

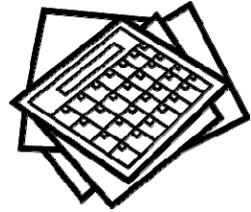


# **IHSS Caregiver Employment Information**

# Caregiver Employment Information

## Wages and Timesheets

- The wage in Sacramento County is \$10.80 an hour (as of 1/1/2014)
- There are two pay periods per month:
  - 1st through the 15th of the month &
  - 16th through the last day of the month
- Timesheets are due on or after the last working day of the pay period
- Do not turn in your timesheet early as early timesheets may be returned to you and cause a delay in receiving your paycheck
- Do turn in your timesheet within 3 days after the end of the pay period



Your regular time sheet is printed by a computer and should have the following information already printed on it:

- The pre-printed recipient (consumer) number and the provider (caregiver) number
- The name and address of both you and the consumer
- The dates of the pay period (including month and year)
- The timesheet for the first pay period lists the total hours for the month, and the timesheet for the second pay period lists the remaining hours
- Signature line for both the consumer and the caregiver (on the back of the timesheet)



Timesheets may only be mailed to the address listed below. There are NO timesheet drop-off locations available.

**Timesheet Processing Facility**  
**P.O. Box 2380**  
**Chico, CA 95927-2380**

- Your paycheck will arrive about 10 days after the timesheet is received.
- Information regarding the issuance of your paycheck will be available after the 10-day processing period. Do not call Payroll during this time period, as they are busy processing timesheets.
- If your paycheck is stolen or more than 10 calendar days late, call the Payroll department to get instructions for receiving a replacement check.
- Direct deposit is available. Contact the Payroll department at (916) 874-9805 to obtain forms.

# Timesheet Tips

If you fill out your timesheet correctly and submit it on time, you should receive your pay within 10 working days. A timesheet that is incorrectly completed, torn, unreadable, or turned in too early or too late may be rejected and your payment may be delayed.

## Timesheet Dos and Don'ts

### Do:

- Do test your pen before you begin to complete your timesheet
- Do use black ink (only)
- Do record your work hours in hours & minutes
- Do include provider and recipient signatures & date on the back of the timesheet
- Do mail timesheet to the processing facility in Chico, CA printed on the envelope
- Do use white with green striped pre-addressed return envelope provided
- Do use proper postage and write a return address on envelope
- Do check that the hours are equal to, or less than, the hours authorized for that pay period
- Do call the IHSS Payroll Department if you need a replacement timesheet at: (916) 874-9805

### Don't:

- Don't use decimals or fractions
- Don't include, attach or staple notes, messages, or forms to your timesheet
- Don't use pencil, red or blue ink, whiteout, or markers on your time sheet
- Don't write outside of the box
- Don't erase or rewrite hours on the timesheet
- Don't write your address change on your timesheet (fill out a SOC 840 form instead)
- Don't fold the timesheet
- Don't send your timesheet in early or payment will be delayed until pay period ends
- Don't add any additional writing to the pre-addressed envelope
- Don't claim more than 50% of the hours in the first half of the month

# Sample Timesheet

Front:

Please contact your local IHSS county office for PAYMENT questions

Recipient	SMITH JOHN	Hours Submitted	H 063	M 00		
Provider	DOE JANE	Hours Not Paid	H 001	M 15		
Service Period:	12/16/2011 to 12/31/2011	Process Date:	01/06/2012	Hours Paid	H 061	M 45
		Pay Rate	\$ 8.00			
		Timesheet #	123456789123			

Record your daily hours and minutes like these samples

4 Hours 45 Minutes	Hours: 4	Minutes: 45
6 Hours 30 Minutes	Hours: 6	Minutes: 30
10 Hours	Hours: 10	Minutes: 00
Total Time	Hours: 21	Minutes: 15

**How To Fill In Timesheet**

- Enter the **hours** and **minutes** worked in the boxes next to the date you worked. **Do Not** write in boxes marked with **00:00**.
- Only** use **black** ink and print clearly.
- Do Not** write on timesheet except in hours, minutes, signature, and date boxes.
- The IHSS Program will **Not** pay over authorized hours.
- Payment will be based on daily hours.
- Do Not** use white out on the timesheet.
- Be sure both Recipient and Provider have signed and dated on back of timesheet.
- Do Not** fold, wrinkle, or staple the timesheet

Gross	.00	YTD	.00
Federal/EIC	.00		.00
Addt Federal	.00		.00
State	.00		.00
Addt State	.00		.00
FICA	.00		.00
Medicare	.00		.00
SDV/DIEC	.00		.00
Share of Cost	.00		.00
Recovery	.00		.00
Lien	.00		.00
Health	.00		.00
Dues	.00		.00
Health Trust	.00		.00
COPE/PEOPLE	.00		.00
Initiation	.00		.00
Other Insurance	.00		.00
Net Pay	.00		.00

Detach timesheet before mailing. (Save the top portion for your information)

Provider #	123456789	Type	IHSS
Provider Name	JANE DOE	Hours	123:45
Recipient Date#	05-1234567		
Recipient Name	JOHN SMITH		

Timesheet # 123456789 Pay Period - 01/01/2012 to 01/15/2012

Days of the Month	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th	11th	12th	13th	14th	15th
Hours	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
Minutes	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7

Pay based on daily hours  
Pago basado en las horas diarias  
款項將會依據每日的時數

Back:

**Cómo llenar el reporte de horas trabajadas**

- Anote las horas y minutos trabajados en las casillas al lado de la fecha en que trabajó.
- Solamente use una pluma con tinta azul o negra.
- Solamente escriba en las casillas para horas, minutos, firma y fecha del reporte de horas trabajadas.
- El Programa de Servicios de Apoyo en el Hogar (IHSS) no pagará más de las horas autorizadas.
- El pago estará basado en las horas diarias.
- No tache ni use corrector blanco en el reporte de horas trabajadas.
- Asegúrese que el beneficiario y el proveedor hayan firmado y puesto la fecha en el reverso del reporte de horas trabajadas.
- No doble el reporte de horas trabajadas.

**Ինչպես լրացնել ժամանակացույցը**

- Ներմուկը աշխատած ժամերն ու րոպեները նշեք աշխատած օրվա ամսաթվի կողքը՝ քառակուսու մեջ:
- Օգտագործեք միայն կապույտ կամ սև օրիչ:
- Մի գրեք ժամանցուցակի վրա, բացի ժամերից, րոպեներից, ստորագրությունից և ամսաթվից:
- IHSS նրանքորը լրացրած աշխատանքային րոպե չի կնքիր:
- Վարձավճարը կլինի ըստ օրական աշխատանքի:
- Մի գնեք կամ սպիտակացրեք ժամանցուցակի վրա:
- Համոզվե՛ք եղբ որ եւ պատարկեղը, եւ ամսաթիվը ստորագրե՛ք և ամսաթիվը նշե՛ք ժամանցուցակի ետևում:
- Մի եղեք ժամանցուցակը:

**如何填寫時間表**

- 在你工作日期旁的方格填寫工作的時數和分鐘。
- 只體使用藍色或黑色鋼筆。
- 除了時數、分鐘、簽名、和日期的方格外，不要在時間表其它地方書寫。
- IHSS計劃不會支付多過特許的時數。
- 款項將會依據每日的時數。
- 不要在時間表上劃線或使用修正液。
- 確定接受者和服務提供人在時間表背面簽名和填上日期。
- 請勿摺疊時間表。

Detach Timesheet before mailing (Save the Top portion for your information)

I declare that the information on this timesheet is true and correct. I understand that any false claim may be prosecuted under Federal and State laws and that if convicted of fraud, I may also be subject to civil penalties.

Declaro que la información en este reporte de horas trabajadas es verdadera y correcta. Entiendo que cualquier declaración falsa puede ser enjuiciada bajo las leyes federales y estatales y que si me condenan de fraude, es posible que también esté sujeto a sanciones civiles.

Ես հայտարարում եմ, որ այս հաշվեցուցակում ներկայացված տեղեկությունը ճշմարիտ և ճշգրիտ է: Ես հասկանում եմ, որ յուրաքանչյուր կեղծ հայտարարություն կարող է հետապնդվել դատական կարգով՝ Դաշնային և Նահանգային օրենքների համաձայն, և, եթե ես դատապարտվեմ խարդախության համար, սպա ես կարող եմ նաև ներարկվել քաղաքացիաիրավական պատժամիջոցների:

我聲明在這時間表的資料是真實和正確的。我明白任何偽造的申請會被聯邦和州法律所檢控，而且如果詐騙罪名成立，我可能也將受到民事處罰。

Mail Detached Timesheet To: IHSS Timesheet Processing Facility, PO BOX 2380 Chico, CA 95927-2380

Recipient Signature	Date	Provider Signature	Date
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-Do Not Fold Timesheet-

## Share of Cost

Some consumers are eligible to receive IHSS, but if their income exceeds SSI levels, they must pay for a portion of their care or a "share of cost."

- The share of cost amount is paid **directly by the consumer to the caregiver**. The consumer and caregiver will both receive a letter stating what the share of cost will be for that month.
- IHSS is not responsible to reimburse any unpaid share of cost. The consumer can be terminated from IHSS if they refuse to pay their share of cost. Notify the IHSS social worker if the consumer refuses to pay their monthly share of cost.



The California Legislature established requirements that **ALL** providers must complete before being paid to work by the IHSS program.



## Steps to Enroll as an IHSS Provider in Sacramento County:

1. Attend an IHSS new provider orientation at the IHSS Public Authority. Orientations are held Tuesday, Wednesday and Thursday mornings at:

IHSS Public Authority  
3700 Branch Center Road, Suite A  
Sacramento, CA 95827

Seating is limited. Please arrive by 8:30 A.M.

2. Bring your unexpired, U.S. government-issued photo ID (e.g. driver's license, state-issued ID card, U.S. passport, or military ID) and your original Social Security card to orientation.

3. Submit a Recipient Designation of Provider form (SAS 426a) which must be completed and signed by your recipient before you can be paid. This form is available on our website, at our office, or at the orientation.

4. Complete and pass a California Department of Justice (DOJ) criminal background check.

Additional information about Provider Enrollment, including forms, can be found on our website at [www.pubauth.saccounty.net](http://www.pubauth.saccounty.net) or by calling (916) 875-5788.

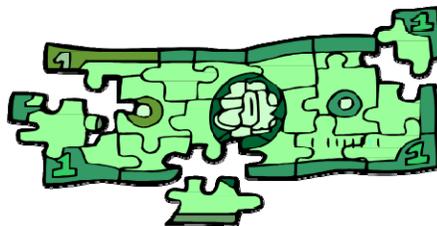
# Paycheck Deductions

## FICA

Federal Insurance Contributions Act (FICA) tax is a United States Federal payroll tax which funds Social Security and Medicare. Social Security benefits are available to individuals who are 18 years or older. As an IHSS employee (with the exception of a parent provider for a minor dependent child), if you become totally disabled or retire and meet certain requirements, these benefits are available to you. They include a monthly retirement or disability payment to you or your dependents. You should contact your local Social Security Administration Office for information and/or to apply for Social Security.

## Medicare Tax

Medicare is the health and medical benefits received as part of the total social security benefits package. In the past, the Medicare tax deduction was part of the FICA tax deduction. Federal law now requires that the tax and the amount deducted be reported separately. Questions about this tax should be directed to the Social Security Administration. (Note: this deduction does not mean you are receiving Medicare benefits).



### State Disability Insurance (SDI)

State Disability Insurance benefits may be available to you if you become disabled and are prevented from doing your regular work and you meet certain eligibility requirements. For additional information, please contact the Employment Development Department (EDD) office at (800) 480-3287 or [www.edd.ca.gov](http://www.edd.ca.gov).

### Unemployment Insurance (UI)

Unemployment Insurance (UI) benefits may be available to you if you are not the parent or spouse of your IHSS employer/recipient and become unemployed, able and available to work, and you meet certain eligibility requirements. There is no deduction from your paycheck for UI. For additional information, please contact the Employment Development Department (EDD) office at (800) 300-5616 or [www.edd.ca.gov](http://www.edd.ca.gov).

## Income Tax

### **W-4**

You may have state and federal income tax withheld from your paycheck, if you apply and meet certain eligibility requirements. Income tax withholding for individual caretakers is strictly voluntary. If you wish to have state and federal income tax withheld from your paycheck, please complete the Income Tax Withholding Form (W-4) and mail it to:

P.O Box 269131  
Sacramento, CA, 95826-9131

If you do not have state or federal income tax withheld from your paycheck, you are still required to file a tax return at the end of the year and possibly pay taxes on your earnings. You should contact the IHSS Payroll Department if you require additional W-4s, need to change your withholding, or need to determine the status of your withholding.

For additional information about state income tax withholding, please contact the California Franchise Tax Board (FTB) at (800) 852-5711 or visit [www.ftb.ca.gov](http://www.ftb.ca.gov).

For additional information about federal income tax withholding, please contact the Internal Revenue Service (IRS) at (800) 829-1040 or visit [www.irs.gov](http://www.irs.gov).

# Sample W-4 Form

## Form W-4 (2014)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic Instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

### Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	_____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	_____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <b>H</b>	<b>H</b>	_____

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2014</span>
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form **W-4** (2014)

# Workers' Compensation

## What is Workers' Compensation?

Workers' Compensation is an insurance that your employer is required to carry to help you in case you are injured on the job or become ill due to your job. Workers' Compensation covers work-related injuries and illnesses only.

Be sure to pre-designate your personal physician prior to filing a Workers' Compensation claim. Contact the IHSS Payroll Department if at (916) 874-9805 if a form is not on file.

## What do I do if I am hurt on the job?

- Quickly seek first aid.
- Call 911 if emergency medical care is needed.
- Immediately report injuries to your consumer and the IHSS Payroll Department by calling (916) 874-9805.



## Additional Workers' Compensation Information

- Workers' Compensation benefits are administered by:

York Risk Services Group, Inc.

Phone: (866) 221-2402

Fax: (866) 548-2637

P.O. Box 619079

Roseville, CA 95661

**\*\*\* In an emergency, call 911 or go to the nearest hospital \*\*\***

## What is the Earned Income Credit (EIC)?

The Earned Income Credit (EIC), also known as the Earned Income Tax Credit (EITC), is a federal program that provides a credit or a cash supplement to low and moderate-income workers who qualify. For those who are eligible, the EIC will do one of two things. Either it will lower the amount of tax owed to the federal government for the prior year or it will result in receiving a refund check from the government. If you qualify, you will either owe less in taxes or you may get additional cash from the government.

To qualify for the EIC (qualifications for the 2013 tax year):

- You (or your spouse) must have a job and file a federal tax return to the IRS.
- Workers with no children must have an earned income below \$14,340 (\$19,680 married filing jointly); workers with one child must have an earned income below \$37,870 (\$43,210 married filing jointly); workers with two children must have an earned income below \$43,038 (\$48,378 married filing jointly); and workers with three or more children must have an earned income below \$46,227 (\$51,567 married filing jointly).
- There are additional rules and restrictions as well. Please visit [www.irs.gov](http://www.irs.gov) for more information.

Claiming the EIC will not affect your eligibility for other programs such as:

- CalWORKs (TANF)
- Medicaid / MediCal
- SSI
- CalFresh (Food stamps)
- Housing assistance

However, if you receive an Earned Income Credit payment and fail to spend it in a certain period of time, it might be counted as an asset and affect your eligibility for these other programs.

Immigrants who are legally authorized to work may also claim the EIC.

## Union Representation / Dues

### What is SEIU/UHW?

Service Employees International Union-United Healthcare Workers West (SEIU-UHW) represents IHSS caregivers. The union works to improve caregivers' wages and benefits. The union also advocates for caregivers in issues that affect their employment and negotiates health and dental care benefits.

### Union Dues

The union dues or fair share service fee is 2% of the caregiver's gross pay. As of January 2014, the minimum basic monthly dues or fees are \$32.00, with a maximum of \$37.37, depending on the number of hours worked per month. Caregivers who work fewer than 17 hours per month are not required to pay union dues. If the caregiver chooses to donate \$5.00 per month to the Committee on Political Education fund (COPE) that amount will be deducted in addition to the union dues. The deduction amount will increase if the monthly premium for health benefits is added to the basic amount.

### What is a "Fair Share Service Fee"?

A "fair share service fee" is the fee that is paid by caregivers who do not want to be union members. Union dues will still be withdrawn, but the caregiver will not be allowed to vote, hold union office or attend union meetings. Paying the fair share service fee still entitles the caregiver to union representation in his/her employment relationship with the IHSS Public Authority.

### What is a conscientious objector?

A caregiver may qualify as a conscientious religious objector if he/she can present a written declaration to the Union and Public Authority showing he/she is a member of a bona fide religion, body, or sect which has historically held a conscientious objection to joining or financially supporting any employee organization as a condition of employment. Instead of paying union dues, the sum equal to the agency shop is deducted and contributed to one of three non-religious, non-labor, tax-exempt charities agreed to by the parties. These charities are: the American Cancer Society, the Sacramento's Children's Home, and Women Escaping a Violent Environment (WEAVE). If you have any questions about union dues, fair share, conscientious objectors or COPE contributions, please contact United Healthcare Workers-West at:

**SEIU-UHW**

**1911 F Street**

**Sacramento, Ca 95814**

**(916) 326-5850**

**[www.seiu-uhw.org](http://www.seiu-uhw.org)**

## Caregiver Health Benefits

As of July 2013, caregivers who work and are paid for at least 81 hours per month for three (3) consecutive months are eligible to apply for health benefits coverage. A medical benefits plan is provided through Kaiser Permanente, and dental benefits are provided through United Health Care. Applications are automatically sent from the Health Care Trust when a caregiver first becomes eligible.



There are a limited number of caregivers that can be enrolled in the health benefits program in any month, and that limit has been reached. New applicants are put on a waiting list based on the date their application is received. As space becomes available, eligible caregivers will be notified of their effective date for coverage. Caregivers must continue to meet the eligibility requirements through the time of enrollment.

### Can spouses or dependents enroll?

No. Benefits are available only to Sacramento County IHSS caregivers who meet eligibility criteria. Spouse and/or dependent coverage is not available. Healthy Families offers low-cost coverage for dependent children of low-income families. You can contact Healthy Families staff at (800) 880-5305 or [www.healthyfamilies.ca.gov](http://www.healthyfamilies.ca.gov). You can also look into coverage for yourself, your spouse, and/or dependents through California's health insurance exchange, Covered California, at (800) 300-1506 or [www.coveredca.com](http://www.coveredca.com).

### What if I already have health coverage?

If you have coverage now, please compare the plans, copayments and costs, and decide the best plan for you. You may apply for the Kaiser Plan even if you already have coverage from another carrier.

Medi-Cal is comprehensive health coverage that is provided to eligible individuals, generally without having to make any monthly contribution. Generally, Medi-Cal does not require a copayment when using a service. If you have Medi-Cal, you should compare costs, copayments and service delivery systems to decide whether or not you want to switch plans.

### What if I don't want to apply?

If you do not want to apply, you do not need to do anything.

### What must I do to maintain eligibility?

At the time you are notified that space is available and you have been enrolled, you must continue to work and be paid a minimum of 81 hours per month. If worked and paid hours fall below 81 hours for three months in a row, coverage will be terminated. In this case, you may be eligible for caregiver–paid coverage under the Consolidated Omnibus Budget Reconciliation Act (COBRA).

For more information, please contact:

Health Care Employees/Employer Dental and Medical Trust  
P.O. Box 9026  
Pleasanton, CA 94566  
Telephone: (925) 803-1880 / (800) 824-3316  
Fax: (925) 803-8780  
Email: [benefits@dublinsure.com](mailto:benefits@dublinsure.com)  
Website: <http://www.hcetrust.com/ihss/sacramento>