



475 14th Street, Suite 1000, Oakland, CA 94612

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

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Affidavit of Dependent Eligibility

(Required for Retirees adding or continuing dependent coverage in 2011)

Retiree Name: _____ Retiree's last four digits (SS#): XXX-XX-_____
Daytime Telephone Number: _____

If you are electing coverage for a new dependent, or continuing coverage for an eligible dependent, you are required to provide documentation that shows that new or currently enrolled dependents comply with the definition of an eligible dependent. **This documentation must be received at ACERA postmarked by December 1, 2010.**

The definition of an eligible dependent and acceptable documentation is as follows:

ELIGIBLE DEPENDENTS	REQUIRED SUPPORTING DOCUMENTATION
DEPENDENT CHILDREN (Up to Age 19)	<ul style="list-style-type: none"> • Natural Child – Original or photocopy of a certified birth certificate, listing you as parent • Step Child or, Child of Domestic Partner – Original or photocopy of a certified birth certificate, listing your spouse or domestic partner as parent
YOUNG ADULTS (Up to Age 26)	<ul style="list-style-type: none"> • Adoption – Final Adoption Decree with presiding judge's signature and seal • Legal Guardian - Final Adoption Decree with presiding judge's signature and seal
DISABLED CHILD(REN) (Mentally or physically challenged)	<ul style="list-style-type: none"> • Currently enrolled: (Dependent Children/Young Adults) • Newly enrolled: An original or photocopy of a certified birth certificate and a copy of the attending physician's statement and / or a copy of the Social Security determination letter noting the disability.

Completing this form:

Step 1:	<p>On the reverse of this form, list all current and newly enrolled dependents. IMPORTANT NOTE: This form DOES NOT replace the Open Enrollment Forms for NEW dependents. In addition to completing this form, you must enroll your NEW dependents by completing the correct Enrollment Forms (Medical/ Dental/Vision).</p> <p>Pursuant to Health Care Reform regulations, you have until December 1, 2010 to enroll your Young Adult dependents during this initial enrollment.</p>
Step 2:	<p>Attach supporting documentation for all NEW dependents, which you have listed on the back of this form. Failure to do so will result in loss of coverage for your dependent(s) effective February 1, 2011.</p>
Step 3:	<p>Sign, date, and then return this form along with supporting documentation to:</p> <p style="text-align: center;">ACERA 475 - 14th Street, Suite 1000 Oakland, CA 94612-1900</p>



Affidavit of Dependent Eligibility Certification

List all current and newly enrolled dependents in the spaces below. For additional dependents, use a separate sheet.

Last Name	First Name	MI	Relationship (Mark one)	Date of Birth	Social Security Number	Mark next to each healthcare plan you have enrolled each dependent(s) in for PY2011:
Dependent:			<input type="checkbox"/> Dependent Child (Up to Age 19) <input type="checkbox"/> Young Adult (Up to Age 26)			<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Dependent:			<input type="checkbox"/> Dependent Child (Up to Age 19) <input type="checkbox"/> Young Adult (Up to Age 26)			<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Dependent:			<input type="checkbox"/> Dependent Child (Up to Age 19) <input type="checkbox"/> Young Adult (Up to Age 26)			<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision
Dependent:			<input type="checkbox"/> Dependent Child (Up to Age 19) <input type="checkbox"/> Young Adult (Up to Age 26)			<input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision

Retiree Certification:

I understand that my child is eligible for coverage under ACERA's Medical, Dental, and/or Vision (Healthcare Plan) only if he or she is not eligible to enroll in an employer-sponsored health plan offered by his or her own employer or the employer of his or her spouse. I also understand that my child is only eligible to be enrolled in this Healthcare Plan until the end of the month that includes his or her 26th birthday.

I certify that the information I have provided on this Affidavit of Dependent Eligibility Certification form about my child is true and complete under penalty and perjury. I understand any false information or statements I provide on this Form will be grounds for ACERA among other things to rescind my Healthcare Plan coverage and my dependent's Healthcare Plan coverage.

I certify each child I have enrolled meets the conditions for enrollment in the Healthcare Plan and each child:

- Will not reach his or her 26th birthday prior to the effective date of coverage (February 1, 2011) and,
- Is not eligible for enrollment in a Healthcare Plan maintained by his or her own employer or the employer of their spouse.

Retiree Signature: _____

Date: _____