

The Affidavit of Parent-Child Relationship form in this Circular Letter is outdated. View the current [Affidavit of Parent-Child Relationship](#) (PDF) form or search all [Forms & Publications](#).



Affidavit of Parent-Child Relationship

California Code of Regulations section 599.500(o)

The Public Employees' Medical and Hospital Care Act (PEMHCA), allows employees and annuitants to enroll family members in a CalPERS-sponsored health plan. Pursuant to Title 2, California Code of Regulations (CCR), section 599.500(o), an employee or annuitant may enroll a child, other than an adopted, step or recognized natural child, in the health plan if the employee or annuitant has assumed a "parent-child relationship" with that child in lieu of the child's adoptive, step or natural parent, up to age 26.

A parent-child relationship occurs when the employee or annuitant assumes a parental role and is considered the primary care "parent." Evidence of this relationship may include assuming responsibilities such as providing shelter, clothing, food, child care or education for the child, as well as assuming parental duties, such as providing permission for school activities, health care services, extracurricular, and recreational activities.

A parent-child relationship must be certified at the time of enrollment for each child and annually thereafter up to age 26. Spouses of your recognized natural, adopted, or stepchild are **not** eligible for enrollment.

Employee/Annuitant Information

Name:

Social Security Number:

(First)

(M.I.)

(Last)

What is the date you assumed the primary custodial parental role for the child?

What is your relationship to the child?

Child Information

Name:

Date of Birth:

Social Security Number:

(First)

(M.I.)

(Last)

Address (if different from employee/annuitant):

Have you enrolled other children as family members under CCR section 599.500(o)? Yes ☐ No ☐

If yes, what is the number of children enrolled under CCR section 599.500(o)?

Note: A new Affidavit of Parent Child-Relationship form must be submitted for each child.

Eligibility

I hereby certify I have assumed a parent-child relationship with the child named above, as evidenced by the following:	Internal Use Only (HBO Initials)
1. I have assumed a primary custodial role for this child.	Yes ☐ No ☐ Initials ____
2. I am considered the primary care "parent."	Yes ☐ No ☐ Initials ____
3. I have assumed responsibility for providing the essential needs for this child, such as food, shelter, clothing, and education.	Yes ☐ No ☐ Initials ____
4. Has the child been placed in your care as a result of foster care?	Yes ☐ No ☐ Initials ____
5. I am listed as the primary contact on school, health, and other emergency forms.	Yes ☐ No ☐ Initials ____
6. I provide parental permission for the child regarding health care services, school, extracurricular, and other activities.	Yes ☐ No ☐ Initials ____
7. The child is living with me. (If the child is not currently living with you, please state the reason why.)	Yes ☐ No ☐ Initials ____
8. I claim the child as my dependent for income tax purposes.	Yes ☐ No ☐ Initials ____
9. Other (please explain or attach explanation):	Yes ☐ No ☐ Initials ____

I recognize this affidavit is a legally binding document. I accept full responsibility for notifying my Health Benefits Officer in writing if there are any changes pertaining to this parent-child relationship. Active employees contact your Health Benefits Officer. Retirees contact CalPERS. I further understand the provision of California Government Code 20085, which states:

(a) It is unlawful for a person to do any of the following:

- (1) Make, or cause to be made, any knowingly false material statement or material representation, to knowingly fail to disclose a material fact, or to otherwise provide false information with the intent to use it, or allow it to be used, to obtain, receive, continue, increase, deny or reduce any benefit administered by this system.
- (2) Present, or cause to be presented, any knowingly false material statement or material representation for the purpose of supporting or opposing an application for any benefit administered by this system.

I hereby certify under penalty of perjury, that the information provided by me is true and correct to the best of my knowledge. I also agree to provide supporting documentation such as, but not limited to, court records, birth certificate, tax returns, statement of financial liability, or any other documents, when requested by my employer or CalPERS. I understand that each child, other than recognized natural, adopted, or stepchild, for whom I assume a parent-child relationship, must be certified at the time of enrollment and annually thereafter up to age 26.

Employee/Annuitant Signature

Date

For Employer Use:

I hereby certify under penalty of perjury as follows:

That I am a duly appointed, qualified, and acting officer of the below named agency.

- ☐ I hereby certify I have reviewed the above application and verified the identity of the employee submitting this affidavit.
- ☐ Based on the information provided and any attached documentation, I am approving the enrollment of this child according to CCR section 599.500(o).
- ☐ Recommend not approving the enrollment of this child.

Health Benefits Officer Signature

Agency Name

Date

Personnel Officer/Human Resources Manager ☐ **Approve** ☐ **Disapprove** **Date** _____

P.O. Box 942714
Sacramento, CA 94229-2714
TTY for Speech & Hearing Impaired (916) 795-3240
Phone: (888) CalPERS (or 888-225-7377); Fax (916) 795-1313