

### 2024 OPEN ENROLLMENT DENTAL (STD. 692) FORM EXAMPLES & COMMON ERRORS

#### CORRECTLY FILLED OUT DENTAL NEW FORM

DENTAL PLAN										Clear	Р	rint			n
STD. 602 (REV. 4/2024)	SE TYPE	ORUSER			DEN D	RINT CLEARLY	. SEN	0.00		ED FORM TO F	ERSONNEL	PAYROLI	OFFIC		
SECTION A	JE ITFE	ORUGEL			CA, I	TUNT CLEARET	_	ECTIC		ED FORM TO F	ERSONNEL	TATROLL	Orric	-	
1. TYPE OF ACTION			_	_	_		_	_		AL PLAN			_	_	
NEW - ENROLLING	IN A PLAN FO	OR THE FIRS	T TIME (C	ompiete	Section	s.A.B. and D)	W	este	m D	ental					
CANCEL - (Complete	Sections A. C	C. DI					2.1	PROVE	ERFAC	LITY NUMBER (IT 4	pplicable) (prep	aid plans only)			
					a secolate		~								
CHANGE - CHANGIN							3. 90	EN CHA	NGNG F/	AMILY MEMBER ENRO	LIMENT, LIST ALL	FAMILY MEMO	IRS CURP	INTLY E	NROLLED /
COBRA - ENROLLING	G IN COBRA	CONTINUAT	ION COVE	RAGE	(Comple	te Sections A, B, and I		TE) BESA	DES THE	NAMES OF ONLY THO	SE MEMBERS TO	BE ADDED OR D		~ ,~~	) AND TOPE D
2. NAME (First)		(Middle)		(Las	47)		ACTIO	N		PERSONS TO BE EN NTAL PLAN (Include		DATE OF BIRTH	DEPEN		GENDER
Jane		M	_	Doe			CODE	(Fire	st)	(Middle) (Las	t)	(MM/ DD/ YY)	TY	ne -	
ADDRESS (Number a 123 Happy St (City, State, and Zip)	and the second						A	Jan	e M C	loe		07/18/91	SE	LF	Female
	CA 059	16						-					I	*	
Sacramento, 3 CHECK IF PERMANE		4 MARITAL	STATIS		-	5. GENDER	-	SSN	-				+		
INTERMITTENT EMP		MARIFOR	-	SING	LE [	MALE FEMA	£	58N						٣	
	1	DOME	STIC PAR	TNER		NONBINARY		SSN						*	
6. SOCIAL SECURITY	NUMBER	SPOUSE'S O	R DOMEST	C PART	NER'S S	OCIAL SECURITY NUMB	6.9					-	1	T	Ī
555-55-5555				_	_			SSN						*	
SECTION C (Comp	lete for Plan	changes #	different i	han B	t and o	cance/lations only)		SSN						*	ľ
1. PRIOR DENTAL PL	LAN NAME												1	-	
			_	_	_			SSN					+	-	-
SECTION D								SSN						*	
I. CHECK APPROPRIATE	EBOX						1		- Spouse	pe DP - Domestic Par	ther C. Child	SC - Step	nid D	- Dise	bied Child
I DO NOT WISH TO	ENROLL IN	A DENTAL P	LAN (Kee	in en	playee's	: file)				PC - Domestic Partn		PCR - Parent			
X COVER MY SHARE	OF COST O	F ENROLLA	ENT AS I	T IS NO	W OR	OWN ABOVE AND A AS IT MAY BE IN TH CALIFORNIA AND A	FUTUR	E.I ALS	SO CERT	TIFY THAT THE NAM	MES OF THE PE	RSONS LIST	ED IN SE		
I ELECT TO CANC	EL THE DEN	TAL PLAN S	HOWN AE	OVE.											
2. EMPLOYEE'S OR AN	NUITANT'S S	SIGNATURE	Jan	e V	n B	ae noisy	ee copy)				3. DATE SIGN 9/19/2024	ED			
SECTION E (FOR /	GENCY C	OR RETIR	EMENT	SYS	TEM U	SE ONLY)	10			(		194		-	
1. EMPLOYER DED.CODE	2. DENTAL CODE	ORG.	3. PART	Y COD	Æ	4. PAY		MOUNT		6. EMPLOYEE or COBEN DEDUCTION	7. EMPLOYEE DESIGNATION		GAINING	PR	TAL EMIUM OUNT
CSU-150		-				MONTH MON				AMOUNT	R				
NON-CSU-351	02	5		1		12 24			15.77	\$ 0.00		1	01	s	15.7
			12. PER	I	0			FFECT							
COMPLETE ON 10. PRIOR EMPLOYER	11. PRIOR	PRIOR	EVE	NT DAT	TE .	13. PERMITTING EVENT CODE	1	ATE O	F	15. AGENCY CODE	16. UNIT COD		STEM (IF A		RETIREME D)
DED. CODE	DENTAL	PARTY	(144	I/ DD /			1	CTION		05.0027		S	CO		
CSU-150	CODE	CODE	MONTH	DAY	YEAR		MON	THDAY	YEAR			$\times$	SENCY.		
NON-CSU-351			9	16	24	03	1	1	25	051	220		ALPERS	RETIRE	E
18 REMARKS				1000	-		10		12/9/12	SONNEL OFFICER	1				
	olling is	n donte	Ifor	0.00		rollmont			-	driguez					
Employee enr	rolling li	n denu		Ope	n Er	iroiiment	_	AUTHO I here and ac	brozen / by certil ting office e employ	AGENCY BIONATUR by under penalty of ser of the herein nam ees named herein is LOS Rodrid	perjury as followed agency and eligible for enrol	that I am auth	orized to r	make th	is certificati
									HONE N	NUMBER (MOUDE A		2	2. DATE EMPL		OFFICE
									33-44 ADDRE						
										actions@sc	o.ca.gov		Month 09	Day 19	Yea 24

#### CORRECTLY FILLED OUT FOR ADDING OF DEPENDENT

STD. 892 (REV. 4/2024) PLEASE TYP	E OR USE B	ALL POINT PEN,	RINT CLEARLY -	SEND	COMPLET	ED FORM TO P	ERSONNEL	AYROLL	OFFIC	E	
SECTION A				SE	CTION B						
1. TYPE OF ACTION					ME OF DENT		D	Desis			
NEW - ENROLLING IN A PLAN	FOR THE FIRST	TTIME (Complete Sector	is A, E, and D)	-	the state of the s	al PPO plu	and the second se				
CANCEL - (Complete Sections)	4, C, D)			2.0	OVIDENTACI	LITY NUMBER (IT A	ppscatore) (preparo	( piens only)			
CHANGE - CHANGING PLANS	OR DEPENDEN	T COVERAGE (Complete	Sections A. B. C. and D)			MLY MEMBER ENVIO					
COBRA - ENROLLING IN COBR	A CONTINUATI	ON COVERAGE (Compile	the Sections A, B, and D)			VAMES OF DIALY THO				A (ADD	AND/OR D
2. NAME (First)	(Middle)	(Last)		ACTION		PERSONS TO BE ENF (TAL PLAN (Include		DATEOF	DEPEN		GENDER
Janet	M	Example		CODE	(First)	(Middle) (Los		MM/ DD/ YY)	TH	PE .	GLINDE
ADDRESS (Number and Street	9			A	Janet M E	Example		05/06/91	SE	LF	Female
123 Happy St. (City, State, and Zip)					Jackson S	S Doe	-		-		
Sacramento, CA 95	5816			A	SSN	5 000	_	06/13/90	С	*	Male
3. CHECK IF PERMANENT	4. MARITAL	STATUS	5. GENDER	-						H	
INTERMITTENT EMPLOYEE	MARRIE				88N					*	ľ
	-		_								
	DOMES	TIC PARTNER	NONBINARY		SSN					*	
6. SOCIAL SECURITY NUMBER	7. SPOUSE'S OF	R DOMESTIC PARTNER'S S	OCIAL SECURITY NUMBER				_			T	
555-66-7777					SSN					*	
				-							
SECTION C (Complete for Pl	an changes if a	different than B-1 and	cancellations only)		SSN					*	
1. PRIOR DENTAL PLAN NAM	É			-							
Delta Dental PPO p	lus Prer	nier Basic			SSN					*	
					-						
SECTION D					SSN					-	
1. CHECK APPROPRIATE BOX					Dependent Ty	DP - Domestic Par		SC - Shept			New Case
I DO NOT WISH TO ENROLL	IN A DENTAL P	LAN (Keep in employee)	s file)			PC - Domestic Partn		CR - Parent-			
IELECT TO ENROLL IN (OR	CHANGE TOU	DENTAL PLAN AS SH	OWN ABOVE AND AUT	HORIZE	DEDUCTIONS	TO BE MADE FRO	M MY SALARY O	RRETREM	ENT ALL	OWAN	CE TO
COVER MY SHARE OF COST ARE ELIGIBLE FAMILY MEM	OF ENROLLM	ENT AS IT IS NOW OR	AS IT MAY BE IN THE P	UTURE	I ALSO CERT	IFY THAT THE NAM	IES OF THE PER	SONS LISTE	D IN SEC		
_			CALLY CHORN AND AND	NOTE	HOLLED HA	AVINER STATE U	- CALIFORNIA D	EN TAL PLAN			
I ELECT TO CANCEL THE DE											
2. EMPLOYEE'S OR ANNUTANT Ganet ME		(See Privacy Information	on reverse of employee	copy)			3. DATE SIGNED	)			
SECTION E (FOR AGENCY		CHENT OVOTEN	CE ON VI	_			9/18/2024		_	_	_
3 054		3. PARTY CODE	4. PAY	6.87	TE CHARE	6. EMPLOYEE or	7 ENRI OVEE	8.BARG	AINING	0.70	TAI
DED.CODE CODE	i unu	2.PARTICULE	PERIOD		OUNT	COBEN	DESIGNATION		-	PR	EMIUM
CSU-150						AMOUNT				~~	OUNT
	007		MONTH YEAR		20.00		R	- 25			
X NON-COU-351		2	12 24	S	38.12	\$ 12.71		0	1	\$	50.8
COMPLETE ON CHANGES	-	12. PERMITTING EVENT DATE	13. PERMITTING EVENT CODE		TE OF	15. AGENCY CODE	16. UNIT CODE		NCY NAM		RETIREME
10. PRIOR EMPLOYER 11. PRIO DED. CODE DEN		(MM/DD/YY)	CTUT CODE	AC	TION	and a			AAG		-,
CSU-150 ORG		MONTH DAY YEAR		MONT	HDAY YEAR			$\nabla$ -			
X NON-CSU-351 007	1	09 16 24	15	1	1 25	123	456		ENCY LPERS F	ETIDE	F
18 REMARKS			15		1	SONNEL OFFICER			Crenta r	Call 1 IPUL	-
	Adding D	anondont			n P Spe		o revoluci (interate n	and,			
Open enrollment -	Adding L	ependent		_	the second day of the	GENCY BIONATURS	E				
						y under penalty of er of the herein nam					
					hat the employe	ees named herein is	eligible for enrollm				
					0	r P Specia					
				-		UMBER (Include Ar	ea Code)	22	EMPLO		OFFICE
				1916	5-123-45	D/					
				and the second second	EMAIL ADORES				Nonth	Day	Yea

#### CORRECTLY FILLED OUT FOR CHANGE OF DENTAL PLANS

STATE OF CALIFORNA - C DENTAL PLAN STD. 692 (REV. 4/2024)												Clear	P	rint		1	D	
PLEA	SE TYPE	OR USE B	ALL PO	INT P	PEN, P	RINT CLE	ARLY -	SEND	COM	PLET	ED	FORM TO P	ERSONNEL	PAYROLI	OFFIC	ε		-
SECTION A							1		CTIO									
1. TYPE OF ACTION									AME OF								-	
NEW - ENROLLING	IN A PLAN FO	R THE FIRST	TTIME (Co	mpiete	Section	s A, E, and D)	5 A	_	_		_	PPO	Reakled from	in all and a set of				-
CANCEL - (Complete	Sections A. C	C. D)						2.0	HUVIDE	ERCH ALL	un	Y NUMBER (IT A	opiicable) (prepa	ed plans only				
CHANGE - CHANGIN	O PLANS OR	DEPENDEN	T COVERA	AGE (C	omplete	Sections A B.	C, and D)	3 1000	EN CHAN	Canal Pa	Arra 1	ACCRETE AND A	LARNT, LET ALL	PARTY MEMO	IRS CLIMB	ENTLY I	MACALLER	45
COBRA - ENROLLIN	S IN COBRA	CONTINUATI	ON COVER	RAGE	Complet	e Sections A.	B, and D)	AELL A	SFAMIL	Y MEM IN	EPHS	TO BE ADDED AN	GIOR DELETED E	NTER THE AC	10N CODE			
2. NAME (First)		(Middle)		(Las	5			ACTION	1 17	ST ALL I	PER	CONS TO BE END	OLLEDIN	DATE OF	DEPEN	IDENT		_
Jane		M		Doe				CODE	First			PLAN (Include tiddle) (Las		BIRTH (MM/DD/ YY	TY		GEND	ER
ADDRESS (Number a	ind Street)														-	1.0		
123 Happy St	-								Jane	MD	00			07/18/91	SE	LF	Female	-
(City, State, and Zip)									Johr	BD	oe	3	E	06/13/90	s	-	Male	Ţ.
Sacramento,					_				SSN	99	19-4	4-7777		001000	Ĭ.			
3. CHECK IF PERMANE INTERMITTENT EMP			-	SING		MALE X	lemmer.									-		Ţ
					^  -		I. Emer		SSN		_							
-						1	100				_				1	-		Ţ
		DOMES	TIC PART	NER		NONBINAR	DY.		SSN									
6. SOCIAL SECURITY I	NUMBER	SPOUSE'S OF	R DOMESTIC	C PARTI	VER'S SC	CIAL SECURIT	V NUMBER											
555-55-5555	2	999-44	-7777						SSN							*		۳
	1000		30												+			
SECTION C (Compl	lete for Plan	changes # o	sifferent B	han B-	1 and c	ancellations	only)		SSN							*		٣
1. PRIOR DENTAL PL	AN NAME			_	_		-	_		_	-				+			
Premier Acce	SS								SSN		_				1	-		-
100000000				-			_	-	-	_	-				+	H		H
SECTION D									SSN		-				1	*		٣
1. CHECK APPROPRIATE	EBOX	_	_	_	_			_		dent Ty		Second and			-	-		_
DO NOT WISH TO		A DENTAL P	LAN (Kees	o in eve	niovee's	file)			8-			P - Domestic Parts Domestic Parts	ther C - Child er Child	SC - Step PCR - Parent				15
I ELECT TO ENROL COVER MY SHARE ARE ELIGIBLE FAN	OF COST O	RS AS DEFIN	ENT AS IT	E STA	WORI	IS IT MAY BE	IN THE P	UTURE	LI ALD	D CERT	1FY	THAT THE NAM	IES OF THE PE	<b>RSONS LIST</b>	ED IN SE			3
2 EMPLOYEE'S OR AN	INUTANT'S I	ICNATURE	0	av	2.B		npibyee	copy)			-		3. DATE SKINE	D				_
			gan	071	1.0	36							9/19/2024					
SECTION E (FOR A	GENCY O	R RETIRI	EMENT	SYST	EM U	SE ONLY)	2 - y	-			0.00		8	1000	- 12			- 3
1. EMPLOYER DED CODE	2. DENTAL CODE	ORG.	3. PART	Y COD	E	4. PAY PERIOD			ATE SH	ARE		EMPLOYEE or COBEN DEDUCTION	7. EMPLOYEE DESIGNATIO		GANING	PR	TAL EMIUM OUNT	
CSU-150			I			MONTH	YEAR				1	AMOUNT	R					
NON-CSU-351	01	8		2		12	24	s	6	7.73	s	22.58	1000		9	\$	90	.31
COMPLETE ON	CHANGES O	NI Y	12 PERM	ATTIN	0	13. PERMIT		14. EF	FECT	VE	15	AGENCY	16. UNIT CODE	_	ENCY NA		OFTINES.	NEW T
10. PRIOR EMPLOYER	11. PRIOR	PRICE	EVEN	T DAT	E	EVENT			ATE OF		1	CODE			STEM ()F /			
DED. CODE	DENTAL ORG	CODE												S	CO			
C5U-150	CODE	COLL	MONTH	DAY	YEAR			MONT	HDAY	YEAR		100		$\times$	DENCY			-
NON-CSU-361	020	2	9	16	24	21	8	1	1	25		051	220		ALPERS	RETIRE	E	
18 REMARKS	-	-						19.	SIGNIN	O PER	SON	NEL OFFICER	NAME (Please	Print				_
Open Enrollm	ent - C	hangin	a den	tal	alan	to Delta	9	Ca	rlos	Rod	tric	quez						
Dental PPO		, and a second	9						I hereb	ing offici employe	ty un er of ees	f the herein nam	perjury as folio ed agency and t eligible for enroli	hat I am auth	orized to r	make th	is certifica	ation
								21.	TELEP			BER INCLOS AN			2 DATE			_
									6-33			4			EMPL	DYING	OFFICE	
								23.	EMAIL /	ADORE	55				Month	Day	and a second second	
								SC	Otra	ansa	CL	ions@sc	o.ca.gov		09	19	24	

#### **CORRECTLY FILLED OUT FORM OF ADDING A DEPENDENT & CHANGING** PLANS

	ATE OF CALFORMA - CALFORMA DEPARTMENT OF HUMAN RESOURCES ENTAL PLAN ENROLLMENT AUTHORIZATION 0. 652 (REV. 40004) PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEA											Clear	Р	rint			Π	
PLEA	SE TYPE	OR USE E	ALL P		PEN, P	PRINT CLEA	RLY -	SEND	CON	PLET	EDF	ORM TO P	ERSONNEL	PAYROL	L OFFIC	æ		<u></u>
SECTION A									CTIC	_								
1. TYPE OF ACTION								-		FDENT								-
NEW - ENROLLING			T TIME (C	omplete	Section	is A, B, and O)		-	-	Dent	-		oplicable) (area	and allong and				
CANCEL - (Complete	e Sections A. (	C, D)						-		ENT AL		Noneper la s	thermost hosts	are pairs only	0			
CHANGE - CHANGE	NO PLANS OR	DEPENDEN	IT COVER	AGE (C	onpiete	Sections A B. C	c, and D)						LIMENT, LIST ALL					
COBRA - ENROLLIN	IG IN COBRA	CONTINUAT	ION COVE	RADE	Comple	te Sectors A. B.	and D)		<li>) 985/6</li>	DES THE	NAMES	S OF ONLY THO	GROW DELETED			E A JACK	AND/CR	eD.
2. NAME (First)		(Mddle)		(Las	¢.			ACTION	L			PLAN (Include		DATE OF		NDENT	GENE	
Jane		M		Doe				CODE	Fie			Ade) (Las		(MM/DD/Y	v) T	PE		-
ADDRESS (Number of							_		Jan	e M D	loe			07/18/91	SE	LF	Femal	
(City, State, and Zel)							-	_	Labo	- P D	-				-	-	-	- 11
Sacramento,	CA 958	16							a second	n B D	-			06/13/90	s	*	Male	*
3. CHECK IF PERMAN		A MARTAL	STATUS		-	5 GENCER	-			999 Irlie S					+		-	- 11
INTERMITTENT EMP		MARRI	ED [	SING	a [	MALE X	TEMALE	A	_	444-				06/05/14	I SC	*	Ferral	
	1			7.5				-		444-	11-3	0.00		-	+	-	-	H
		DOMES	STIC PAR	TNER		NONBINARY			SSN		-			1		*		٣
6. SOCIAL SECURITY	NUMBER 7	SPOUSES O	# DOMEST	C PART	675.5	OCIAL SECURITY	NARER	-			_				+			늼
555-55-5555	555-55-5555 999-44-7777									_	-			2		-		٠
000-0000	-	-	SSN		-				+	-	-	H						
SECTION C (Complete for Plan changes if different than 8-1 and cancellations or									SSN		_			6		*		*
1. PRIOR DENTAL P	LAN NAME	_		_	_									-	+			
Delta Dental I	PPO								55N							*		*
SECTION D																		
SECTION D									<b>55N</b>							-		Ľ
1. CHECK APPROPRIAT	EBOX									fiphuse		Domestic Par	ther C-Child	SC - Ste	ochild D	C - Dis	tied Or	44
I DO NOT WISH TO	ENROLL IN	A DENTAL P	AN KIN	ip in em	picyee'	s file)			-			Iomestic Parts		PCR - Parer				-
COVER MY SHARE	E OF COST O	FENROLLA	<b>MENT AS I</b>	T IS NO	W OR	AS IT MAY BE I	IN THE FI	UTURE	IALS	OCERT	TFYT	HAT THE NAM	IES OF THE PE	<b>ERSONS LIS</b>	TED IN SE			13
ELECT TO GANC	EL THE DEN	TAL PLAN S	HOWN A	IOVE.														
2. EMPLOYEE'S OR AN	INVUTANTS I	SIGNATURE	gar	ne M	r.D	0e	nphyee.	copy!					3 DATE SIGN 9/19/2024					
SECTION E (FOR )	AGENCY	RETIR	EMENT	SYST	EMU	SE ONLY)		-0				3		-		4		
1. EMPLOYER DED.CODE	2. DENTAL	090.	3. PAR	TY COD	6	4. PAY PERICO			ATE SP	WRE		MPLOYEE or OBEN	7. EMPLOYEE DESIGNATI		RGANING		TAL	
-			I									EDUCTION MOUNT				45	NUNT	
CSU-150	018	8				MONTH	YEAR				~		S					
NON-CSU-351	011			3		12	24	S		0.00	s	44.13			01	s	4	4,13
COMPLETE ON	CHANGES O	WLY	12 PER			13. PERMITT			FECT			GENCY	16. UNIT COD		LENCY NA			MENT
10. PRIOR EMPLOYER DED. CODE	11. PRIOR DENTA	PROR		NT DAT		EVENT CI	ODE		TION		1	CODE			STEM	ME TING	D)	
CSU-150	ORG. CODE	CODE	MONTH	DAY	YEAR			MONT	HDAY	YEAR	I .				SCO			
NON-CSU-351		2	0	16	24	29			1			0.54	220		GENCY			
	018	2	9	10	24			1	1	25		051	220		CALPERS	RETIR	£.	_
18 REMARKS								1000					S NAME (Please	Print)				
Open Enrollm	nent - C	hangin	g der	ntal p	plan	and Add	ding	_	-	Roc	-	_				-		_
Dependent									I herei and ad	by certiliting office amplication	ty unit ter of s rees na	he herein nam	perjury as foll ed agency and alloible for enrol	that I am aul	horized 80	make 2	va cersti	Caller
								21.	TELEP			ER (Include Ar	10000 524		22 DATE			_
										33-44					EMPL	OYING	OFFICE	-
										ADORE					Month	Day		ear
								SU	Off	ansa	aCU(	ons(a)sc	o.ca.gov	ſ	09	19	2	34

#### **NEW DENTAL COMMON ERRORS**

#### EMPLOYEE HAS NOT COMPLETED THE 24-MONTH RESTRICTION PERIOD AND IS REQUIRED TO SELECT A STATE-SPONSORED PREPAID DENTAL PLAN. EE IS NOT ELIGIBLE FOR DELTA DENTAL PLAN.

DENTAL PLAN		NT OF HUMAN RESOURCE	a second and a second			Clear	Pri	nt			n
ITD. 692 (REV. 42024)	SE TYPE OR USE	BALL POINT PEN, P	RINT CLEARLY -	SEN	COMPLET	ED FORM TO P	ERSONNEL	AYROLL	OFFIC	_	
SECTION A	OF THE OR ODE	DALL FORTFLA, F	THIT OLEARET	-	CTION B	LO TORM TO P	ENJOHNEOF	ATROLL	orrio	-	
1. TYPE OF ACTION				1.N	AME OF DENT	AL PLAN				_	
	IN A PLAN FOR THE FIRM	ST TIME (Complete Section	s A, E, and D)	De	Ita Denta	al PPO plus	s Premier	Basic			*
CANCEL - (Complet	e Sections A, C, D)			1000		LITY NUMBER (If a	oplicable) (prepaid	plans only)		_	4565
CHANGE - CHANGE	NG PLANS OR DEPENDE	NT COVERAGE (Complete	Sections A. R. C. and Di	_	49.0101						
-		TION COVERAGE (Complet		A UNIT	IS FAMILY MEMB	ARLY MEMBER ENRO	D/OR DELETED. END	TER THE ACTI	ON CODE	NTLY E	AND/LED, A
2. NAME (First)	(Middle		e accours P. D. and U)	-	LIST ALL	NAMES OF ONLY THOP PERSONS TO BE END		ADDED OR DI	_		
Janet	M			ACTION CODE	DE	NTAL PLAN (Include	self)	BIRTH	DEPEN		GENDER
ADDRESS (Number a		Example			(Fivst)	(Middle) (Las	t) ()	MM/ DD/ YY)	1000		E
123 Happy St (City, State, and Zip)				A	Janet M 8	Example		05/06/91	SE	LF	Female
Sacramento,	CA 95816				SSN		_			-	
3. CHECK IF PERMAN	the second se	STATUS	5. GENDER	-					-		
INTERMITTENT EMP	PLOYEE		MALE FEMALE		SSN		_		<u> </u>	*	-
	DOME	ESTIC PARTNER	NONBINARY		SSN					*	•
6. SOCIAL SECURITY	NUMBER 7. SPOUSE'S	OR DOMESTIC PARTNER'S SC	OCIAL SECURITY NUMBER								
555-66-7777					SSN					*	1
SECTION C (Comp	lete for Plan changes if	different than 8-1 and o	ancellations only)		SSN					-	
1. PRIOR DENTAL P	LAN NAME									Ţ	
					SSN				-		
SECTION D					SSN					*	•
LELECT TO ENRO	DENROLL IN A DENTAL	PLAN (Keep in employee's A DENTAL PLAN AS BHO MENT AS IT IS NOW OR A INED BY THE STATE OF	OWN ABOVE AND AUT	UTURS	E DEDUCTION	DP - Domestic Party PC - Domestic Party S TO BE MADE FRO	er Child PC	R RETIREM	INT ALLO	OWAN	DE TO
-	EL THE DENTAL PLAN										
2 EMPLOYEE'S OR AN	NULTANT'S SIGNATURE		T(D)Dyea	CODY)			3. DATE SKINED				
		ganet M. E	xample				9/19/2024				
SECTION E (FOR )	AGENCY OR RETIR	REMENT SYSTEM US	SE ONLY)								
1. EMPLOYER DED.CODE	2. DENTAL ORG. CODE	3. PARTY CODE	4. PAY PERIOD		ATE SHARE	6. EMPLOYEE or COBEN DEDUCTION	7. EMPLOYEE DESIGNATION	8. BARG	AINING		TAL EMUM OUNT
CSU-150	007		MONTH YEAR	1		AMOUNT	R				
NON-CSU-351	007	1	12 24	s	38.12	\$ 12.71		0	1	S	50.8
	CHANGES ONLY	12. PERMITTING	13. PERMITTING	14.E	FFECTIVE	15. AGENCY	16. UNIT CODE	17. AGE	NCY NAM	E OR	RETIREMEN
D. PRIOR EMPLOYER	11. PRIOR PRIOR	EVENT DATE (MM/DD/YY)	EVENT CODE		ATE OF CTION	CODE			TEM (IF R		
DED. CODE	DENTAL PARTY ORG. CODE							C	A AGY	r	
CSU-150	CODE	MONTH DAY YEAR		MONT	TH DAY YEAR			XAG	ENCY		
NON-CSU-351		9 16 24	28	1	1 25	123	456	CA	LPERS R	ETIRE	E.
18 REMARKS	· · · ·			19.	SIGNING PER	SONNEL OFFICER	S NAME (Please P	trind)			
	nent - EE enro	olling into Delta	a Dental	20	i hereby certi and acting offic that i Joh	ecialist AGENCY SIGNATURI by under penaty of er of the herein nam un 92. Speci HUMBER (include Ar	penury as follow ed agency and tha sime culist	t I am autho ent in the Sta	rized to m de Dental	hake sh Insurar	is certification not Program
				-			ew Look)	2	EMPLO		
					7-444-68 EMAIL ADDRE				Aonth	Day	Year
						s@agency	.ca.gov		9	19	24

#### DENTAL ORG. CODE IS MISSING OR INVALID.

STATE OF CALIFORNA - C DENTAL PLAN STD. 692 (REV. 42024)												Clear	Р	rint		1	Π	1
PLEA	SE TYPE	OR USE B	ALL PO		PEN, P	RINT CLI	EARLY -	SEND	CON	PLET	ED	FORM TO P	ERSONNEL	PAYROL		E		١.,
SECTION A									CTIC	_						-		
1. TYPE OF ACTION										F DENT						_		
	N A PLAN FO	R THE FIRS	T TIME (C	ompiete	Section	s A, B, and D						PPO plus						*
CANCEL - (Complete	Sections A. C	D)						100000000			LIT	Y NUMBER (IT A	pplicable) (prep	aid plans only	9			
CHANGE - CHANGIN	G PLANS OR	DEPENDEN	T COVER	AGE (C	omplete	Sections A I	R. C. and D)			101								
					2.0.13			WELL AS	S FAMIL	YMEND	ERST	Y MEMBER ENROL TO BE ADDED AN	DIOR DELETED.	ENTER THE AC	TION COD			
2. NAME (First)		(Middle)		(Las				ACTION				IS OF ONLY THOSE ONS TO BE ENVI		DATE OF	-	NDENT	<u> </u>	_
Janet		M		100	mple			CODE	the			PLAN (Include Iddle) (Las		BIRTH (MM/DD/Y	T	PE	GEND	ER
ADDRESS (Number a	nd Street)		-					٨				mple		05/06/91	-	LF	Female	-
123 Happy St	reet							A						(D) (D) (D) (D)	0		Perman	Ľ
(City, State, and Zip)	04.050	10						A		is J E	xar	mple		12/07/05	c	-	Male	
3 CHECK IF PERMANE		10 MARITAL	STATUS		_	5. GENDER	_		SSN						-		-	
INTERMITTENT EMP		MARRI	and the second	sing:	4		FEMALE		55N		_					*		*
	0	DOMES	STIC PAR	INER		NONBINA	RY		SSN		_					-		*
6. SOCIAL SECURITY N	NUMBER 7	SPOUSE'S O	R DOMEST	CPART	ACR'S SC	CIAL SECURI	TY NUMBER				_				+	一		T
555-66-7777									88N				1			*		۳
	10000		2220125	1-72	8 8						_				+			
SECTION C (Compl	ete for Plan	changes #	different s	han B-	f and c	ancellation	s only)		SSN				- 65			-		*
1. PRIOR DENTAL PL	AN NAME												8			Ų		
									SSN							Ť.		Ľ
SECTION D									SSN							*		٠
1. CHECK APPROPRIATE	BOX			_	_					ndent T)		David State						_
I DO NOT WISH TO	ENROLL IN /	A DENTAL P	LAN (Kee	p in em	ployee's	(file)			3.			<ul> <li>Domestic Parts</li> <li>Domestic Parts</li> </ul>		PCR - Paren				10
I ELECT TO ENROL COVER MY SHARE ARE ELIGIBLE FAM	OF COST OF	F ENROLLN RS AS DEFI	NED BY T	HE ST	WOR/	AS IT MAY B	IE IN THE F	UTURE	LIALS	O CERT	IFY	THAT THE NAM	AES OF THE PE	<b>RSONS LIS</b>	FED IN SE			3
2. EMPLOYEE'S OR AN					200	CT.		COPy1			_		3. DATE SIGN	ED				_
E DAT DUTIL U DITTAT			Ja	net °	116.	Examp	le	copyy					10/11/2024					
SECTION E (FOR A	GENCY O	RRETIR	EMENT	SYST	EM U	SE ONLY	)											
1. EMPLOYER DED CODE	2. DENTAL CODE	ORG.	3. PART	Y COD	E	4. PAY PERIOD			ATE SHOUNT	ARE	(	COBEN	7. EMPLOYEE DESIGNATI		RGAINING T	PR	TAL EMIUM OUNT	
CSU-150												AMOUNT				1~~		
-	101	1		0		MONTH	YEAR						R					-
NON-CSU-351				2	_	12	24	2		66.56		22.19			12	\$		3.75
10. PRIOR EMPLOYER	11. PRIOR	PRIOR		NT DAT	'E	13. PERMI EVENT	CODE	DA	TE OF		15.	CODE	16. UNIT COD		ENCY NA STEM (/F			ENT
DED. CODE	DENTAL	PARTY	( MM	000	(Y)			AC	TION						CAAG	Y		
CISU-150	ORG. CODE	CODE	MONTH	DAY	YEAR			MONT	HDAY	YEAR				$\boxtimes$	GENCY			_
NON-CSU-351			9	16	24	2	9	1	1	25		123	456		ALPERS	RETIRE	E	
18 REMARKS	-		-					19.1	SIGNIN	VG PER	SON	NEL OFFICERS	S NAME (Please	Print)				_
All supporting	docum	ents o	n file.					Joł	nn P	. Sp	ec	alist	1. 1914 (S. 1914)	2000022				
									I herei and act	by certiliting office	y u er of	ncy signature nder penaty of 1 the herein nam 19. Specie	pejury as foil ed agency and		horized to	make th	ia certific	ation
								21.	TELEP	HONEN	UM	BER (Include Ar	ea Code)		22. DATE	RECE	ED IN	-
								916	6-12	23-34	150	6			EMPL	OYING	OFFICE	
										ADDRE		Deacer			Month	Day	Ye	
								trai	risa(	cuon	5((	Dagency	.ca.gov		10	11	2	4

## DENTAL PLAN NAME IS MISSING IN SECTION B AND SECTION E IS MISSING ALL ENTRIES.

STATE OF CALIFORNIA - CAU DENTAL PLAN STD. 692 (REV. 4/2024)						Clear	Р	rint			D
	E TYPE OR USE B	ALL POINT PEN, P	RINT CLEARLY -			ED FORM TO P	ERSONNEL	PAYROLL	OFFICE	_	_
SECTION A				_	AME OF DENT						
1. TYPE OF ACTION	A BLAN FOR THE EIRST	TIME (Complete Section	A R and D		WHE OF DENI	AL FLAM					<b>_</b>
		Time (complete accion	a A, a, and by	2.P	ROVIDER/FAC	ILITY NUMBER (If a	oplicable) (prep	aid plans only)			
CANCEL - (Complete S	iections A, C, D)										
CHANGE - CHANGING	PLANS OR DEPENDEN	T COVERAGE (Complete	Sections A, B, C, and D)	3. WH	EN CHANGING F	AMILY MEMBER ENRO	LIMENT, LIST AL	FAMILY MEMBE	PRS CURPER	NTLY EP	POLLED, AS
COBRA - ENROLLING	N COBRA CONTINUATI	ON COVERAGE (Complet	te Sections A, B, and D)		E) BESIDES THE	ERS TO BE ADDED AN NAMES OF ONLY THO	SE MEMBERS TO			A (ADD)	AND/OR D
2. NAME (First)	(Middle)	(Last)		ACTION	DD	PERSONS TO BE EN NTAL PLAN (Include		DATE OF BIRTH	DEPEND		GENDER
Janet	M	Example		CODE	(First)	(Middle) (Las		(MM/ DD/ YY)	TYP	E	
ADDRESS (Number and	d Street)								SEL	F	*
123 Happy St (City, State, and Zip)				-					-		
	A 05046				SSN				1	-	*
Sacramento, C		STATUS	5. GENDER	-	SSN				+		
INTERMITTENT EMPLO					SSN				1	-	-
				⊢	San				+	-	
	DOMES	TIC PARTNER	NONBINARY						1	-	-
					SSN				-		
6. SOCIAL SECURITY NU		DOMESTIC PARTNER'S SC	OCIAL SECURITY NUMBER						1	+	-
555-66-7777	777-88-	.9999			SSN				-		
SECTION C (Complete	e for Plan changes if o	ifferent than B-1 and c	ancellations only!						1	-	-
					SSN				-		
1. PRIOR DENTAL PLA	N NAME								1	-	+
					SSN						
SECTION D										Ţ	
					SSN						
1. CHECK APPROPRIATE B	80X				Dependent T S - Socuse	ype: DP - Domestic Par	ther C - Child	1 SC - Step	this DC	- Disat	ied Child
I DO NOT WISH TO E	NROLL IN A DENTAL P	LAN (Keep in employee's	: file)			PC - Domestic Partn		PCR - Parent			
COVER MY SHARE O	OF COST OF ENROLLM	DENTAL PLAN AS SHO ENT AS IT IS NOW OR A	AS IT MAY BE IN THE F	UTURE	E. I ALSO CERT	TIFY THAT THE NAM	IES OF THE PE	ERSONS LIST	ED IN SEC		
	THE DENTAL PLAN SH		GALIF OR MAN AND AND	NUTE	SHOULD IN S	ANOTHER STATE O	r GADE OTHER	DENTAL FLA			
							3. DATE SIGN	50			
2. EMPLOYEE'S OR ANN	UTANTS SIGNATURE	(See Privacy Information	on reverse of employee	copy)			3. DATE SIGN	ED			
SECTION E (FOR AG		MENT SYSTEM II	SE ONI VI								
	2. DENTAL ORG.	3. PARTY CODE	4. PAY	10.07	ATE SHARE	6. EMPLOYEE or	7. EMPLOYEE			9. TOT	
1. EMPLOYER DED.CODE	CODE	a.PART CODE	PERIOD		ATE SHARE	COBEN	DESIGNAT			PRE	MIUM
C (11) 150	-			1		DEDUCTION AMOUNT			.	AMA	DUNT
CSU-150	•		MONTH YEAR		•						
NON-CSU-351				\$		\$	-			\$	
COMPLETE ON CH	ANGES ONLY	12. PERMITTING	13. PERMITTING		FFECTIVE ATE OF	15. AGENCY	16. UNIT COD				ETIREMENT
10. PRIOR EMPLOYER 1 DED. CODE	1. PRIOR PRIOR DENTAL PARTY	EVENT DATE (MM/DD/YY)	EVENT CODE		CTION	CODE		SYS	TEM (IF R	ETIMES	ŋ
CSU-150	ORG. CODE	MONTH DAY YEAR		MONT	HDAY YEAR						
	CODE			<b></b>	1 1				SENCY		
NON-CSU-351					1		•	C/	ALPERS R	ETIRE	E
18 REMARKS				19.	SIGNING PER	SONNEL OFFICER	S NAME (Pleas	e Print)			
					)						
				20.		AGENCY SIGNATUR		lows: That I a	m the duly	40000	ted, qualified
				1	and acting offic	er of the herein nam rees named herein is	ed agency and	that I am authority	vized to m	ake thi	certification;
					and the employ	and memory menerit is	angula for ano	and a me at	and surficient i		an r ragram.
				- 24	TELEPHONE	NUMBER (Include Ar	na Cortel	14	2. DATE R	ECEN	ED IN
				1		Compare Income M		ľ	EMPLO		
				23	EMAIL ADDRE	55			Month	Day	Year

## EMPLOYEE IS NOT ELIGIBLE FOR DELTA DENTAL PLAN DUE TO NOT MEETING THE 24 MONTH PROBATION PERIOD.

PLEASE TYP	E OR USE B	ALL POINT PE	N, PRINT CLEARLY -	SEND	COMPLET	ED FORM TO P	ERSONNELIPA	YROLL	OFFICE		-	
SECTION A				SE	CTION B							
1. TYPE OF ACTION					AME OF DENT		Denter	and a				-
NEW - ENROLLING IN A PLAN	FOR THE FIRST	T TIME (Complete Se	ctions A, B, and D)	_			s Premier E				2	•
CANCEL - (Complete Sections /	1, C, D)			2.0	HUVIDERFAL	ALT Y NUMBER (IT &	ppicaoley (prepaid p	ans only)				
CHANGE - CHANGING PLANS	OR DEPENDEN	T COVERAGE (Com	olete Sections A. B. C. and D)				LIMENT, LIST ALL FAM					
COBRA - ENROLLING IN COBR	A CONTINUATI	ON COVERAGE (Co	mplete Sections A, B, and D)		E) BESIDES THE	MAKES OF DRUY THO	DOR DELETED, ENTE SE MEMBERS TO BE A	DDED OR DE		(400)	AND/OR D	
2. NAME (First)	(Middle)	Contraction of the second seco		ACTION		PERSONS TO BE EN ITAL PLAN (Include		BIRTH	DEPEND	_	GENDE	A
Janet ADDRESS (Number and Street	M	Exam	ple	CODE	(First)	(Middle) (Las	() (M)	WDD/W)	1111	_	-	_
123 Happy St	,			A	Janet M B	Example	05	5/06/91	SEL	F	Female	•
(City, State, and Zip)												٦
Sacramento, CA 95	6816				SSN					*		*
3. CHECK IF PERMANENT INTERMITTENT EMPLOYEE	4 MARITAL		5. GENDER							-		Ţ
A CONTRACTOR OF CONTER	MARRIE		MALE FEMALE		SSN							
		TIC PARTNER	NONBINARY							-		
			-		SSN							
6. SOCIAL SECURITY NUMBER	7. SPOUSE'S OF	R DOMESTIC PARTNER	IS SOCIAL SECURITY NUMBER	1						-		
555-66-7777				-	SSN					_	-	4
SECTION C (Complete for Pla	an changes /	different than B-1 a	nd cancellations only)		0.011					-		-
1. PRIOR DENTAL PLAN NAM	e			-	SSN					-	-	-
T. PROR DENIAL PLAN NAM	-				SSN					*		-
				-	o ora		-			-	-	4
SECTION D					SSN					Ŧ		-
I. CHECK APPROPRIATE BOX					Dependent Ty							٦
I DO NOT WISH TO ENROLL	N A DENTAL P	LAN (Keep in emplo	vee's file)			DP - Domestic Parte PC - Domestic Parte		SC - Stepch R - Parent-d				
IELECT TO ENROLL IN (OR	CHARGE TON		THE OWNER AND AND AND			TO BE MADE FOR		-	-	-		
COVER MY SHARE OF COST	OF ENROLLM	ENT AS IT IS NOW	OR AS IT MAY BE IN THE F	UTURS	E I ALSO CERT	IFY THAT THE NAM	IES OF THE PERSO	ONS LISTER				
ARE ELIGIBLE FAMILY MEM			OF CALIFORNIA AND ARE	NOTE	NHOLLED IN A	WUTHER STATE C	F CALIFORNIA DEN	TAL PLAN				
I ELECT TO GANCEL THE DE			_									_
2. EMPLOYEE'S OR ANNUITANT	S SIGNATURE	Janet M	l. Example 👼	copy)			3. DATE SIGNED					
SECTION E (FOR AGENCY		0		_			10/07/2024	_	_	_	_	-
	AL ORG.	3. PARTY CODE	4. PAY	6 57	ATE SHARE	6. EMPLOYEE or	7. EMPLOYEE	La manco		s TO1	TAK	-
1. EMPLOYER DED CODE		a man out	PERIOD		IOUNT	COBEN	DESIGNATION	UNIT		PRI	MIUM	
CSU-150			-			AMOUNT				Adda	JUNI	
NON-CEU-351	07	4	MONTH YEAR	0	00.40	e 10.74	R	01			50.0	
N HONGBO-391		1	12 24	9	38.12			08		\$	50.8	_
COMPLETE ON CHANGES	-	12. PERMITTING EVENT DATE	13. PERMITTING EVENT CODE	0	ATE OF	15. AGENCY CODE	16. UNIT CODE		EM (IF RE			NŢ
DED. CODE DENT	AL PARTY	(MM/DD/YY)		1 ^	CTION			C/	AGY			
CSU-150 COD		MONTH DAY Y	EAR	MON	HDAY YEAR			XAGE	INCY	-		-
NON-CSU-361		09 16	24 03	1	1 25	123	456	CA	PERS RE	TIRE	E	
18 REMARKS	-		-	19.	SIGNING PERS	SONNEL OFFICER	S NAME (Please Pri	10				-
Enrolling in Dental	during O	E. Deleting	COBEN	Jo	hn P. Sp	ecialist						1
cash.				20.		GENCY SIGNATUR	E pedury as follows	That I an	The duty	40000	ted, qual	ned
							ed agency and that		ized to ma	ike thi	s certificat	ion
				1		hn P. Spec		and and				-
A01 -	05/02/2	2023		21.		IJMEER (MOUDE A		22	DATE RE	CEIV	ED IN	_
				91	6-123-45	567			EMPLOY			
				20	EMAIL ADDRE	22			lo ath	Daw	March	
						s@agency	00.001	1	lonth	Day	2024	

#### PLAN NAME IN SECTION B DOES NOT MATCH THE ORG CODE IN SECTION E.

PLEA	SE TYPE OR	USE BA	LL PO	INT P	EN, P	RINT CLEARL	Y - SEND	COMP	LETI	ED FORM TO P	ERSONNEL	PAYROLL	OFFIC	ε	
SECTION A							_	CTION	-						
1. TYPE OF ACTION		ana secon	(asses)		eres.	100000	1000	AME OF C							
NEW - ENROLLING			TIME (Co	mpiete 2	Sections	A, B, and D)		ItaCa	_	USA LITY NUMBER (174	nokratilei (mens	Mana anki	_		1
CANCEL - (Complete	e Sections A. C. D	ņ						HUMBER	or Mus	CLUT INVINIENCE (P. A	Hoursenal Duales	no pierie uniți)			
CHANGE - CHANGIN	NG PLANS OR DE	PENDENT O	COVERA	GE (Co	mplete	Sections A. B. C. an	3. 100			MLY MEMBER ENPID					
COBRA - ENROLLIN	IG IN COBRA COM	NTINUATION	N COVER	RAGE (C	Complet	e Sections A, B, and		E) BESIDES	THE N	WARES OF ONLY THO	SE MEMBERS TO I	NE ADDED OR DI		A (400	ANDIORD
2. NAME (First)		(Middle)		(Last)			ACTION	•		ERSONS TO BE EN TAL PLAN (Include		DATE OF	DEPEN		GENDER
ADDRESS (Number a	M and Street		_	Exan	npie			(First)		(Middle) (Los	t)	(MM/DD/YY)		-	
123 Happy St							A	Janet	ME	Example		05/06/91	SE	LF	Female
(City, State, and Zip)										Example		1/1/12	s	-	Formale
Sacramento,								ssn2	22-	-33-4444		U U LZ	2		Female
3. CHECK IF PERMANE INTERMITTENT EMP	LINE CONTRACTOR	MARTAL ST		SINGL		MALE FEM	U.F.			Example		3/2/13	с	+	Male
					1			SSN ]	11-	22-3333			-		
		DOMEST	C PART	NER		NONBINARY		-						+	
6. SOCIAL SECURITY	AU (140000)					CAL SECURITY NUR		SSN					-	븜	-
555-66-7777	NUMBER 1. SP	OUSE'S ON D	A MESTIN	C PROLING	015 50	CIPL SECURITY NUM		SSN	_					*	
555-00-1111						100 Mar 100		Dom	_				-	-	
SECTION C (Comp	lete for Plan chi	anges if diff	ferent th	han B-1	and o	ancellations only)		SSN						-	
1. PRIOR DENTAL P	LAN NAME		_	_	_				_				-		
Delta								SSN						*	1
SECTION D								SSN			1			*	
1. CHECK APPROPRIATE	E BOX							Depende		96.		and the second second		10.0	
I DO NOT WISH TO								S - Sp	00130	DP - Domestic Par	ther C - Child	SC - Stepci	hlid DO	C - Disa	CHOC Child
	PENNOLL IN A D	ENTAL PLA	N (Keep	in emp	loyee's	file)		S - Sp		DP - Domestic Partn PC - Domestic Partn		SC - Stepd PCR - Parent-C			
IELECT TO ENRO	LL IN (OR CHAN	GE TO) A D	DENTAL	PLAN A	S SHO	WIN ABOVE AND		E DEDUCT	DF	C - Domestic Parts	er Child	OR RETIREM	Inid Reis	OWAN	CE TO
X COVER MY SHARE	LL IN (OR CHAN	IGE TO) A D	DENTAL NT AS IT	PLAN A	S SHO	WIN ABOVE AND	E FUTUR	E DEDUCT		C - Domestic Parts	er Child M MY SALARY AES OF THE PE	OR RETIREM	ENT ALL D IN SEI	OWAN	CE TO
X COVER MY SHARE	LL IN (OR CHAN E OF COST OF E MLY MEMBERS	IGE TO) A D INROLLMEN AS DEFINE	DENTAL NT AS IT	PLAN A	S SHO	WIN ABOVE AND	E FUTUR	E DEDUCT		C - Domestic Parts	er Child M MY SALARY AES OF THE PE	OR RETIREM	ENT ALL D IN SEI	OWAN	CE TO
ARE ELIGIBLE FAI	LL IN (OR CHAN E OF COST OF E MILY MEMBERS EL THE DENTAL	IGE TO) A D NROLLMEN AS DEFINE	DENTAL NT AS IT D BY TH	PLAN A	N OR A	WIN ABOVE AND IS IT MAY BE IN TI CALIFORNIA AND	RE FUTUR	E DEDUCT		C - Domestic Parts	er Child M MY SALARY AES OF THE PE	PCR - Parent-C OR RETIREM RSONS LISTE DENTAL PLAN	ENT ALL D IN SEI	OWAN	CE TO
ARE ELIGIBLE FAI	LL IN (OR CHAN E OF COST OF E MILY MEMBERS EL THE DENTAL	IGE TO) A D NROLLMEN AS DEFINE	DENTAL NT AS IT D BY TH	PLAN A	N OR A	WIN ABOVE AND	E FUTUR	E DEDUCT		C - Domestic Parts	er Child XM MY SALARY AES OF THE PE F CALIFORNIA	PCR - Parent-C OR RETIREM RSONS LISTE DENTAL PLAN	ENT ALL D IN SEI	OWAN	CE TO
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#### DEPARTMENT HR SIGNATURE AND/OR DATE IS MISSING, PERMITTING EVENT CODE IS MISSING OR INVALID AND THE DENTAL ORG. CODE AND PARTY CODE ARE NOT IN THE CORRECT BOXES.

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SECTION D														-	
CCONOR D									SSN						
1. CHECK APPROPRIATE	EBOX								Dependent 7	rype: e DP - Domestic Pa	frer C. Chid	SC - Steps	NM D	C - Disa	bled Child
I DO NOT WISH TO	ENROLL IN	A DENTAL P	LAN (Kee	p in emp	ployee's	file)				DPC - Domestic Party		PCR - Parent-			
X COVER MY SHARE	E OF COST O	RS AS DEFI	NED BY T	HE STA	WORA	AS IT MAY B	E IN THE F	UTURS	E. I ALSO CER	NS TO BE MADE FR TIFY THAT THE NA ANOTHER STATE O	MES OF THE PE	<b>RSONS LISTE</b>	D IN SE		
2. EMPLOYEE'S OR AN	NUITANTS	SIGNATURE	Clan	et. 9	n	exampl	la lyes	copy)			3. DATE SIGNE	D			
											10/08/2024				
SECTION E (FOR A	1	and the second se	1	-		SE ONLY	)								
1. EMPLOYER DED CODE	2. DENTAL CODE	ORG.	3. PART	Y COD	C.	4. PAY PERIOD			ATE SHARE	6. EMPLOYEE or COBEN DEDUCTION AMOUNT	7. EMPLOYEE DESIGNATIO		SAINING	PR	TAL EMIUM OUNT
CSU-150						MONTH	YEAR	1		ANDONN	R				
NON-CSU-351				•		12	24	s		S		1	2	\$	
COMPLETE ON	CHANGES O	INLY	12. PERM	ATTIN	6	13. PERMI	TTING	14. E	FRECTINE	15. AGENCY	16. UNIT CODE	17. 406	NCY NA	UE OR I	RETIREMEN
10. PRIOR EMPLOYER	11. PRIOR	PROR		DD /Y			CODE		ATE OF CTION	CODE			TEM (#		
DED. CODE	DENTA ORG	CODE										C	AAG	Y	
CSU-150	CODE		MONTH	DAY	YEAR			MONT	TH DAY YEAR			XAC	ENCY		
NON-CSU-361	009	01	09	16	24			1	1 25	123	456	0	PERS	RETIRE	E
18 REMARKS	-			_	-	-		19.	SIGNING PER	RSONNEL OFFICER	S NAME (Please	Print)			
Already have	this co	verage						Jo	hn P. S	pecialist					
		longo	-						I hereby cer and acting off	AGENCY SIGNATUR by under penaty o losr of the herein nan yees named herein to	f perjury as folio ned agency and 5	hat I are autho	rized to	make thi	is certificatio
								21.	TELEPHONE	NUMBER (Include A	rea Code)	2	2. DATE		
									6-123-4				EMPL	DYING	OFFICE
									EMAIL ADDR				Month	Day	Contraction of the local division of the loc
								tra	nsactio	ns@agency	.ca.gov		10	08	2024

#### DENTAL CHANGES COMMON ERRORS

# ORG CODE IS MISSING OR INVALID. ORG CODE 15 IS ADDING/DELETING OF DEPENDENT(S). THE CORRECT ORG.CODE IS 29, CHANGE OF PLAN AND ADDITION/DELETION OF DEPENDENTS.

	ATE OF CALIFORNA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES ENTAL PLAN ENROLLMENT AUTHORIZATION 0. 890 (REV. 42004) PLEASE TYPE OR USE BALL POINT PEN, PRINT CLEA										Clear	Р	rint			Π	
PLEAS	SE TYPE	OR USE B	ALL PO	INT P	EN, P	RINT CLEA	RLY - S	SEND	COMPLE	TED	FORM TO P	ERSONNEL	PAYROLL	OFFIC	E	-	
SECTION A								SE	CTION B								
1. TYPE OF ACTION				a serente					AME OF DEM		and a second sec						_
NEW - ENROLLING	IN A PLAN FO	OR THE FIRST	TTIME (Co	mplete	Sectors	A, B, and D)		-	Ita Den	-							*
CANCEL - (Complete	Sections A, (	C, Dji						2.P	ROVIDERIFA	CIUT	TY NUMBER (If a	pplicable) (prepi	aid plans only)				
CHANGE - CHANGIN	IS PLANS OF		T COVERA	GE (Co	mplete	Sections A, B, C	, and D)	3 1004	IN CHANCES	-	Y MEMBER ENRO	LINENT LINE ALL	Pater V LENING	0.00	ENT VE	MACHINE	
COBRA - ENROLLING	S IN COBRA	CONTINUATI	ON COVER	AGE (	Complet	e Sections A, B	and D)	NELL A	S FAMILY MEM	DE RS	TO BE ADDED AN	DIOR DELETED.	ENTER THE ACT	NON COD			
2. NAME (First)		(Middle)		(Last	9			ACTION	LISTAL	L PEA	SONS TO BE EN	IOLLED IN	DATE OF	1	DENT		
Janet		M		Exar				CODE	(First) D		L PLAN (Include Middle) (Los		BIRTH (MM/DD/YY)		PE	GEND	ER
ADDRESS (Number a	and Street)				-		_	٨						er	1.5		
123 Happy St	4							A	Janet M	Ex	ample		05/06/91	30	LF		Ť
(City, State, and Zip)								A	Kyle K E				01/01/12	C	-	Male	
Sacramento,								M	88N 88	8-7	7-6666		UNUTE	~		mane	
3. CHECK IF PERMANE INTERMITTENT EMP		4. MARITAL	-	SINGL		MALE F	ENALE	A	James F				03/02/13	С	-	Male	-
				SHADE	-		EMOLE	A	88N 111	1-2	2-3333		00/02/10	Ŭ			
				-	-	1		٨	Jessica	ME	Example			с	-	Female	
		DOMES	TIC PART	NER		NONBINARY		A	SSN 654	4-3	2-1111		09/15/15	~	-		
6. SOCIAL SECURITY N	NUMBER	7. SPOUSE'S O	R DOMESTIC	PARTN	ERS SC	CIAL SECURITY	NUMBER									1	
555-66-7777									SSN						*		*
							_							+		-	T
SECTION C (Compil	lete for Plan	changes #	different th	an B-1	f and c	ancellations o	(the second		SSN						-		*
1. PRIOR DENTAL PL	LAN NAME			_	_		_	1						+			T
Premier Acces	SS								SSN	_					*		*
							_	-						+	H	-	H
SECTION D									SSN	_					-		٣
1. CHECK APPROPRIATE	BOX		_	_	_		_	-	Dependent	Туре				-	-		-
I DO NOT WISH TO			ANI (Manage		dame in	fin1					P - Domestic Part - Domestic Partn		PCR - Parent				d
I ELECT TO ENROL COVER MY SHARE ARE ELIGIBLE FAM	E OF COST C ALY MEMBE	RS AS DEFIN	NED BY TH	E STA	W OR A	CALIFORNIA A	N THE FU	NOTE	I ALSO CER	RTIFY	THAT THE NAM	AES OF THE PE F CALIFORNIA	DENTAL PLA	ED IN SE			3
2. EMPLOYEE'S OR AN	NUITANTS	SIGNATURE	Jan	et 1	n. 8	rample	yee	capy)				3. DATE SIGN 10/08/2024	ED				
SECTION E (FOR A	CENCY (		EMENT	Vet	EMIL	CE ONI VI				_		10/00/2024			_	_	_
	2. DENTAL		3. PARTY	-	-	4 PAY	_		ATE SHARE	Ŀ	EMPLOYEE or	7. EMPLOYEE		ANNO	9. TO		_
1. EMPLOYER DED CODE	CODE	- Critz				PERIOD			OUNT	Î	COBEN DEDUCTION AMOUNT	DESIGNATI			PR	OUNT	
	018	8				MONTH	YEAR				100 00 00 00 00 00 00 00 00 00 00 00 00	R					
X NON-CSU-351	1			3		12	24	\$	101.9	1 \$	33.97		0	)1	\$	135	.88
COMPLETE ON O	CHANGES O	INLY	12. PERM			13. PERMITT			FECTIVE ATE OF	15	AGENCY	16. UNIT COD		NCY NA			<b>MENT</b>
10. PRIOR EMPLOYER	11. PRIOR	PROR		T DATI		EVENT O	ODE		TION	1	CODE		100	TEM (#		0)	
CSU-150	DENTA ORG	CODE	MONTH	DAY	YEAR			ALCONT.	HDAY YEAR					AAG	Y		
	CODE	0.1	1000	1000	in an an				1 1		1000			SENCY			
X NON-CSU-361	016	01	9	16	24	15	-	1	1 25		123	456	C	N.PERS	RETIRE	E	
18 REMARKS								1000			NNEL OFFICER	S NAME (Please	e Print)				
Adding depen	idents							20.	I hereby ce and acting of John	nage nagy in Totar of P.	nce signature inder penety of the herein nen Specialit	perjury as foll ed agency and i sr enrol £	that I am auth Iment in the St	srized to alle Denta	make th I Insura	is centific toe Prog	sation;
								in the second			BER (Include Ar	ea Code)	2	2 DATE EMPL		ED IN OFFICE	
									6-123-4 EMAIL ADOR		1			Month	Day		sar
											@agency	.ca.gov		10	08	20	

## MULTIPLE PERMITTING EVENT CODES NOT ALLOWED, THE CORRECT ORG. CODE IS 29 AND DENTAL ORG. CODE NAME IS INVALID.

STATE OF CALIFORNIA - CA DENTAL PLAN STD. 692 (REV. 42024)							Clear	Pri	nt			Π
PLEAS	ETYPE	OR USE E	ALL POINT PE	N, PRINT CLEARLY	- SEN	COMPLET	ED FORM TO F	ERSONNEL	AYROLL	OFFIC	E	
SECTION A					_	CTION B						
1. TYPE OF ACTION						AME OF DENT						
NEW - ENROLLING IN	A PLAN FO	OR THE FIRS	T TIME (Complete Se	ctions A, B, and D)	_		andard Plan					*
CANCEL - (Complete 3	Sections A. C	C. D)			2.1	*ROVIDER(FAC	LITY NUMBER (IT	opscable) (prepard	plans only)			
CHANGE - CHANGING	PLANS OR	DEPENDEN	T COVERAGE (Com	siete Sections A. B. C. and	D) 3 100	and changing a	AMLY MEMBER ENRO		ARE VARIABLE	101 (1)1000		NRCH POLAN
COBRA - ENROLLING	IN COBRA	CONTINUAT	ON COVERAGE (Co	mplete Sections A. B. and I	MELL /	AS FAMILY MEMB	ILPIS TO BE ADDED AN NAMES OF CRUY THO	DOR DELETED ENT	TER THE ACT	TON CODE		
2. NAME (First)		(Middle)	(Last)		ACTIO	LIST ALL	PERSONS TO BE EN	ROLLED IN	DATEOF	DEPEN	IDENT.	
Janet		M	Exam	ole	CODE		(Middle) (La		BIRTH AMU DD/ YY)	Tri		GENDER
ADDRESS (Number an	d Street)				•					00		
123 Happy St.					A	Janet M I	Example		05/06/91	SE	LF	Female *
(City, State, and Zip)						Jessica M	M Example		09/15/15	с		
Sacramento, C	CA 958	816			A	SSN 654	-32-1111		JW 10/15	C	Ť	Female *
3. CHECK IF PERMANEN INTERMITTENT EMPLI		4. MARITAL	and the second	5. GENDER								
PRICE AND INCOMENTS		MARRIE		MALE FEMA	LE L	SSN		1				
		_										
		DOMES	STIC PARTNER	NONBINARY		SSN					-	×
6. SOCIAL SECURITY N	UMBER 1	SPOUSE'S O	R DOMESTIC PARTNER	S SOCIAL SECURITY NUMB	E.P.					1		
555-66-7777						SSN					*	
And and a second se			CHC 1477 (CC4)	N. 200						+	H	
SECTION C (Complet	te for Plan	changes if	different than B-1 a	nd cancellations only)		SSN					*	*
1. PRIOR DENTAL PLA	NN NAME							1				
Delta Dental P	PO					SSN					Ť	-
SECTION D						85N					*	-
1. CHECK APPROPRIATE I	BOX					Dependent T			100		-	
I DO NOT WISH TO E	INROLL IN	A DENTAL P	LAN (Keep in emplo	yee's file)			PC - Domestic Parts PC - Domestic Parts	er Child PC	SC - Sleps R - Parent-	child Rela	diorshi	pled Child
LEI ECT TO ENROLL	IN IOR CH	HANGE TON		SHOWN ABOVE AND A	THORIZ	E DEDUCTION	S TO BE MADE ER	ALLEY SALLEY OF	P PETIPEN	ENT ALL	CHAIRAN	CE TO
COVER MY SHARE (	OF COST O	FENROLLA	IENT AS IT IS NOW	OR AS IT MAY BE IN TH OF CALIFORNIA AND A	E FUTUR	E. I ALSO CERT	TIFY THAT THE NAV	<b>MES OF THE PERS</b>	SONS LISTE	D IN SEC		
I BLECT TO CANCEL	THE DEN	TAL PLAN S	HOWN ABOVE.									
2. EMPLOYEE'S OR ANN	UTANT'S S	BIONATURE	(See Privacy Informs	ation on reverse of employ	ee copy)			3. DATE SIGNED				
			Janet 11	l. Example				10/01/2024				
SECTION E (FOR AC	GENCY O	R RETIR	EMENT SYSTEM	USE ONLY)	0.00				100			
1. EMPLOYER	2. DENTAL	ORG.	3. PARTY CODE	4. PAY		TATE SHARE	6. EMPLOYEE or			SAINING		
DED CODE	CODE			PERIOD	-	NUUNT	DEDUCTION	DESIGNATION	UNIT			IOUNT
CSU-150	Met	lifo		MONTH YEAR			AMOUNT	R				
NON-CSU-351	mer	me	2		s	25.50	S 0.00		0	1	s	25.50
			12 PERMITTING			FFECTIVE			-			
10. PRIOR EMPLOYER	11. PRIOR	PRIOR	EVENT DATE	13. PERMITTING EVENT CODE	D	ATE OF	15. AGENCY CODE	16. UNIT CODE		TEM (IF R		RETIREMENT D)
DED. CODE	DENTAL	PARTY	(MM/DD/MY)		1	CTION	100000000000000000000000000000000000000		C	AAG	Y	
CSU-150	CODE	CODE	MONTH DAY Y	EAR	MON	TH DAY YEAR			$\boxtimes$	ENCY		
NON-CSU-351	018	2	09 16	24 15/28	1	1 25	123	456	-	LPERS P	RETIR	an o
18 REMARKS		-		10/20	10		SONNEL OFFICER					
						hn P. Sp		a second of manual Pro-				
					_		AGENCY SIGNATUR	E		_		
							By under penalty of per of the herein name					
						that the employ	yees named herein is	eligible for enrollme				
						John 1	P. Specialii	se				
					21	TELEPHONE	NUMBER (Include A	rea Code)	2	2. DATE		
						6-123-4						OFFICE
						EWAIL ADDRE		00 001	'	Month	Day	A CONTRACTOR OF A CONTRACTOR O
					100	Ingarchol	ns@agency	.ua.yuv		10	01	2024

## FAMILY MEMBERS ARE MISSING. ALL ENROLLED FAMILY MEMBERS, INCLUDING EMPLOYEE, MUST BE LISTED IN SECTION B.

PLEAS	ETYPE	OR USE B	ALL PO	INT P	EN, P	RINT CL	EARLY -	SEND	COM	PLET	ED	FORM TO P	ERSONNEL	PAYRO	L OFFIC	E			
SECTION A								Y - SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE											
1. TYPE OF ACTION								1. NAME OF DENTAL PLAN											
NEW - ENROLLING IN	A PLAN FO	OR THE FIRST	TIME (Co	mplete	Sections	s A, B, and D	70	Delta Dental PPO plus Premier Enhanced											
CANCEL - (Complete 3	Sections A, C	C, D)						2.P	ROVIDE	RFAC	LITY	NUMBER (If a	oplicable) (prepa	id plans on	60				
CHANGE - CHANGING	PLANS OR	DEPENDEN	T COVERA	GE (Co	mpiete.	Sections A I	R. C. and D)	3 1010	IN CHIEF	Cast Fr		LOLDER PLOT	LMENT, LIST ALL	and the second	APRIL CURE				
COBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)								ATLL A	S FAMIL	MEMOR	ERS 1	D BE ADDED AN	DOR DELETED E	NTER THE A	CTION CODE				
2. NAME (First)		(Middle)		(Last	9			ACTION		STALL	FUS	ONS TO BE END	IDLLED IN	DATE OF	DEPEN	DENT			
Janet		M		Exar	nple			CODE	First			PLAN (Include iddle) (Las		BIRTH	TY		GENDER		
ADDRESS (Number and Street)							A	Inne	t M E		mole		05/06/9	1 SE	I.E.	Female			
123 Happy St.								~	Jane	PL INI E	LAB	mpie		00/00/5		-	remain		
(City, State, and Zip)		40							_	_	_					-			
Sacramento, C		4 MARITAL	DITATOR		-	5. GENDER			SSN						-				
INTERMITTENT EMPL		MARRIE		SINGL			FEMALE			-						-			
					-			_	SSN						-				
	1	DOMES	TIC PART	NER		NONBINA	RY		-		_					-			
6. SOCIAL SECURITY N					<u> </u>	_		_	SSN		_				-	-			
	UMBER /	R 7. SPOUSE'S OR DOMESTIC PARTNER'S SOCU				CIAL SECUR	TY NUMBER			_	_					*			
555-66-7777			_	_	_				SSN						-		- 10		
SECTION C (Complet	te for Plan	changes I o	sillerent th	han B-	and o	ancellation	s only)			_						-			
1. PRIOR DENTAL PLA	NI NI NI			0000				-	65N		_				+		- 10		
MetLife Standa									BBN	_						*			
Metche Stanua	aru Pia	111	_	_	_			-	BBN						+	-	- 10		
SECTION D									SSN		-					-			
1. CHECK APPROPRIATE I			_	_	_			-		dent Ty	104			_					
I DO NOT WISH TO E			AN COMPANY	in emili		dia:				Spouse	DP	- Domestic Parts Domestic Parts	ther C - Child		spchild D				
																	0.00		
COVER MY SHARE	OF COST O	FENROLLM	ENT AS IT	IS NO	NORA	IT MAY 8	IE IN THE F	UTURE	I ALSO	D CERT	IFY!	THAT THE NAM	<b>IES OF THE PE</b>	RISONS LIS	ITED IN SE				
ARE ELIGIBLE FAMI	LY MEMBER	RS AS DEFIN	ED BY TH	E STA	TEOF	CALIFORN	A AND ARE	NOTE	NROLL	ED IN A	NOT	HER STATE O	F CALIFORNIA I	DENTAL PL	AN.				
I ELECT TO CANCEL	THE DEN	TAL PLAN SP	OWN AB	OVE.															
2. EMPLOYEE'S OR ANN			(See Priva	infor	mation	on reverse o	of employee	copy)			_		3. DATE SIGNE	D		_			
Janet N	l. Exa	mple											10/07/2024						
SECTION E (FOR AC	GENCY O	OR RETIRI	EMENT	SYST	EM US	SEONLY	7				_								
1. EMPLOYER	2. DENTAL CODE	ORG.	3. PART	Y CODE	E	4. PAY PERIOD			ATE SH	ARE		MPLOYEE or OBEN	7. EMPLOYEE DESIGNATIO		RGAINING	9. TO	EMILM		
DED.CODE						PERCO		~			0	EDUCTION	CE OF GEORGE THE				MOUNT		
CSU-150	00	0		MON		MONTH	ACINTH YEAR				1 1	adjuni	R						
NON-CSU-351	00	0		2		10	24	s	2	5.50	s	0.00			01	s	25.5		
COMPLETE ON C	HANGES O	INLY	12. PERM			13. PERM	TTING		FECTA	Æ	15.	AGENCY	16. UNIT CODE	17. A	GENCY NA	IE OR P	RETIREMEN		
	11. PRIOR	PRIOR		T DAT		EVENT	CODE		TE OF			CODE		8	YSTEM (IF)	RETIRE	D)		
CSU-150	DENTAL ORG	CODE	MONTH						North Contractory						CAAG	Y			
	CODE	-	1	1	TEAN		-		HDAY	TEAR		1000	10212		AGENCY				
NON-CSU-361	800	3	09	16	24	1	5	1	1	25		123	456		CALPERS	RETIRE	E		
18 REMARKS		-											NAME (Please	Pint)			_		
<b>Deleting Deper</b>	ndent	from P	C3 - F	PC2.				Joi	hn P	. Sp	ec	ialist							
												CY SIGNATURS	perjury as follo	es That	I am the du	ly appoi	nted ovali		
									and act	ng offici	er of	the herein name	ed agency and t eligible for enroll	hat I am au	thorized to i	TAKE Shi	is certification		
									~	hn 9	-	Specialit					and the second second		
								21	0		_	SER (Include Ar	100 million and	1	22. DATE	RECEIV	ED IN		
								1.00		-							OFFICE		
								916-123-4567 23. EMAIL ADDRESS Month Day											
											-	agency		1	Month	Day 07	Year		

#### SECTION E IS MISSING MULTIPLE ENTRIES.

PLEASE TYPE OR US	BALL POINT PEN, P	PRINT CLEARLY -	SEND	COMPLET	ED FORM TO P	ERSONNEL	PAYROLL	OFFICI	E				
SECTION A		SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE     SECTION B											
1. TYPE OF ACTION			1. NAME OF DENTAL PLAN										
NEW - ENROLLING IN A PLAN FOR THE F	RST TIME (Complete Sector	ts A, B, and D)		ta Denta						*			
CANCEL - (Complete Sections A, C, D)			2.PF	ROVIDER/FAC	LITY NUMBER (If a	pplicable) (prepa	id plans only)						
CHANGE - CHANGING PLANS OR DEPEND	ENT COVERAGE (Complete	Sections A. B. C. and D)											
COBRA - ENROLLING IN COBRA CONTINU	ATION COVERAGE (Comple	te Sections & E. and D)	AELL AS	FAMILY MEMB	INLY MEMBER ENVIO ERS TO BE ADDED AN	DIOR DELETED. E	NTER THE ACTI	ON CODE					
2. NAME (First) (Midd					NAMES OF ONLY THOP PERSONS TO BE ENR		DATE OF	DEPEN	DENT				
Janet M	Example		CODE	(First)	(Middle) (Lau		BIRTH MM/DD/WO	TYP		GENDER			
ADDRESS (Number and Street)		٨					SEI	E					
123 Happy St.			A	Janet M E	Example		05/06/91	SEI	LF	Female *			
(City, State, and Zip)									-				
Sacramento, CA 95816				SSN		6				1			
a Gregorie rennovement		MALE FEMALE							-	-			
		INALE APPENDE		SSN				-	-	_			
	ESTIC PARTNER	NONBINARY		SSN					*	*			
6. SOCIAL SECURITY NUMBER 7. SPOUSE	S OR DOMESTIC PARTNER'S S	OCIAL SECURITY NUMBER				1			+				
555-66-7777				SSN				· · · · ·					
SECTION C (Complete for Plan changes	I different than B.1 and	cancellations only					-		-				
and non o (complete to rian bianger		cancellations only)		SSN									
1. PRIOR DENTAL PLAN NAME									*				
DeltaCare USA				SSN						1			
SECTION D							() ()		-				
Section D	SECTION D						35N						
			_	and the second second					the second se				
1. CHECK APPROPRIATE BOX				Dependent Ty S - Spouse	DP - Domestic Par	ther C - Child	SC - Stepd	had DC	- Disel	ked Child			
I DO NOT WISH TO ENROLL IN A DENTA				S - Spouse D	DP - Domestic Part PC - Domestic Parts	er Child	PCR - Parent-	child Relat	tionship				
I DO NOT WISH TO ENROLL IN A DENTA I ELECT TO ENROLL IN (OR CHANGE T OOVER MY SHARE OF COST OF ENROL ARE ELIGIBLE FAMILY MEMBERS AS DI I ELECT TO CANCEL THE DENTAL PLAN 2. EMPLOYEE'S OR ANNUITANT'S SIGNATU	0) A DENTAL PLAN AS SH LMENT AS IT IS NOW OR / FINED BY THE STATE OF I SHOWN ABOVE. RE (See Privacy Information	OWN ABOVE AND AUTH AS IT MAY BE IN THE F CALIFORNIA AND ARE	HORIZE UTURE NOT E	S - Spouse DEDUCTION	DP - Domestic Parts PC - Domestic Parts S TO BE MADE FRO IFY THAT THE NAM	er Child M MY SALARY RES OF THE PE F CALIFORNIA 3. DATE SKINE	PCR - Parette OR RETIREM RSONS LISTE DENTAL PLAN	ENT ALLO	tionship	E TO			
I ELECT TO ENROLL IN (OR CHANGE T OVER MY SHARE OF COST OF ENROL ARE ELIGIBLE FAMLY MEMBERS AS D I ELECT TO CANCEL THE DENTAL PLAY 2 EMPLOYEE'S OR ANNUITANTS SIGNATU Janet M. Example	O) A DENTAL PLAN AS SH LMENT AS IT IS NOW OR / FINED BY THE STATE OF I SHOWN ABOVE. RE (See Privacy Information 6	OWN ABOVE AND AUT AS IT MAY BE IN THE F CALIFORNIA AND ARE on reverse of employee	HORIZE UTURE NOT E	S - Spouse DEDUCTION	DP - Domestic Parts PC - Domestic Parts S TO BE MADE FRO IFY THAT THE NAM	er Child M MY SALARY IES OF THE PE F CALIFORNIA	PCR - Paretec OR RETIREM RSONS LISTE DENTAL PLAN	ENT ALLO	tionship	E TO			
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#### INELIGIBLE DENTAL PLAN CHOSEN, EE DOES NOT QUALIFY FOR DELTA DENTAL PPO PLUS PREMIER ENHANCED (OO8). EE DOES QUALIFY FOR DELTA DENTAL PPO PLUS PREMIER BASIC (OO7) PER BAM 506.

STD. 692 (REV. 42024)	ENRO	LLMEN	II AU	IHC	RIZ	ATION			-										
	SE TYPE	OR USE B	ALL PO	INT F	PEN, P	RINT CLEARLY -	- SEND COMPLETED FORM TO PERSONNEL/PAYROLL OFFICE												
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1. TYPE OF ACTION			TRAC		Factor	A R and R	Delta Dental PPO plus Premier Enhanced												
H			I HIME (LG	ripete	ancaon	s A, B, and Dy	2. PROVIDER/FACILITY NUMBER (If applicable) (prepaid plans only)												
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CHANGE - CHANGIN	IG PLANS OF	RDEPENDEN	T COVERA	AGE (C	omplete	Sections A, B, C, and D)					LMENT, LIST ALL								
COBRA - ENROLLIN	OBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)									ES OF CREY THO	SOR DELETED I	RE ADDED OR D		EA (ADD	ANDIOP	ID.			
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ADDRESS (Number and Street)								Janet M	Exa	ample		05/06/91	SE	LF	Female				
123 Happy St (City, State, and Zip)								K. A. K.F.					-	-		-			
Sacramento,	CA 058	16					A	Kyle K E	-			01/01/12	C	*	Male	Ŧ			
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Janet	M. Ex	cample									10/07/2024								
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#### MANDATORY EVENT SUCH AS ADDING A SPOUSE IS NOT ALLOWED DURING OPEN ENROLLMENT. PERMITTING EVENT DATE MUST REFLECT WHEN EVENT OCCURRED. SUBESQUENT EFFECTIVE COVERAGE DATE WOULD REFLECT IN RELATION TO PERMITTING EVENT.

STATE OF CALIFORNIA - CALIFORNIA DEPARTMENT OF HUMAN RESOURCES DENTAL PLAN ENROLLMENT AUTHORIZATION STD. 692 (REV. 40034)											Clear	Р	rint		1				
	SE TYPE	OPUSER			EN D	RINT CLEARLY -	SEND	CON		ED	FORM TO P	ERSONNEL	PAYPOL	OFFIC	-				
SECTION A	OE ITFE	ORUGE	ALL PO		C/4, P	ANT CLEARLY	-	CTIC		20	FORM TO P	ENJONNEI	FAIROL	Urric			_		
1. TYPE OF ACTION		_	_	_	_		1. NAME OF DENTAL PLAN												
NEW - ENROLLING	NAPLANEC	OR THE FIRS	TTME (C)	analete .	Section	A R and Di	Delta Dental PPO												
CANCEL - (Complete			i come (es				2. PROVIDER/FACILITY NUMBER (If applicable) (prepaid plans only)												
							and the second se												
CHANGE - CHANGIN	G PLANS OR	DEPENDEN	T COVER	AGE (Co	mplete	Sections A, B, C, and D)	(D) 3. WHEN CHANGING FAMILY MEMBER ENROLLMENT, LIST ALL FAMILY MEMBERS CURRENTLY ENROLLED, AS WELL AS FAMILY MEMBERS TO BE ADDRD AND/OR DELETED ENTER THE ACTION CODE & (ADD) AND/OR D												
COBRA - ENROLLING	COBRA - ENROLLING IN COBRA CONTINUATION COVERAGE (Complete Sections A, B, and D)											BYOR DELETED SE MEMBERS TO			A (ADD	AND/OP	1D		
2. NAME (First)		(Middle)		(Last	1		ACTION	L			ONS TO BE ENP		DATEOF	DEPEN	DENT	GENDER			
Janet		M		Exar	nple		CODE	(First			PLAN (Include iddle) (Las		BIRTH (MM/DD/ YY	T	72	GENL	JER .		
ADDRESS (Number a	nd Street)						A	Inn	et M E	Eva	mole		05/06/91	SE	LF	Female			
123 Happy St							A	Jan	et m t	E.A.B	трю		00/06/9/1	95	L.	reman	1		
(City, State, and Zip)							A	Joh	n B D	oe			06/13/90	s	-	Male			
Sacramento,							~	SSN	999-	44	7777		00113190	а		mare			
3. CHECK IF PERMANENT 4. MARITAL STATUS 5. GENDER													1		Ţ				
INTERMITTENT EMPLOYEE MARRED SINGLE MALE X FEMAL					MALE X FEMALE	4	88N									_			
	DOMESTIC PARTNER NONBINARY						1	88N						1	Ψ.		*		
6. SOCIAL SECURITY I	NUMBER	. SPOUSE'S O	OCMEST	C PARTN	ER'S 50	CIAL SECURITY NUMBER	-			_				+	- 11	-	믐		
555-66-7777		999-44						SSN						1	Ŧ		Ŧ		
555-00-7777	-	999-44	-////	_	_		-	000		_				+		-			
SECTION C (Comple	ete for Plan	changes if	different t	han B-1	and c	ancellations only)		-	_						-		+		
	COLOR A RAN			19103103		Constraint and Constraint (	_	SSN						+	-	_			
1. PRIOR DENTAL PL									_					1	+		+		
Delta Dental F	PPO							SSN											
SECTION D																			
accrime							SSN												
1. CHECK APPROPRIATE	BOX								ndent Ty		Barriel Bar	ther C - Child	SC - Step						
I DO NOT WISH TO	ENROLL IN	A DENTAL P	LAN (Kee	o in eng	icyee's	file)					Domestic Parts		PCR - Parent						
				-	-		-		-						-	-			
COVER MY SHARE	OF COST O	F ENROLLN	IENT AS I	T IS NO	WORA	WAN ABOVE AND AUTI	UTURE	E. I ALS	O CERT	FY	THAT THE NAM	<b>MES OF THE PI</b>	ERSONS LIST	ED IN SE			3		
ARE ELIGIBLE FAM	ALY MEMBE	RS AS DEFI	NED BY T	HE STA	TE OF	CALIFORNIA AND ARE	NOTE	NROLI	LED IN A	NOT	THER STATE O	F CALIFORNIA	DENTAL PLA	N					
I ELECT TO CANCE	EL THE DEN	TAL PLAN S	HOWN AB	OVE.															
2. EMPLOYEE'S OR AN	NUITANT'S	SIGNATURE	(See Privi	acy infor	mation	on reverse of employee	copyl	-				3. DATE SIGN	ED				_		
Janet 9	M. Exi	ample										10/07/2024							
SECTION E (FOR A	GENCY	OR RETIR	EMENT	SYST	EMU	SE ONLY)													
1. EMPLOYER	2. DENTAL		3. PART			4 PAY	5.ST	ATE SH	HARE	6.6	MPLOYEE or	7. EMPLOYEE	B. BAR	GAINING	9. TO	TAL	_		
DED.CODE	CODE					PERIOD		IOUNT		0	OBEN	DESIGNAT			PR	OUNT			
CSU-150			1							AMOUNT					~~	COUNT			
0.000	I					MONTH YEAR						R							
NON-CSU-351				2		12 24	S	(	67.73	S	22.58			09	\$	90	).31		
COMPLETE ON O	CHANGES O	NLY	12. PER			13. PERMITTING			FECTIVE 15. AGENO		AGENCY	16. UNIT COD	E 17. AG	ENCY NA	IE OR	RETIREN	AUNT		
10. PRIOR EMPLOYER	11. PRIOR	PRIOR		IT DATE		EVENT CODE		ATE OF			CODE		SY	STEM (IF	RETIRE	D)			
CSU-150	ORG.	CODE											-	AAG	Y				
CSU-150	CODE		MONTH	DAY	YEAR		MONT	HDAY	YEAR				$\times$	GENCY			_		
X NON-CSU-351	018	1	09	16	24	29	1	1	25		123	456		ALPERS	RETIRE	E			
18 REMARKS					_		19	SIGNI		SON		S NAME (Pleas	e Printi				_		
	ant A	dding k	ucha	ad to	nla	n for 2022			Spe										
Open enrollm		-	lusual	iu ic	pia	in ior 2023	-	_	-	-	ICY SIGNATURI	E					_		
due to loss of	covera	ige.						I here	by certil	40	ider penalty of	perjury as foi							
2												ed agency and eligible for enro							
							0	Johr	292.	Se	ecialist								
							21	_		-7	BER (Include Ar	ea Code)		22. DATE	RECEN	ED IN	_		
							91		23-45					EMPL	OVING	OFFICE			
							23.	EMAIL	ADDRE	55				Month	Day	Ye	bar		
							tra	nsa	ction	IS(C	Dagency	.ca.gov		10	07	2	4		