

## Disclosures and Privacy Information

Read below the Disclosures & Privacy information for the Benefits Plan you have elected. The information is not applicable to you if you have not elected that Benefit Plan.

### 1) HEALTH BENEFITS PLAN:

If you have elected for Medical or Dental Plan, you authorize applicable deductions to be made from your salary to cover your share of the cost of enrollment as it is now or as it may be in the future. You also certify that the names of the persons listed as dependents are eligible family members as defined by the State of California and are not enrolled in another State of California medical or dental plan. You authorize the Human Resources Office to provide requested information to the program administrator for the purpose of identification and account processing. It is the employee's responsibility to verify their doctor is accepting new patients, and to utilize services for their medical group where applicable.

Medical Plan Privacy Information: Submission of the requested information on the Benefits election pages is mandatory. The information requested is collected pursuant to the Government Code Sections (20000, et seq.)

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Sections 218, Title II of the Social Security Act.

Information provided on the Benefits election pages will be forwarded to the dental insurance company providing coverage for the employee. Copies of the Dental Plan Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Dental Plan Enrollment Authorization forms upon request. Send requests to: State Controller's Office, Personnel/Payroll Operations Bureau, P.O. Box 942850, Sacramento, California 94250-5878, Attention: Benefits Unit.

## 2) FLEXCASH PLAN:

I have reviewed the brochure describing the CSU's optional FlexCash Plan, including the legal definitions and change in benefit election limitations authorized under Section 125 of the Internal Revenue Service (IRS) Code. I understand that regulations under the IRS Code require that my benefit choices authorized by the election are irrevocable during this plan year unless I have a "Change of Family Status" as defined in these regulations or other permitting events as described in the enrollment brochure. I understand that my FlexCash enrollment in lieu of medical and/or dental coverage will continue from year to year until I complete a new FlexCash Cancellation. I authorize Human Resources to provide requested information to the program administrator for the purpose of identification and account processing.

FlexCash Plan Privacy Information: The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) require that this notice be provided when collecting personal information from individuals.

Information requested on the Benefits election pages is used by the State Controller's Office and the dental insurance company for the purposes of identification and dental coverage processing.

It is mandatory to furnish all the information requested on the Benefits election pages except for employee's marital status, which may be furnished on a voluntary basis. Failure to provide the mandatory information may result in the dental enrollment action not being processed or being processed incorrectly.

The State Controller's Office requires employee's social security number and name for identification purposes. Legal references authorizing maintenance of this information include Government Code Sections 1151, 1153, Sections 6011 and 6051 of the Internal Revenue Code, and Regulation 4, Section 404.1256, Code of Federal Regulations, under Sections 218, Title II of the Social Security Act.

Copies of the FlexCash Enrollment Authorization are maintained in confidential files of the State Controller's Office for five years. Employees have the right of access to copies of their Enrollment Authorization forms upon request. The official responsible for the maintenance of the forms is: Chief of Personnel/Payroll Services Division, State Controller's Office, Post Office Box 94250, Sacramento, California 94250-5878.

## 3) FLEXIBLE SPENDING HEALTH AND DEPENDENT CARE ACCOUNTS:

I understand that my enrollment into the Health Care and/or Dependent Care Reimbursement Account Plan(s) is for the current plan year only. If I wish to continue enrollment for the next plan year, I must re-enroll on or before 5X2. he J TJ -16.506 -1.141J -16.506 -13r 0 scn /2 Tc 4 -16.506 -1.141J -16.506 -13rent intol-12(51 )-12(of)-1

