

DENTAL PLAN ENROLLMENT AUTHORIZATION FORM (STD-692)
FORM COMPLETION INSTRUCTIONS

SECTION A

A.1 - Type of Action

This item indicates the action the employee is taking. It is required on all transactions except in cases where an eligible employee is electing not to enroll in a dental benefits plan.

Check the appropriate type of transaction as follows:

NEW Employee is not currently enrolled.

CANCEL Employee is canceling all coverage.

CHANGE Employee is currently enrolled and is:

Changing plans (only when authorized);

Changing bargaining units (if change affects eligibility for enhanced plan);

Adding or deleting: family members, domestic partner, and/or domestic partner dependents

A.2 and A.3 - Social Security Numbers

Enter the employee's and the spouse's (or domestic partner's) Social Security Number in all cases. See reverse side of the employee's copy of the enrollment form for information on disclosure of Social Security Numbers. If a person does not have a Social Security Number, use the temporary number assigned.

A.4 - Name and Address

Enter the employee's name as shown on the document. Suffixes should follow the last name. Enter the address at which the employee receives mail. This is the address to which identification cards and booklets will be sent by the carrier.

Name changes are done on Personnel/Payroll Transaction (PPT) forms. If a name change is being made along with an enrollment change, the prior name should be entered in the Remarks Section (E.18) of the Dental Plan Enrollment Authorization form, along with a notation that this is also a name change.

A.5 - Permanent Intermittent

Leave this box blank because all intermittent CSU employees are temporary, not permanent.

A.6 and A.7 - Marital Status and Sex

Marital Status - check appropriate box as indicated:

- if married or separated indicate “Married”
- if not married, or final decree of divorce has been received, indicate “Single”
- if domestic partner, indicate “Domestic Partner”

If the married box is checked and the employee plans to enroll family members, the spouse must be listed in Section B.3, unless the spouse is not being enrolled because the spouse: 1) has other group insurance coverage; or 2) does not reside in the employee’s household. If this is the case, the reason why the spouse is not being enrolled should be noted in the Remarks Section (E.18).

If the domestic partner box is checked and the employee plans to enroll a domestic partner and/or domestic partner dependents, the employee must submit the appropriate documents verifying that the domestic partnership has been registered with the California Secretary of State. The employee must also complete the “Statement of Financial Liability” form. If the employee claims his/her domestic partner as tax dependent, the employee may complete the “Domestic Partner Tax Dependent Certification” form, which exempts taxing the benefit as imputed income. The employee is required to complete a form to rescind the tax dependent certification if the tax dependent status of the domestic partner changes. These documents must be kept on file in the Benefits Office. For reference, see Appendix A, pages 3 –6.

Sex - check appropriate box.

SECTION B**B.1 - Name of Dental Plan**

Enter the name of the appropriate dental plan. For the 2000-02 dental contract period, it is one of the following:

Coverage Period: 01/00 - 12/02

Delta Basic
Delta Enhanced Level I
Delta Enhanced Level II
PMI DeltaCare Basic
PMI DeltaCare Enhanced

B.2 - Provider/Facility Number (If Applicable)

Leave blank for Delta. For PMI DeltaCare, enter the office number and the name of the provider. This information must be reflected on all prepaid enrollments in order for the employee to seek care.

B.3 - Action Code, Name, Birthdate, and Family Relationship Information

This section must be completed for all new enrollments and enrollment changes.

Action Code - An action code is required to indicate which family member is to be added or deleted. In the space provided for action code (left column), enter “A” for family members who are being added and “D” for family members who are being deleted. On subsequent enrollment documents, the family member being deleted should not be listed unless the action is to reenroll them.

Name - List the first name, middle name or initial, and last name of all persons to be enrolled in the dental plan (including the employee or annuitant on the line which indicates ”SELF“). When changing family member enrollment, list all family members currently enrolled as well as family members to be added and/or deleted. Enter the action codes beside the names of only those members to be added or deleted.

Birthdate - Enter the date of birth in month, day, and year order (MMDDYY).

Family Relationship - Enter the family relationship in the space provided with an indication of gender (e.g., wife, husband, domestic partner, son, daughter, stepson, stepdaughter, adopted son, adopted daughter, domestic partner son/daughter, etc.).

SECTION C

C.1

Enter the name of the prior dental plan for all enrollment changes and cancellations.

SECTION D

D.1 - Check One

I do not wish to enroll: This box is checked when an employee is eligible to enroll and declines to enroll within the employee’s first 60 days of eligibility. A copy of this document is retained in the employee’s file.

I elect to enroll: This box is checked for new enrollments and enrollment changes.

I elect to cancel: This box is checked for cancellation of all coverage, including “self”.

D.2 - Employee or Annuitant Signature and Date Signed

Signature: The employee or annuitant must sign to authorize premium deductions and to verify dental plan selection and eligibility of all enrolled family members on all transactions. The document must be signed within the time limits specified on the Permitting Event Chart (Appendix C).

For administrative cancellations and deletions due to a dependent child turning age 23, enter the words “Administrative Cancellation” in the space provided for the signature. The signature of the employee or annuitant is not necessary in this case.

Certain enrollment actions must be accomplished within specific time limits. Refer to the permitting event code chart and the corresponding time limits within which this document must be completed.

Date Signed: Enter the month, day and year.

SECTION E : (FOR AGENCY OR RETIREMENT SYSTEM USE ONLY)

The accurate completion of this information is very important. Typographical errors may result in deduction errors.

E.1 - Employer Deduction Code

This information identifies the program administrator and the payroll deduction code, which is Code 150 for CSU employees. Complete this section for all new enrollments, changes in enrollment, and cancellation transactions. Do not complete it for elections not to enroll.

E.2 - Dental Plan Organization Code

Enter the appropriate dental plan code as provided in the table below:

Dental Plan Codes – Active Employees (For Use With SCO Processing Only)

DENTAL CARRIER	SCO Code	EMPLOYEE GROUP
Delta-Basic	004	R08, E99 (except Teaching Associates)
Delta-Enhanced Level I	181	R06, R10 & E99 (Teaching Associates)
Delta-Enhanced Level II	007	Executive Management, MPP, R01, R02, R03, R04, R05, R07, R09 & C99
PMI DeltaCare-Basic	012	R06, R08, R10, & E99 (including Teaching Associates)
PMI DeltaCare-Enhanced	013	Executive Management, MPP, R01, R02, R03, R04, R05, R07, R09 & C99

Dental Plan Codes – Retired Annuitants/FERPS (For Use With PERS Processing Only)

DENTAL CARRIER	PERS Code	RETIREE GROUP
Delta-Basic	010	Annuitants
Delta-Enhanced Level II	100	FERP Annuitants
PMI DeltaCare-Basic	005	Annuitants
PMI DeltaCare-Enhanced	006	FERP Annuitants

E.3 - Employee Deduction Amount

Enter zero for the premium amount to be deducted from the employee’s warrant.

E.4 - Party Code

From the list below, enter the single digit party code that indicates the number of individuals the employee is enrolling. This is required on new enrollments or enrollment changes. Do not complete for cancellation transactions or elections not to enroll.

- Code 1 - for employee only
- Code 2 - for employee and one dependent
- Code 3 - for employee and two or more dependents

E.5 - State Share Amount

Enter the amount of the CSU premium from the table listed below for an active employee:

DENTAL PLAN CARRIER	ENROLLMENT	DEDUCTION CODE	2003 COST
Delta-Basic	Employee Only	150-004-1	25.41
	Employee + 1	150-004-2	48.01
	Employee + 2	150-004-3	96.41
Delta-Enhanced Level I	Employee Only	150-181-1	30.93
	Employee + 1	150-181-2	58.51
	Employee + 2	150-181-3	120.59
Delta-Enhanced Level II	Employee Only	150-007-1	38.28
	Employee + 1	150-007-2	72.21
	Employee + 2	150-007-3	141.09
PMI DeltaCare-Basic	Employee Only	150-012-1	15.61
	Employee + 1	150-012-2	25.76
	Employee + 2	150-012-3	38.09
PMI DeltaCare-Enhanced	Employee Only	150-013-1	20.75
	Employee + 1	150-013-2	34.25
	Employee + 2	150-013-3	50.64

Enter the amount of the CSU premium from the table listed below for Retired Annuitants/FERPS:

DENTAL PLAN CARRIER	ENROLLMENT	DEDUCTION CODE	2003 COST
Delta-Basic	Retiree Only	150-010-1	25.41
	Retiree + 1	150-010-2	48.01
	Retiree + 2	150-010-3	96.41
Delta-Enhanced Level II	Retiree Only	150-100-1	38.28
	Retiree + 1	150-100-2	72.21
	Retiree + 2	150-100-3	141.09
PMI DeltaCare-Basic	Retiree Only	150-005-1	15.61
	Retiree + 1	150-005-2	25.76
	Retiree + 2	150-005-3	38.09
PMI DeltaCare-Enhanced	Retiree Only	150-006-1	20.75
	Retiree + 1	150-006-2	34.25
	Retiree + 2	150-006-3	50.64

E.6 - Pay Period

This is the date the coverage is to begin, change or terminate (see Permitting Event Chart - Appendix C). This section should be completed for all transactions except election not to enroll. Enter two digits for the pay period month and the last digit of the appropriate year.

E.7 - Employee Designation

Enter "R" if the employee is in a represented category or "U" if the employee is in a non-represented category. This must be changed when an employee moves from a represented to a non-represented category, or vice versa if eligibility for enhanced coverage is affected. This section should be completed for all transactions except election not to enroll.

E.8 - Bargaining Unit

Using the table below, enter the three digit code to indicate the employee category identifier (CBID). If an employee moves from one employee category to another, this code should be changed to reflect the change if a change in coverage level is involved. This section should be completed for all transactions except election not to enroll.

CBID	EMPLOYEE CATEGORY
R01	Physicians
R02	Health Care Support
R03	Faculty
R04	Academic Support
R05	Operations and Support Services
R06	Skilled Crafts

CBID	EMPLOYEE CATEGORY (continued)
R07	Clerical and Administrative Support Services
R08	Public Safety
R09	Technical and Support Services
R10	Operating Engineers
M80	Management Personnel Plan
M98	Executives
E99	Excluded
C99	Confidential

E.9 - Total Premium Amount

Enter the gross premium for the plan. This amount will be the same as the state share amount because there is no employee contribution to the dental plan for CSU employees or retirees. This is required on all new enrollments and enrollment changes. This section should not be completed for enrollment cancellations or elections not to enroll.

E.10 - Prior Employer Deduction Code

Check the appropriate box to identify the program administrator for the dental plan that the employee is canceling. This is Code 150 for CSU employees.

E.11 - Prior Dental Plan Code (Organization Code)

Enter the three-digit organization code assigned to the carrier of the plan being canceled. This section is necessary for all enrollment cancellations.

E.12 - Permitting Event Date

Enter the date of the event which permits the action (see the Permitting Event Chart - Appendix C). Enter the month (MM) and the year (YY). This section is necessary for all transactions except election not to enroll.

Note: Only one permitting event date is to be entered. If the employee is a late enrollment or change of enrollment for reasons specified in Section 6 of the Administrative Guide, please indicate the reason in the Remarks Section (E.18).

E.13 - Permitting Event Code

Enter the appropriate code from the Permitting Event Chart (Appendix C). Only one permitting event code is to be entered.

E.14 - Effective Date of Action

Following the Permitting Event Chart (Appendix C), enter the effective date of coverage or change. Use two digits for the month and two digits for the year.

E.15 - E.16 - Agency Code and Unit Code

Enter the appropriate agency and unit codes of the campus or the Chancellor's Office. This section is necessary for all transactions.

E.17 - Agency Name or Retirement System

Enter the name of the campus, the Chancellor's Office, or "PERS-Retired" (if retired). This section is necessary for all transactions.

E.18 - Remarks

This section is used to add additional information pertinent to the particular enrollment action. Complete this item as needed or when indicated in these instructions (see Section 17 of the Dental Administrative Guide).

When processing the initial enrollment document for a retiree, indicate the separation date and the date of retirement in this section. If the retiree is participating in the FERP program, this information should also be included in the remarks section.

E.19 - Authorized Agency Signature

This is the signature of the person authorized to review and complete the form, usually the Benefits Officer. A signature is required on all transactions.

E.20 - Telephone Number

Enter the telephone number of the person signing in Item 19 above. This is necessary for all transactions.

E.21 - Date Received in Employing Office

Enter the date the employing office received the completed form from the employee. This is necessary for all transactions.