL during the suspension?
No. An employee who is suspended and taken off pay status while on IDL may be eligible for TD without supplementation during the period of the suspension. State Fund must be notified that the employee has been suspended so they can begin TD if appropriate. However, if possible, it is best to postpone any disciplinary action until the employee has returned to work from disability leave.

Does the time off on suspension count towards the 52-week limit on IDL?
No. If State Fund confirms that the employee is still temporarily disabled, the IDL will resume without any loss in benefit levels after the suspension has ended.

Can the employer deny IDL benefits if they have knowledge that the injured worker is working at another job while on IDL?
No. IDL payments cannot be withheld simply because the injured worker has another job. However, if the injured worker is working, it should be brought to the attention of State Fund immediately so they can investigate if necessary.

Is an employee who is terminated because of an adverse action entitled to IDL after the effective date of the termination?
No. IDL is a disability leave benefit which provides for salary continuation. It is based on the assumption that the employee is a current employee and will eventually return to work. Termination is not a temporary absence and there is no expectation the employee will return to work, so there is no legal basis to provide salary continuation benefits. However, State Fund must be promptly notified by the agency when the employee is terminated, because they may be eligible for TD benefits.

How are employees on IDL to be treated if they are subject to layoff based on seniority?
Employees on IDL are subject to the same procedures as other employees during a layoff. An employee on IDL should be notified at the same time as other employees and advised of their employment options. IDL continues up until the actual date of layoff, but terminates when the layoff is effective. After the layoff, the employee may be entitled to receive TD without supplementation. The agency must notify State Fund promptly when an employee with a workers' compensation claim is laid off, so State Fund can begin TD benefits if appropriate.

If IDL is retroactively rescinded, does the agency have to collect the overpayment?
Yes. Agencies are obligated to set up an accounts receivable to collect the overpayment. However, pursuant to Government Code section 19838, agencies cannot take action to recoup an overpayment unless the action is initiated within three years from the date of overpayment.

How many hours of IDL is a PI employee entitled to per claim?
If the PI employee is a CalPERS or CalSTRS member, the PI employee is entitled to a maximum of 52 weeks of IDL within a two year period from the first approved date of disability for each claim. Prior to July 1, 2014, a PI employee is entitled 365 calendar days of IDL within a two-year period from the first day of disability for each claim. After July 1, 2014, he number of hours that constitute 52 weeks of IDL may vary depending on the employee's work schedule, but will never exceed 2080 hours.

Will employees be required to provide original documents?
No. Employees should provide copies of the documents and write "Not for Official Use" on them. Original documents should not be submitted. However, departmental personnel staff performing verifications should make copies and return originals, if they are submitted inadvertently.

Why are two documents required for re-verifying a spouse or domestic partner, instead of just the government issued marriage certificate or the Declaration of Domestic Partnership?
The first document establishes the life event allowing the enrollment of the dependent (i.e., marriage or registering as domestic partners), while the second required document substantiates the relationship is current.

May employees redact sensitive information from the documents I submit?
Yes. Employees are responsible for redacting sensitive information, not necessary for dependent re-

verification purposes, from any applicable documents (such as tax returns).

Will employees be reimbursed for the cost of obtaining re-verification documents?
No. Employees will be responsible for any charges related to obtaining copies of the required documents.

Why are employees required to provide the documents again, when they were provided when the dependents were initially enrolled?
Providing a copy of the documents for the initial DRV cycle will enable a more direct process for the departmental personnel offices to re-verify the family members. Departmental personnel offices are required to keep all documents used in the DRV process in the employee OPFs without a purge date. In subsequent re-verifications, employees need not provide birth certificates for natural-born children or adoption certificates for adopted children again. They also need not provide the marriage certificate, domestic partnership registration, and birth certificates for stepchildren or domestic partner children if the marriage or domestic partnership remains current, unless requested by the departmental personnel office.

What about the documents that employees provided to HMS Employee Solutions (HMS) during the Dependent Eligibility Verification (DEV) project in 2013 and 2014?
HMS securely destroyed the documents received during the DEV project to protect the privacy of you and your family members.

What happens if employees do not provide the required documents during the re-verification cycle?
If employees do not respond or provide the required documents during their re-verification cycle, CalPERS will remove these dependents from health benefits effective the first of the month after the employee's birth month. Departmental personnel offices will remove unverified dependents from dental and vision benefits, if enrolled.

How will employees know if their family members are removed from health, dental and/or premier vision benefits?
The DRV Deletion Notice mailed to employees 60 days before the end of their birth month informs them of the dependent deletion date if DRV documents are not submitted by the end of the employee's birth month. CalPERS will inform you during your birth month in writing if administratively removing your family members from health benefits. The notice will include Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of coverage information. In addition, when removing ineligible/unverified dependents from dental and/or premier vision benefits, department personnel offices will inform employees in writing, listing the dependent(s) that are disenrolled and the effective date. The department personnel offices shall also provide COBRA information to the family members within 30 days from their loss of coverage.

What if departmental personnel Offices do not have a current Std. 692 (Dental Enrollment Form) in the Official Personnel File (OPF)?

If the departmental personnel office cannot locate a current Std. 692 form in the OPF, they should check with the carrier to verify which dependents are currently enrolled or instruct the employee to print a copy of their enrolled dependents from their online profile on the carrier website. Once the continued eligibility of these dependents is re-verified through the DRV process, the departmental personnel office should have the employee complete a new Std. 692 to be maintained in the OPF moving forward.

If an enrolled child turns 26 during the re-verification period how should the employee proceed?
If the child's 26th birthdate coincides with the employee's re-verification cycle, CalPERS will administratively remove the child from health benefits upon the child turning age 26. Department Personnel Office must remove the child from dental and/or vision benefits, if enrolled

During an employee's re-verification cycle, one of the dependents obtained non-state sponsored health coverage. Can the employee remove the dependent from the state health plan?
Employees should contact their departmental personnel office immediately if they wish to remove a dependent due to a "permissive qualifying event" (e.g., family member obtains non-state sponsored health benefits, family member enters military, custody change for child under age 18, or child reaches age 18). The dependent should be removed due to a qualifying permissive event rather than ineligibility found during the re-verification process.

How should the employee respond if during the re-verification cycle, the employee receives a notice from CalPERS to recertify a parent-child relationship (PCR) dependent or a disabled child aged 26 and over?
The DRV is separate from the process to recertify a PCR dependent, or a disabled child aged 26 and over. The employee should follow the instructions according to the annual notice CalPERS provides to recertify these dependents.

An employee needs to remove a dependent due to a qualifying event and receives a dependent re-verification notice. How should the employee proceed?
Employees should notify their departmental personnel office immediately of any qualifying event that occurs during the re-verification period, such as divorce or termination of domestic partnership. In these situations, the dependent should be removed due to the qualifying event rather than ineligibility found during the re-verification.

Where can employees and departmental personnel staff find more information on health and dental benefits?
The CalPERS website contains health benefit information, and the CalHR Benefits website contains dental and premier vision benefit information.

Whom can employees contact with additional questions?
Employees can contact their departmental personnel offices.

Whom can employees contact if they disagree with the decisions from their departmental personnel offices on their dependent re-verification?
Employees should contact their departmental personnel offices with questions regarding the DRV program. If the employee disagrees with the departmental personnel office's decision on the re-verification of their family members, the employee must submit their reasoning for disagreement, in writing along with any supporting documents, to their departmental contact. If the departmental contact cannot resolve the issue, they may submit a written appeal to CalHR at DRV calhr.ca.gov for review.

Whom can HR offices contact with additional questions?
Departmental personnel offices can contact*: Benefits Division
Dependent Re-Verification Program, DRV Program Manager
916-322-0300
Dependentre-verificationprogram
calhr.ca.gov *Note: Please do not direct employees to the contact above. Employees must work directly with their departmental personnel office.

What is the Dependent Re-Verification?
The Dependent Re-verification (DRV) is the process of re-verifying the eligibility of spouses, domestic partners, children, stepchildren, and domestic partner children (family members) enrolled in state health, dental and/or premier vision benefits. Government Code section 19815.9 mandates re-verifying the eligibility of your family members. Government Code section 22959 authorizes extending this review to your family members enrolled in dental benefits. The bargaining unit contracts specify that your family members' eligibility for dental benefits shall be the same as that prescribed for health benefits.

How do I know which of my dependents are enrolled in dental and /or premier vision benefits?
You may contact your departmental personnel office or visit the dental and/or vision carrier's website and create an online profile. From your online profile, you can view who is enrolled on your plan(s).

Where do I send my dependent's re-verification (DRV) documents to?
Submit all dependent re-verification documents directly to your Department's Personnel Office.

Will I be required to provide original documents?
No. You should provide copies of the documents and write "Not for Official Use" on them

Why are two documents required for re-verifying a spouse or domestic partner, instead of just the government issued marriage certificate or the Declaration of Domestic Partnership?
The first document establishes the life event allowing the enrollment of the dependent (e.g., marriage or registering as domestic partners), while the second required document substantiates that the relationship is current.

May I redact sensitive information from the documents I submit?
Yes. Employees are responsible for redacting sensitive information, not necessary for dependent re-verification purposes, from any applicable documents (such as tax returns).

Will I be reimbursed for the cost of obtaining re-verification documents?
No. You will be responsible for any charges related to obtaining copies of the required documents.

Why am I required to provide the documents again, when I provided them at the initial enrollment of my dependents?
Providing a copy of the documents for the initial DRV cycle will enable a more direct process for your departmental personnel office to re-verify your family members. Departmental personnel offices will keep all documents used in the DRV process in your OPF without a purge date. In subsequent re-verifications, you need not provide birth certificates for natural-born children or adoption certificates for adopted children again. You also need not provide the government issued marriage certificate, domestic partnership registration, and birth certificates for stepchildren or domestic partner children, unless requested. However, you are required to provide documents to demonstrate that the marriage or domestic partnership remains current.

What about the documents that I provided to HMS Employer Solutions (HMS) during the Dependent Eligibility Verification (DEV) project in 2013 and 2014?
HMS securely destroyed the documents received during the DEV project to protect the privacy of you and your family members.

What happens if I do not provide the required documents during the re-verification cycle?
If you do not respond or provide the required documents to your departmental personnel office during your re-verification cycle, CalPERS will remove your family members from health benefits. Your departmental personnel office will remove the family members from dental and/or premier vision benefits, if enrolled.

How will I know if my family members are removed from health, dental and/or premier vision benefits?
The DRV Deletion Notice mailed to employees 60 days before the end of their birth month informs them of the dependent deletion date if DRV documents are not submitted by the end of the employee's birth month. CalPERS will inform you during your birth month in writing if administratively removing your family members from health benefits. The notice will include Consolidated Omnibus Budget Reconciliation Act (COBRA) continuation of coverage information. In addition, when removing ineligible/unverified dependents from dental and/or premier vision benefits, department personnel offices will inform employees in writing, listing the dependent(s) that are disenrolled and the effective date. The department personnel offices shall also provide COBRA information to the family members within 30 days from their loss of coverage

What happens if I provide documents after my family members are removed from benefits?
If you provide re-verification documents for dis-enrolled, eligible dependents after receiving the final

notice, but before the re-verification due date, your departmental personnel office may rescind the dependent deletion. You may incur an accounts receivable for the premium for the month after your birth month. If you provide re-verification documents for disenrolled, eligible dependents after the re-verification due date, your departmental personnel office will re-enroll the family members prospectively for health, dental and/or premier vision. THIS WILL RESULT IN A GAP OF BENEFIT COVERAGE.

If my enrolled children turn 26 during the re-verification period, how should I proceed?
If your child's 26th birth date coincides with your re-verification cycle, CalPERS will administratively remove your child from health benefits on the birth date. Your departmental personnel office will remove your child from dental and/or premier vision benefits, if enrolled.

Can I remove a dependent from the state health plan, if my dependent obtained non-state sponsored health coverage during my re-verification cycle?
You should contact your departmental personnel office immediately if you wish to remove a dependent due to a “permissive qualifying event” (e.g., family member obtains non-state sponsored health benefits, family member enters military, custody change for child under age 18, or child reaches age 18). The dependent should be removed due to a qualifying permissive event rather than ineligibility found during the re-verification process.

How should I respond if during my re-verification cycle, I receive a notice from CalPERS to recertify a parent child relationship (PCR) dependent or a disabled dependent child age over the age of 26?
The DRV is separate from the process to recertify a PCR dependent or a disabled child age 26 and over. Follow the instructions provided to you by CalPERS to recertify these dependents.

I need to remove a dependent due to a qualifying event and receive a Dependent Re-verification notice. How should I proceed?
Notify your departmental personnel office immediately of any qualifying event that occurs during the re-verification period, such as divorce or termination of domestic partnership. In these situations, the dependent should be removed due to the qualifying event rather than ineligibility found during the re-verification.

Where can I find more information on health and dental benefits?
The CalPERS website contains health benefit information, and the CalHR Benefits website contains dental and premier vision benefit information.

Whom can I contact with additional questions?
You can contact your departmental personnel office.

Whom can I contact if I disagree with the decisions from my departmental personnel office on my dependent re-verification?

You must contact your departmental personnel office with questions regarding dependent re-verification. If you disagree with the departmental personnel decision on the re-verification of your family members, you must submit your reasoning for disagreement, in writing along with supporting documents, to your departmental contact.

What am I supposed to do with this form?
You may file this form with your income tax records and provide a copy to other covered individuals identified in Part IV of the form.

What is the purpose of this form?
Under the ACA, providers of minimum essential coverage are required to file annual reports with the IRS with information about individuals covered by minimum essential coverage and may provide a statement, Form 1095-B, to individuals who had minimum essential coverage for at least one day during the preceding calendar year.

Why did I get this form?
You received this form because you were enrolled in state-sponsored health or COBRA coverage, which provides minimum essential coverage, for at least one day during the preceding calendar year.

Who sent this form to me?
This form was provided by your health coverage provider because you were enrolled in state-sponsored health or COBRA coverage for at least one day during the preceding calendar year.

Why didn't I receive this form?
You did not receive this form because you were either not enrolled in state-sponsored health or COBRA coverage for at least one day during the preceding calendar year or your health coverage provider did not mail the form to you. If you were enrolled in state-sponsored or COBRA coverage and did not receive the form, you may contact your health coverage provider to request a copy.

Who should I contact if I believe I should have received this form and did not?
You should contact your health coverage provider if you were enrolled in state-sponsored health or COBRA coverage for at least one day during the preceding calendar year and did not receive this form.
Contact numbers for health coverage providers.
Health Coverage Provider Contact Number
ANTHEM Blue Cross HMO and EPO
(855) 839-4524
California Association of Highway Patrolmen (CAHP) (800) 734-2247
California Correctional Peace Officers Association (CCPOA) (800) 257-6213
Blue Shield of California (800) 334-5847
Health Net of California (888) 926-4921
Kaiser Permanente (800) 464-4000
Peace Officers Research Association of California (PORAC) (800) 288-6928

PERS Gold and PERS Platinum
(877) 737-7776
Sharp Health Plan (855) 995-5004
United Healthcare
(877) 359-3714

Western Health Advantage (888) 942-7377

Who should I contact if the information reported on the form is incorrect?
You may contact your health coverage provider if any information reported on the form is incorrect.
Health Coverage Provider Contact Number
ANTHEM Blue Cross HMO and EPO
(855) 839-4524
California Association of Highway Patrolmen (CAHP) (800) 734-2247
California Correctional Peace Officers Association (CCPOA) (800) 257-6213
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PERS Gold and PERS Platinum
(877) 737-7776
Sharp Health Plan (855) 995-5004
United Healthcare (877) 359-3714
Western Health Advantage (888) 942-7377

Who should I contact if I have additional questions about this form?
You should contact your health coverage provider with questions or visit www.irs.gov/aca. Contact numbers for health coverage providers.
Health Coverage Provider Contact Number
ANTHEM Blue Cross HMO and EPO
(855) 839-4524
California Association of Highway Patrolmen (CAHP) (800) 734-2247
California Correctional Peace Officers Association (CCPOA) (800) 257-6213
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PERS Gold and PERS Platinum
(877) 737-7776
Sharp Health Plan (855) 995-5004
United Healthcare (877) 359-3714
Western Health Advantage (888) 942-7377

What am I supposed to do with this form?
This form is for informational purposes only. You may need information provided on this form to assist the IRS in determining whether you are eligible for a premium tax credit for purchasing individual health coverage through the Health Insurance Marketplace, such as Covered California.

What is the purpose of this form?
Under the ACA's Employer Shared Responsibility provision (known as the employer mandate), the State of California is required to offer affordable health coverage that provides minimum value to its full-time employees and their dependents to avoid a penalty. To demonstrate compliance, the state must file annual reports with the IRS and furnish a statement, IRS Form 1095-C, no later than 30 days after January 31 to full-time employees with information about the health coverage that was offered, if any, to the employee, their spouse and dependents. The IRS will use information reported on this form to determine if the state is complying with the ACA's employer mandate or subject to a penalty.

Why did I get this form?
You received this form because you were considered a full-time employee for ACA reporting purposes for one or more months during the preceding calendar year. The ACA defines a full-time employee as any employee who averages 130 or more hours of service per month. The state is using a 6-month measurement period to average an employee's hours of service to determine their full-time status for ACA reporting purposes. If you were appointed to a position with a time base of 3/4 or more, you should receive this form. Additionally, if you were appointed to an intermittent time base and averaged 130 or more hours of service per month during one of the state's 6-month measurement periods, you should receive this form, regardless of whether you were eligible for state-sponsored health coverage.

Who sent this form to me?
This form was provided by your employer, the State of California, because you were considered a full-time employee for ACA reporting purposes for one or more months during the preceding calendar year.

What information is reported in Part II of the form and why is it important?
Information about the state employer's offer of health coverage, if any, to you, your spouse and your dependents is reported for each month during the preceding calendar year in Part II of the form. This information will help the IRS determine if the state is complying with the ACA's employer mandate and if you are eligible for a premium tax credit if you purchase individual health coverage through the Health Insurance Marketplace, such as Covered California.

What do the codes reported in Line 14 of the form represent?
The codes on Line 14 reflect the type of health coverage offered, if any, to you, your spouse, and dependents for each month during the preceding calendar year. The state will report the following codes on Line 14 of the form to reflect the period in which you were eligible for and offered state-

sponsored health or COBRA coverage, regardless of whether you enrolled in coverage: 1B—Indicates that minimum essential coverage providing minimum value was offered to you only. (COBRA coverage only).
1C—Indicates that minimum essential coverage providing minimum value was offered to you and your dependents (not your spouse). (COBRA coverage only).
1D—Indicates that minimum essential coverage providing minimum value was offered to you and your spouse (not your dependents). (COBRA coverage only)
1E—Indicates that minimum essential coverage providing minimum value was offered to you, your spouse, and your dependents. (State-sponsored health or COBRA coverage)
1H—Indicates that you were not offered an opportunity to enroll in state-sponsored health coverage because you were not appointed to a position eligible for health benefits (e.g., Temporary/Intermittent) or were not eligible for COBRA coverage.

What does the dollar amount reported on Line 15 of the form represent?
The dollar amounts on Line 15 reflect your share of the lowest cost monthly premium for self-only coverage providing minimum value offered by the state (health premium minus your respective employer health/CoBen contribution for self-only coverage). This amount may not reflect the amount you actually paid for health coverage if you chose to enroll in more expensive coverage, such as a different plan, two-party or family coverage. The dollar amounts on Line 15 may also reflect the full premium for self-only COBRA coverage (for the plan in which you were eligible to enroll) for the month(s) you were offered/eligible for COBRA coverage, or the full premium for self-only coverage for the month(s) in which you were eligible for or enrolled in health coverage but were not receiving the employer contribution towards the cost of coverage, for example, if you were on Direct Pay. The IRS will use information reported on Line 15 to determine if the health coverage offered by the state meets the ACA's affordability standards.

What do the codes reported on Line 16 of the form represent?
The codes on Line 16 provide information to the IRS to determine if the state is in compliance with the ACA's employer mandate or subject to a penalty.

Why is Part III of the form blank?
Part III of the form is blank because the state does not provide self-insured health coverage. Instead, you will receive a Form 1095-B from your health coverage provider, if applicable, with information about the individuals who were enrolled in minimum essential coverage for at least one day during the preceding calendar year.

Why didn't I receive this form?
If you did not receive this form, you were not considered a full-time employee for ACA reporting purposes for any month during the preceding calendar year.

Who should I contact if I believe I should have received this form and did not?
You should contact your department's personnel office if you believe you should have received this form

and did not. They can verify whether you should have received the form.

Who should I contact if the information reported on the form is incorrect?
You should contact your department's personnel office if any information reported on the form is incorrect.

Who should I contact if I need a duplicate 1095-C statement?
You should contact your department's personnel office to assist in requesting a duplicate form 1095-C statement from the State Controller's Office.

Who should I contact if I have additional questions about this form?
You should contact your department's personnel office with questions or visit www.irs.gov/aca.

Are you eligible for state benefits?
You are eligible for health, dental, and vision benefits if you meet any of the following conditions: If you have a permanent appointment of half time or more.
If you have a Limited Term (LT) or Temporary Authorized Utilization (TAU) appointment with a duration of more than 6 months and time base of half time or more.
If you are a Bargaining Unit (BU) 5 employee, you are eligible upon entry into the academy, based on your Memorandum of Understanding (MOU).
If you are a BU 6 employee, you are eligible upon graduation from the academy, based on your MOU.
· If you are a Seasonal Lifeguard II employee in BU 7, you are only eligible for dental and vision benefits, based on your MOU.
If you are a seasonal employee in BU 8, you are eligible, based on your MOU.
If you have a permanent intermittent (PI) appointment and are credited with a minimum of 480 paid hours at the end of a control period. An enrolled PI may continue coverage if they are credited with a minimum of 480 paid hours at the end of a control period or at least 960 paid hours in two consecutive control periods. The control periods are January 1 to June 30 and July 1 to December 31.

Are there any restrictions on enrollment?
Health
No. There are no restrictions on enrollment if you are eligible to enroll and submit your enrollment form on time. Late submission of your health enrollment form will cause a 90-day delay in your health enrollment.

Dental
Yes. All eligible, newly hired employees in BUs 1 through 21(except certain groups noted below), if enrolling into dental benefits, are required to select a prepaid plan until they have completed 24 months of employment without a permanent break in service.

All eligible, newly hired employees in BUs 2, 7, 8, 16, 17, 18, 19, and excluded employees (non-represented) are not restricted to state-sponsored prepaid plans, and may select a Delta PPO plan.

BU 5 employees must elect their dental coverage from one of the state-sponsored prepaid dental plans until completion of the 24-month restriction period. BU 5 employees paying dues to their union are restricted to enrollment in the CAHP dental plan.

BU 6 employees may only enroll into the union sponsored California Correctional Peace Officers Association (CCPOA) dental plans. BU 6 employees enrolling into dental benefits must be enrolled in the CCPOA Western Dental plan for 12 months prior to enrollment into the CCPOA Primary Dental plan.

Vision
No. All eligible, newly hired employees in BUs 1 through 21, are eligible if they meet the time base and tenure conditions or worked the required number of hours (if a PI employee).

Employees in BU 6 are required to have the CCPOA vision plan.

What if I transfer to another bargaining unit?
All health enrollment rules remain the same.

All dental and vision eligibility rules remain the same, unless your current MOU has specific requirements.

Are my dependents eligible?
Yes.
Eligible Family Members you can enroll into your health, dental, and/or vision plans include your spouse (legally married), domestic partner (certified by the Secretary of State), and any "eligible child(ren)". You cannot enroll a common law spouse.

Who are considered eligible dependent children?
Children include: natural, adopted, stepchildren or a child living in a parent-child relationship who is economically dependent upon the employee, or an economically dependent child* where economic dependency is created through a change of custody or through a court order and under age 26.

*Includes any child whom the employee has assumed a parent-child relationship up to the age of 26.

Medically Disabled Eligible Dependent Children
The disabled dependent may be continued under such coverage up to the age of 26 under the following conditions:

He/she was enrolled as a disabled child at the time of the employee's initial enrollment; or
He/she became disabled while enrolled as an eligible family member prior to attaining age 26.
The following disabled dependent children are excluded from coverage if:

His/her disability occurred after age 26.
He/she is over age 26 and was enrolled in dental benefits and later deleted from any state-sponsored dental plan.

He/she is over age 26 and not currently enrolled in any state-sponsored dental plan.

What information do I need to provide for my eligible dependents?
When you add a dependent onto your health, dental and/or vision plan, all necessary documentation of the dependent's eligibility is required to be provided to your personnel office at the time you submit your enrollment request. For more information on what you will need to provide your human resources office, please refer to the Dependent Eligibility Checklist (CalHR form 781).

What is OPEB?
Through the collective bargaining process and under the authority of Government Code section 22940 - 22944.5, OPEB (Other Post-Employment Benefits) is the method by which the State of California, as the employer, and its employees jointly prefund health benefits that current active employees will receive as state retirees.

Who prefunds OPEB?
All employees in positions that are eligible for health benefits, whether or not currently enrolled, prefund OPEB. The state prefunds a matching contribution. The OPEB Policy Statement provides the effective prefunding dates of the various employee groups.

Where does the mongey go?
OPEB contributions are deposited in the California Employers' Benefit Trust (CERBT). The CERBT is an Internal Revenue Code, Section 115 Trust fund dedicated to prefunding OPEB for all eligible California public agencies, with the State of California being one of the participating employers. The CERBT has uniform requirements, which are:

A participating employer must be a governmental entity (i.e., a political subdivision or instrumentality of the state).
Contributions to the CERBT must be made for the purpose of satisfying one or more binding legal OPEB obligation of the participating employer. CERBT assets must be accumulated and applied exclusively to satisfy the OPEB obligations of participating employers.
The sole purpose of the CERBT is for retirees and their eligible dependents to receive OPEB.

Can employees opt out of prefuning OPEB?
The cost sharing arrangement of the CERBT is:

Employee contributions are mandatory under the following conditions:
Contributions must be mandatory. Employees are not permitted to elect in or out of participation.
Contribution rates must be uniform for all participating employees. Employees cannot elect to vary their individual contributions. Contribution rates may vary by bargaining unit.
No cash-out of mandatory employee contributions is permitted at any time. Employees have no claim or right to the CERBT assets.
Voluntary or elective employee contributions are not permitted, including one-time irrevocable elections.

The CERBT does not separately account for contributions of any employee, former employee, or dependent. All CERBT contributions are assets of the participating employer. No employee, former employee, or dependent has a claim or right to any CERBT assets.

How mch do employees prefund?
The bargaining contracts list the prefunding percentages for represented employees and the directly associated excluded and exempt employees. Information on the OPEB percentages of excluded and exempt employees not directly associated with a bargaining unit are in the OPEB Policy Statement.

OPEB contributions are calculated as a percentage of an employee's total pensionable compensation (i.e., all payments with a retirement gross) for a given pay period, with matching employer contributions. Employees designated R05, S05, and M05 will prefund OPEB from their pensionable compensation instead of base salary effective July 1, 2020, with matching employer contributions.

Do state retirees prefund OPEB?
Retired state employees do not prefund OPEB.

What is the Bicycle Commuter Program?
The Program is a taxable benefit administered by the California Department of Human Resources (CalHR). This benefit is voluntarily provided by the State of California and encourages active state employees (employees) to consider bicycle commuting as a means of active transportation to and from their residences and places of employment. The Program supports the California Department of Transportation's "Toward an Active California State Bicycle and Pedestrian" plan to triple bicycling in the state between 2010 and 2020. CalHR administers this Program to:

Promote health and wellness, and sustainable commuting practices.
Defray some of the costs a bicycle commuter may incur.

Who can participate?
Any active state employee who meets the following eligibility criteria can participate:

You regularly use a bicycle for a substantial portion (at least 50 percent of the days you are scheduled to work in a calendar month) of your commute.
If you are an active fractional time base employee, you must commute by bicycle at least 50 percent of the days you are scheduled to work in a calendar month.
If you are an active intermittent employee, you must commute by bicycle at least 50 percent of the days you are scheduled to work in a calendar month.
The bicycle commuter benefit may be claimed by employees who combine using transit passes for a portion of their commutes with bicycling for a portion of their commutes.
Employees may change their participation in the Program on a monthly basis.

Is there a cost to particpate?
No. You are not charged an administrative fee.

May I claim the bicycle commute benefit if my commute combines bicycling with use of pulblic transit?
Yes. The bicycle commuter benefit may be claimed by employees who combine using transit passes for a portion of their commutes with bicycling for a portion of their commutes.

How often do I have to commute via bicycle in order to qualify for the bicycle commuter benefit?
You must use a bicycle for a substantial portion (at least 50 percent of the days you are scheduled to work in a calendar month) of your commute. Full-time Employees
If you are a full-time employee scheduled to work every work day in a calendar month, you must commute via bicycle at least 11 days in that calendar month (21 day working month and 22 day working month).
Scheduled leave days (such as vacation, annual leave, or sick leave) count as days you are scheduled to work.

Sample Scenario - Eligible Full-time Employee

You are on vacation for one week (5 days) in June (22 day pay period).
You are on vacation for 5 days and work 17 days in June.
You commute via bicycle during 11 of the 17 of the days you actually work.
You have commuted via bicycle during 11 of the 22 of your scheduled work days in June.
You are eligible to participate in the Program.
Sample Scenario - Ineligible Full-time Employee

You are on vacation for three weeks (15 days) in June (22 day pay period).
You are on vacation for 15 days and work 7 days in June.
You commute via bicycle during 4 of the 7 of the days you actually work.
You have only commuted via bicycle during 4 of the 22 of your scheduled work days in June.
You are not eligible to participate in the Program.
Less than Full-Time Employees
If you are a less than full-time employee, you must commute via bicycle at least 50% of the days you are scheduled to work in a calendar month.

I travel often for work. I commute via bicycle on the days I am schedule to work in the office, but I do not commute via bicycle at least 50% of the days I am scheduled to work. Am I eligible to claim the bicycle commuter benefit?
No, you must commute via bicycle at least 50% of the days you are scheduled to work in a calendar month.

Do state holidays count as days employees are schedule to work?
Typically, state holidays do not count as days employees are scheduled to work. However, if your worksite is not closed during a state holiday and you are scheduled to work at your worksite on that

state holiday, then that state holiday would count as a day you are scheduled to work.

Do scheduled leaves days (such as vacation leave or annual leave) count as days employees are scheduled to work?
Yes, scheduled leave days count as days employees are scheduled to work.

Do sick days count as days employees are scheduled to work?
Yes, sick days count as days employees are scheduled to work.

How do I participate?
Document your bicycle commute on the self-certification claim form (CalHR 873 - Bicycle Commuter Program Quarterly Self-Certification). Your signature on this form certifies that you meet the abovementioned eligibility criteria.

Is the bicycle commute benefit taxable?
Yes. The $20 you are eligible to claim for each calendar month you participate in the Program is taxable.

What is the maximum amount I can claim?
If you are eligible to participate in the Program, you can receive $20 per calendar month, not to exceed $240 per calendar year. Please note this is a taxable benefit.

How do I submit a bicycle commute benefit claim?
Follow the established process for your department. Either submit your claim through CalATERS Global or submit a STD 262A -Travel Expense Claim Form (TEC). Your signature on CalHR 873 - Bicycle Commuter Program Quarterly Self-Certification certifies that you meet the above mentioned eligibility criteria. Employee Responsibilities
Submit the following documents, in accordance with your department's internal process, to your supervisor for review and/or approval:

CalHR 873 - Bicycle Commuter Program Quarterly Self-Certification
CalATERS Global transmittal form or STD 262A -Travel Expense Claim

Departmental Responsibilities
If your supervisor approves your claim, submit it to the Departmental Bicycle Commuter Program Coordinator (Departmental Program Coordinator) in your Accounting Office, or in accordance with your department's internal process. Your Departmental Program Coordinator will:

Review your claim.
Add your participation in the Program to CalHR's Annual Bicycle Commuter Benefit Program Report for claims not submitted via CalATERS, if necessary.
Complete the Bicycle Commuter Benefit Program Report for claims not submitted via CalATERS.
Submit the completed Bicycle Commuter Benefit Report for the previous calendar year to CalHR via

email by January 31.
If your Departmental Program Coordinator approves your claim, they shall follow your department's internal process to issue your payment.

Additional Instructions for Employees Submitting Claims via CalATERS
The self-certification claim form (CalHR 873 - Bicycle Commuter Program Quarterly Self-Certification) should be entered as a "receipt" in CalATERS.

As CalHR recommends submitting Bicycle Commuter claims on a quarterly basis, employees who claim this benefit in CalATERS should select the Non-Travel form and should cover a 3-month period (e.g. July 1- September 30). However, the expense information should be entered separately for each month ($20 for each individual qualifying month, with a $60 total: $20 for July 1, $20 for August 1, and $20 for September 1).

What happensn if I submit a bicycle commute benefit claim and I do not meet eligibility criteria to particpate in the Program?
Making a false claim to the State of California by knowingly presenting or knowingly causing to be presented an untrue statement to obtain payment or funds from the State of California is grounds for removal from participation in the program and could result in legal action, including, but not limited to, adverse action. If you make a false claim, you shall reimburse the state for funds you receive for your participation in this Program.

Is there a deadline for submitting bicycle commute benefit claims?
Yes. Employees are required to submit claims by the end of the next quarter as follows:

January-March: Claims must be submitted by June 30
April-June: Claims must be submitted by September 30
July-September: Claims must be submitted by December 31
October-December: Claims must be submitted by March 31 of the following year

When will I receive my bicycle commute claim check?
Payments Issued by SCO

For departments that process TECs via CalATERS Global, payment is issued in the same manner as your payroll (direct deposit or warrant). Once the form is approved by the department, CalATERS Global takes five business days to issue payment.

Payments Issued by Departments

Departments may have internal processes which include issuing claim checks directly to you.

Whom do I contact to determne the status of my bicycle commute benefit claim?
Contact your Accounting Office or your Departmental Program Coordinator.

Whom do I contact if my bicycle commute claim check is lost or stolen?
Payments Issued by SCO

Contact your Accounting Office or your Departmental Program Coordinator. They will contact SCO CalATERS for further information.

Payments Issued by Departments

Contact your Accounting Office or your Departmental Program Coordinator.

Is there a complaint process?
Yes. You may dispute a denied claim to your department head or designee. Your department head or designee is the final approval authority for bicycle commuter benefits claims.

Is my department required to provide secure storage for my bicycle?
No. While departments are not required to provide secure storage for employee bicycles, CalHR encourages all participating departments to evaluate their facilities and budgets to see what, if any, options they may be able to provide for related amenities, including, but not limited to, secure bicycle storage. CalHR strongly encourages departments to provide all reasonably available amenities.

What happens if my bicycle is stoen from state property?
The state is not responsible or liable for the security of personal property.

If I live on-site, am I elgible to particapte in the bicycle commuter program?
The bicycle commuter program is for employees who commute to work. Typically, employees who live on-site are not commuting to work.

Can a state employee request PO/FF retirement plan designation?
No. The employer must seek a PO/FF retirement determination from the California Department of Human Resources.

Can a state employee in a PO/FF designated classification or position request a different CalPERS retirement plan; such as miscellaneous retirement?
No. A state employee cannot request a change to his or her retirement plan.

Can a state employee who transfers from a PO/FF classification or position to a Non-PO/FF submit a request to retain PO/FF?
No. The employee will be placed into the appropriate retirement plan.

Can a PO/FF member voluntarily make Social Security tax contributions?
No. Police and fire employees are exempt from making Social Security tax payments under the Federal and State 218 Agreement and CalPERS laws.

How can a state employee verify his or her retirement plan?
A state employee can verify his or her retirement plan by contacting the personnel specialist or accessing the MyCalPERS secure account to review his or her CalPERS retirement information.

Are my dependents eligible to enroll into LTD?
No. Only employees are eligible to enroll.

Is Long Term Care the same as Long Term Disablity?
No. The Long-Term Care (LTC) Program offered through CalPERS, provides coverage for employees who need extended care due to a chronic disease, age, or serious accident. Long Term Disability is income protection for active eligible excluded employees who cannot work due to a serious injury or illness.

For information about the CalPERS LTC Program, please visit their website.

What if I have moved to a represented position?
If you cease to be eligible due to a classification change, you can continue coverage for up to 24 months by making payments directly to Standard Insurance.

You must request this continuance in writing within 60 days of the date you lose eligibility by completing the Request for Long Term Disability 24 month Direct Pay Coverage (SI 13898-643146 at standard.com/mybenefits/california.

Mail or Email completed form to Standard Insurance at:

National Accounts Services SOC Team

Standard Insurance Company

900 SW 5th Ave

Portland, OR 97204-9805

Email: socltdforms
standard.com

For more information view the Coverage Continuation on Standard Insurance website.

What happens if I am no longer a state employee?
If you separate from state service, you may be eligible to convert your plan to an individual plan

providing you have been enrolled for at least 12 months and are not disabled from performing the duties of your occupation at the time you separate. The conversion is subject to approval by Standard Insurance.

For more information, please contact the Standard Insurance at (888) 641-7193.

You have 31 days from separation to apply for the conversion, please complete the Request for Group LTD Conversion Material (SI 4781-643146).

Mail or Fax completed form to Standard Insurance at:

National Accounts Services SOC Team

Standard Insurance Company

900 SW 5th Ave

Portland, OR 97204-9805

Fax (971) 321-6744

What if I am on a Leave of Absence (LOA) ?
You have 31 days from the date you went out on a LOA to convert your plan. You must have been enrolled for at least 12 months and not be disabled from performing the duties of your occupation at the time you went out on a LOA. The conversion is subject to approval by Standard Insurance.

For more information, please contact the Standard Insurance at (888) 641-7193.

To apply or receive conversion materials, please complete the Request for Group LTD Conversion Material (SI 4781-643146).

Mail or Email completed form to Standard Insurance at:

National Accounts Services SOC Team

Standard Insurance Company

900 SW 5th Ave

Portland, OR 97204-9805

Email: socltdforms
standard.com

I am new to the state, and I want to enroll into LTD, but not sure if I am eligible?
LTD is only available to excluded employees, based on your CBID codes, if you are not sure what your CBID is, please contact your department personnel office, who will be best to assist you.

How do I enroll?
if you are an active military employee, you must complete an enrollment form, if you are a direct pay agency, you must complete an enrollment form and submit to your department personnel office, if you are an active employee, you can enroll online, email enrollment form to socltdforms standards.com or over the phone at 971-321-8150. For more information, please review the CalHR State employee page and under insurance located Group Long Term Disability insurance and review section Enrollment and How to Enroll.

Are departments required to complete a rental agreement for employees living in state owned housing (SOH) ?
Yes, all departments are required to furnish written rental agreements for all employees residing in SOH properties. The terms and conditions of the rental agreement must be renewed annually.

Are departments required to furnish DGS with a record of each SOH property in their inventory?
Yes, departments must annually report real property and major structures by July 1 of each fiscal year. This information should be recorded on the Structure Data Entry Form, RESD 1040.

Can a department vacate a SOH unit currently occupied by a state employee?
Yes, the department must give the lessee the minimum notice according to the provisions of the appropriate Memorandum of Understanding (MOU). If the MOU contains no termination language, the department must give 60 days' advance written notice to terminate tenancy.

How does an employee obtain SOH?
The determination of tenants for SOH properties is at the discretion of the department. Determinations are based on the following: recruitment, security, safety, command, and remoteness of location.

Can an employee's family live in SOH?
Yes, under CalHR 599.640, departments have the authority to provide SOH properties as the primary residence for use by their employees and their dependents.

Can a state employee request State Safety retirement designation?
No. The employer or labor organization must seek a State Safety retirement determination from the

California Department of Human Resources.

Can a state employee in a State Safety designated classification or position request a different CalPERS retirement plan; such as miscellaneous retirement?
No. A state employee cannot request a change to his or her retirement plan.

Can a state employee who transfers from a State Safety classification or position to a Non-Safety classification submit a request to retain State Safety retirement?
No. The employee will be placed into the appropriate retirement plan.

Can a State Safety member voluntarily make Social Security tax contributions?
No. Employees in State Safety are exempt from making Social Security tax payments under the Federal and State 218 Agreement and CalPERS laws.

How can a state employee verify his or her retirement plan?
A state employee can verify his or her retirement plan by contacting the personnel specialist or accessing the MyCalPERS secure account to review his or her CalPERS retirement information.

Can an employee who has completed 25 years of state service and plans on retiring, regardless of the time period between the two events, receive both a 25-Year Service Award and a 25-Year Retirement Award?
Yes. There is nothing in the current law that indicates an employee must choose between the 25 years of state service and the retirement award.

Can a retiring employee who has completed 25 years of state service combine the 25-Year Service Award and the 25-Year Retirement Award and purchase a $250 gift?
No. These are two separate award programs.

Can an employee receive the appropriated $125 in cash?
No. The law states “a certificate, plaque, or other suitable memento.” Cash is not considered a “suitable memento” since the definition of memento is “a reminder or a souvenir.”

Does a department have to purchase a gift from the State Price Schedule service providers?
No, it is not mandatory to purchase a gift from the State Price Schedule service providers.

Can an employee who is retiring and does not have 25 years of service purchase a retirement award at their own expense?
No. This award is in recognition of 25 years or more of state service.

Can an employee with 23 years of state service qualify for a 25-Year Service/Retirement Award if they previously purchased two years of service credit for retirement purposes?
No. Service Awards are based on qualifying months of state service.

If an employee transfers to a new department, can they still receive a 25-Year Service Award from the new department?
Yes. The new department would provide the 25-year award.

What is the difference between the core items and the non-core items?
The core items are those most commonly purchased by agencies for their employees and include watches, clocks, vases, etc. Some of the service providers offer additional, or "non-core," gift items for purchase. The core items do not exceed $125. The non-core items vary in price.

Can an employee choose a gift from the non-core catalog?
Each department may establish their own internal policy for ordering service awards. Please check with your Merit Award Administrator or Human Resources office.

If my department allows it and I choose a gift from the non-core catalog that exceeds $125, how do I pay for it?
The State of California is responsible for the first $125 (plus the tax on the $125). The employee is responsible for the balance. Employees may contact their Merit Award Administrator or Human Resources Office for further details.

Are there time limits for purchasing retirement gifts?
There are no time restrictions in the law; departments may establish reasonable time limits for their retiring employees.

What is the turnaround time when an award is ordered?
For MTM Recognition: Three weeks is the normal turn-around time. If a shorter turn-around time is required, please contact Bryan Mular.

My PERS statement shows a different amount of service time than SCO. Why?
Service years are based on qualifying months of state service as indicated by the State Controller's Office. SCO and PERS calculate service time differently.

What is Employee Assistance Program benefits?
State of California employees, and their eligible dependents have access to an Employee Assistance Program (EAP). This program is provided as part of the state's commitment to promoting employee health and well-being. It is offered at no charge to the employee and provides a valuable resource for

support and information during difficult times, as well as consultation on day-to-day concerns. EAP is an assessment, short-term counseling, and referral service designed to aid in managing everyday concerns for a wide range of needs such as family and marital issues, emotional, personal, and stress concerns, financial and legal matters, alcohol, drug abuse, and dependent (elder and child) care. There are three levels of coverage for counseling services. The number of face-to-face clinical counseling sessions available for the employee and their eligible dependents is based upon the employee's employment category (i.e., collective bargaining identification code).

What is the cost to use Employee Assisance Program Benefits?
EAP is paid 100% by the employer. There is no cost to employees.

What are the level of counseling services and issue types that are addressed in counseling sessions?
Employees in participating departments regardless of their time base or bargaining unit are eligible. An employee, their spouse, registered domestic partner, and eligible dependents are eligible. There are three levels of coverage for EAP counseling services. The level of service and number of sessions for which an employee is eligible depends upon their CBID. Covered state employees are eligible for a specified number of sessions for themselves and their eligible family members, per contract year, for the following four problem types:

Alcohol Abuse
Substance Abuse
Marital and Family Issues
Emotional, Personal, and Stress Concerns

What work life services are available through EAP?
Work Life Services include the following and do not count against clinical sessions.

Legal services
Financial Wellness services
Child and elder care services
Identity theft recovery services
Career Assistance and Student Resources

What are the eligibility requirements to receive EAP benefits?
Employees in participating departments who are appointed permanent full-time or part-time, regardless of their bargaining unit, are eligible. An employee, their spouse, registered domestic partner, and eligible dependents are eligible. Seasonal employees and retired annuitants are eligible for EAP services during employment.

What are the benefit and coverage levels?
When both spouses or registered domestic partners are state employees, both partners and family members are entitled to the counseling services under each employee's employment category. Group counseling sessions of standard duration with one counselor are counted as one session. There are

three benefit categories and three different benefit designs which are determined by bargaining units. These benefits are per fiscal year, July 1 – June 30.

How do I enroll in EAP benefits and when is the effective date of coverage?
Enrollment is automatic and employees and eligible dependents are eligible for services on the first day of employment.

Are services confidential?
Yes. No one besides the person assessing EAP knows they have used the services or what services were used.

Can I change or cancel coverage?
No

If I get laid off, do I lose coverage?
Following a layoff from state service, excluded employees, and those in Bargaining Units 1, 2, 3, 4, 11, 14, 15, 17, and 20 receive 6 months extension of their EAP services.

Do I receive EAP benefits if I am on a leave of absence, off pay status, or separated from state service?
No. Employees and their eligible dependents are no longer eligible.

What happens to my EAP benefits if I retire?
Employees covered by level 1 services may use EAP for 90 days after the date of retirement, as may CHP employees who are covered by level

What happens to my EAP benefits when I retire from state service?
Employees covered by Level 1 services may use EAP for 90 days after the date of retirement, as may California Highway Patrol employees who are covered by Level 2. Benefits for Employees in Level 3 services will end the month following their retirement.

Are seasonal and Retired Annuitants covered by EAP services?
Seasonal employees and retired annuitants are eligible for EAP services during employment.

Are there survivor benefits?
Surviving family members of employees who had Level 1 benefits, and family members of CHP employees who had Level 2 benefits may use EAP services for six months after the death of an employee. Eligibility for EAP services for surviving family members of all other employees' stops at the end of the month after the month the death occurred.

Are services confidential?
The State of California contracts directly with contractor for EAP services. Provided the employee/department uses the contractor's clinicians, there is no cost to the employee or their family members for the initial authorized sessions. If, however, there is a need for continued services with contractor providers beyond these sessions, fees and other arrangements need to be discussed with the provider. Whether treatment is sought through an outside provider or with the contractor's provider, the employee/dependent is responsible for the cost incurred.

Where can if find recordings of monthly webinars and statewide workshops?
Recordings can be found on Webinars and Workshops page, https://soceap.magellanascend.com/Content/View/11676 on EAP website.

If an eligible dependent resides in another state, can they access services?
Magellan has a national network of providers so an eligible dependent can access counseling and work-life services in state they reside.

How many Virtual Therapy sessions do I get and can adolescents use this solution?
Regardless of your level of counseling coverage, you're eligible to have 4 sessions in total, per fiscal year. Adolescents may access with parental permission. For more information, please visit the BetterHelp Virtual Therapy tile, https://soceap.magellanascend.com/Content/View/16972.

Is Neuroflow (Digital Emotional Wellbeing Program) available to adolescents?
NeuroFlow is available to individuals 18 years of age or older. Please visit the Digital Emotional Wellbeing Program tile…https://soceap.magellanascend.com/Content/View/18210 , for detailed information.

What are my dental plan options?
CalHR maintains an up-to-date listing of available plan options on the benefits website, found at: https://calhr.benefitsprograms.info/state-employee/general-benefits/dental/
Eligibility in the various plans is determined by length of time in state service, classification, and membership in bargaining unit. The personnel office for your agency will be best prepared to discuss which plans you are eligible for.
How do I enroll in a dental plan?
Phrases: Dental, Enroll, Enrollment
Answer: Employees enroll in a dental plan by completing the STD 692 form for Dental Plan Enrollment Authorization. You can find a digital copy of this form on the Benefits Calculator page of the CalHR benefits website: https://calhr.benefitsprograms.info/calhr-benefits-calculator/. The completed document should be submitted to your agency's personnel office.
There are three distinct enrollment periods:
- New Employee, or returning employee after a separation
- Open Enrollment, generally a 5-week period starting mid-SEP and ending mid-OCT

- Special Enrollment through qualifying life event (marriage, loss of coverage, etc.)

How do I enroll in a dental plan?
Employees enroll in a dental plan by completing the STD 692 form for Dental Plan Enrollment Authorization. You can find a digital copy of this form on the Benefits Calculator page of the CalHR benefits website: https://calhr.benefitsprograms.info/calhr-benefits-calculator/. The completed document should be submitted to your agency's personnel office.
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- New Employee, or returning employee after a separation
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- Special Enrollment through qualifying life event (marriage, loss of coverage, etc.)

How do I get insurance cards for myself and/or my dependents?
Depending on which dental plan you enrolled in, carriers may or may not automatically send physical insurance cards. Many carriers have a database that dentists are able to directly look up customers without the need of an insurance card (Delta Dental, for example). If you prefer to have a physical copy, or are unable to get services without one, reach out to the member services number for your carrier. Contact information can be found in the Dental Handbook found on the CalHR benefits website: https://calhr.benefitsprograms.info/state-employee/general-benefits/dental/

I have insurance, but how do I find an in-network provider?
The best way to find a covered provider is to go to your carrier's website and utilize the "Find a Dentist" tool. Each provider's website can be accessed via hyperlink in the Dental Handbook found on the CalHR benefits website: https://calhr.benefitsprograms.info/state-employee/general-benefits/dental/

I want to add a dependent to my coverage; how can I do that?
Dependents can be added to your dental plan by submitting a Dental Plan Enrollment Authorization form (STD 692) to your agency's personnel office.
There are three distinct enrollment periods:
- New Employee, or returning employee after a separation
- Open Enrollment, generally a 5-week period starting mid-SEP and ending mid-OCT
- Special Enrollment through qualifying life event (birth, marriage, etc.)

Due to no fault of the employee, their dental enrollment was not processed correctly. Can we process the enrollment on a current basis?
No. Regardless of circumstances, Effective Date of Action must always correspond to a valid permitting event.

Can ARs be waived for a retroactive enrollment?
No. Members are responsible for all missed employee-share premiums for a retroactive enrollment.

My office uploaded enrollment documents on ConnectHR but don't see deductions for the member. What is going on?
Allow up to three weeks for processing of enrollments at the State Controller's Office. If the carrier still does not have the member's information and no deductions are showing, you can check with SCO for the status of the enrollment. It is possible that the document was invalid, and SCO "dinged" it back to the department. The "ding" notice will show what inputs were invalid and instru

How do I use my vision benefits?
How to Use Vision Benefits
The employee/retiree/dependent should call their VSP doctor for an appointment and indicate that they are enrolled under the "State of California VSP Plan".
• Simply provide the employee's name and social security number.
• Active employees and eligible dependents are under plan group number 12020000 (State of California).
• Retirees and eligible dependents are under plan group number 12294067 (State of California).

The doctor and VSP will handle the rest. The doctor will contact VSP to verify eligibility and plan coverage.

If the employee/retiree/dependent is not eligible at the time, then the doctor will inform the employee/retiree/dependent.

If the employee/retiree/dependent is eligible, then payment for any applicable copayments is required at the time of the appointment.

VSP will pay the doctor directly for covered services.

How do I login to see my vision benefits?
State of CA employees and retirees can view their vision benefits by visiting https://stateofcaemployee.vspforme.com/ or https://stateofc

How do I know if my employee was enrolled in Premier Vision?
Departmental personnel should review miscellaneous deductions in SCO Pay History for the Premier vision premium deduction. Please allow 1-2 months from the time the form is sent to VSP to allow the premium deduction to be established. If you do not see the premium deduction in three months please contact CalHR Vision Program.

Where do I find premium information for different party codes?
Departmental personnel should use the Benefits Administration Manual (BAM) to locate the most up to date premium information for different benefit programs. The BAM can be found on the CalHR Benefits Programs website.
https://calhr.benefitsprograms.info/state-hr-professionals/benefits-administration-manual/

How do I know if an employee is eligible for vision benefits?
Departmental personnel should use the Benefits Administration Manual (BAM) to locate the most up to date employee eligibility information for different benefit programs. The BAM can be found on the CalHR Benefits Programs website.
https://calhr.benefitsprograms.info/state-hr-professionals/benefits-administration-manual/

How do I process survivor benefits?
Departmental personnel should use the Benefits Administration Manual (BAM) to locate the most up to date information for processing survivor benefits for different benefit programs including the Benefits Checklist in the Event of Death. The BAM can be found on the CalHR Benefits Programs website.
https://calhr.benefitsprograms.info/state-hr-professionals/benefits-administration-manual/

How do I complete the Premier Vision Enrollment Form?
Departmental personnel should use the Benefits Administration Manual (BAM) to locate the current version of the Premier Vision Enrollment Form (CalHR 774). The BAM also provides detailed instructions for how to complete the form. The BAM can be found on the CalHR Benefits Programs website.
https://calhr.benefitsprograms.info/state-hr-professionals/benefits-administration-manual/

What is the FlexElect Program?
The flexelect Program is a voluntary tax savings program available to eligible state employees each Plan Year (January 1 through December 31). Departments are responsible for providing employees with information on the FlexElect options and a FlexElect Handbook and assisting employees who wish to enroll in FlexElect with filling out the appropriate forms correctly and timely. The following instructions provide the information required to assist departments in accomplishing that task.

Can I cancel or reduce my Dependent Care Reimbursement Account (DCRA) contribution due to the closure of a childcare facility?
Yes, the state's program includes a change in provider or a change in cost as a permitting event. Employees must submit a completed STD 701R – Reimbursement Account Enrollment Authorization requesting the reduction or cancellation to their departmental personnel office within 60 days of the permitting event. Any change submitted will be on a prospective basis only. The effective date will be the first of the following month when a correctly completed form is received and processed by the State's Controller's Office (SCO) by the tenth of the month.
If the childcare provider resumes business, you can elect to reenroll in the program. To reenroll, follow the same steps described above.

Can I cancel my Medical Reimbursement Account (MRA) if a procedure is cancelled?
No, the cancellation of a procedure is not considered a permitting event to modify or cancel the MRA. You must experience a permitting event to make an election change. For a list of permitting events, refer to the FlexElect Program Permitting Event Codes Chart.

When does FlexElect Reimbursement end?
The FlexElect plan year is from January 1 to December 31. You cannot change or cancel your enrollment during the plan year unless you experience a change in your status, called a “permitting event.

Who pays FlexElect?
Employees who are eligible to enroll into FlexElect must be paid by SCO through the Uniform State Payroll System or by the District Agriculture Association and meet the eligibility criteria listed below:
• State employees designated rank and file, managerial, supervisory, confidential, and all other employees excluded from collective bargaining, Constitutional Officers, employees of the Judicial Council, and Supreme, Appellate, and Superior Court Judges.
• Must have a permanent appointment with a time base of half-time or more. If a limited-term (LT) or temporary (TAU) appointment, must have a mandatory right of return to a permanent position (not permanent-intermittent) with a time base of half-time or more.
• Employee may have more than one appointment, as long as the combined time base is half-time or more.
• Employees who are maintaining coverage as a dependent on their parent's state-sponsored health and/or dental benefits are eligible for the Cash Option. This change began January 1, 2011.

What is Cash Option?
Cash in lieu of your state- sponsored health and/or dental benefits. The cash option is designed to expand your benefit options by providing an alternative benefit should you have access to qualifying coverage elsewhere, not limit or decrease important health and/or dental coverage for you and your family.

How do I know if I am eligible to participate in the Third Party Pre-Tax Parking Reimbursement Account Program?
Any active state employee who meets the following eligibility criteria can enroll:

You drive a personal vehicle to work or to a location from which you commute to work;
You pay for employment-related parking in a paid facility providing a receipt
You currently do not have a state-administered or department-sponsored parking space.
When can I enroll?
There is no open enrollment period for the Program; you may enroll at any time.

How do I enroll?
Complete a CalHR 682 - Account Enrollment Form and give it to your departmental personnel office. For your deduction to be effective for the current pay period, your enrollment form must be processed and forwarded to the State Controller's Office (SCO) Miscellaneous Deduction Unit by the 10th of the month.

What is the maximum deduction allowed from my paycheck?
You can deduct your actual cost of parking, up to $300 per month, for the 2023 tax year.

What is the minimum deduction from my paycheck required to remain enrolled in the Program?
You can deduct a minimum of $1 per month to remain enrolled in the Program.

Is there a cost to enroll in the Program?
No. Participants in the Program are not charged an administrative fee.

How do I get reimbursed?
Pay your parking fees to your parking vendor and receive a receipt for all parking expenditures for the month.
Complete a CalHR 681 - Account Claim Form. Your signature on the claim form attests that the reimbursement is for "qualified parking" and that you meet the eligibility criteria.
Submit the completed CalHR 681 - Account Claim Form along with the required payment documentation to the third party administrator, ASI, via fax, mail, or your online ASI account.

How often can I submit a claim form?
You can submit a claim as often as you like. Reimbursement claims can be submitted monthly or on a less frequent basis. The reimbursement checks are mailed once a month at the end of the month. Your claim must be received by ASI by the 15th of the month to be included in the monthly processing cycle.

What information needs to be included on my parking fee receipt?
The following information should be legible on the parking fee receipt:

The name of the parking facility or company
The parking date(s) (e.g., Jan. 1-31, 2023)
The parking fee amount
Your name

What if my parking facility does not provide a receipt when I pay my parking fees?
You can submit other proof of parking fee payment with your CalHR 681 - Account Claim Form. It must include the required information listed in the question above. This documentation can be any of the following:

Copy of money order
Copy of cashier's check
Copy of the front and back of a cancelled personal check
Copy of an invoice and the front of a personal check
Copy of the front of a personal check on which the parking facility has signed and dated as paid
Copy of credit card statement
Copy of bank statement

Proof of purchase of a debit card for parking meters
A copy of your paycheck statement showing the Program deduction is not proof of payment for reimbursement. If you still have questions about acceptable proof of parking payment, please contact ASI at (800) 659-3035.

Can I change my payroll deduction at any time?
Yes. You can increase or decrease the amount of your payroll deduction at any time by completing a CalHR 682 - Account Enrollment Form and submitting it to your departmental personnel office. The change to your payroll deduction will start with the current pay period if your form is received and processed by SCO's Miscellaneous Deduction Unit by the 10th of the month.

Can I cancel my payroll deduction at any time?
Yes. You can cancel your parking payroll deduction at any time by completing a CalHR 682 - Account Enrollment Form and submitting it to your departmental personnel office. Your payroll deduction will be cancelled in the current pay period if your form is received a

I am new to the state, and I want to enroll into Life Insurance but not sure if I am eligible?
Basic Life insurance is only available to excluded employees, which is based on your CBID codes, if you are not sure what your CBID is, please contact your department personnel office, who will be best to assist you. If you are eligible, please verify your pay warrant to verify under Employee contribution LIFE 00, as this benefit is employer paid.

I am new to the state, and I want to enroll into the Supplemental Life Insurance but not sure if I am eligible?
Life insurance is only available to excluded employees, which is based on your CBID codes, if you are not sure what your CBID is, please contact your department personnel office, who will be best to assist you.

I am an eligible employee and wish to purchase more life insurance.
If you have confirmed and you are eligible, you can contact MetLife at 1-800-252-8524 and/or visit www.metlife.com/soc for more information.

I am eligible how do I know if I am enrolled into the state life insurance program and how do I know how much my benefit amount is.
Please contact your department personnel office who can assist you with your questions. You can also visit www.metlife.com/soc for coverage amount. To confirm your enrollment, you can also verify your pay warrant and under employee contribution look for LIFE 00.

Help, my Spouse/Family member passed away, what do I need to do.
First, I am sorry for your loss, please contact your spouse or family member personnel department, if you do not have your spouse or family member agency contact, you can visit www.sco.ca.gov California personnel office directory and locate the public number. If your spouse or family member was an

eligible employee, you can contact MetLife at 1-800-252-8524 and they will assist you as well as their personnel office.

I am new to the state, and I want to enroll into Group Legal Insurance, but not sure if I am eligible? Group legal is available to most state employees, if you are not sure if you are eligible to enroll, please contact your department personnel office, who will be best to assist you.