

EMPLOYEE PERSONAL INFORMATION SHEET

Full Name: _____

Social Security Number: _____ Birthdate: _____

Address: _____

Mailing Address: _____

Phone: _____ Email: _____

Emergency Contact Name: _____

Emergency Phone Number: _____

Do you currently have funds on deposit with CalPERS? Yes: _____ No: _____

Choose one ethnic group with which you most closely identify with:

<input type="checkbox"/>	Caucasian Male	<input type="checkbox"/>	Caucasain Female
<input type="checkbox"/>	American Indian Male	<input type="checkbox"/>	American Indian Female
<input type="checkbox"/>	Black Male	<input type="checkbox"/>	Black Female
<input type="checkbox"/>	Hispanic Male	<input type="checkbox"/>	Hispanic Female
<input type="checkbox"/>	Asian/Pacific Island Male	<input type="checkbox"/>	Asian/Pacific Island Female

Benefit Enrollment Information (Full Time/Part Time Benefited Positions Only):

Do you currently have other insurance coverage? Yes _____ No _____

Medical: _____ Dental: _____ Vision: _____

Please list all dependents you will be covering, including your spouse and children to age 26.

Name	Birthdate	Relationship	Sex	Social Security Number

Date of Marriage (if applicable): _____

If you are covering dependents who do not live with you, please list the address below:

Employee Signature: _____ Date: _____