Exhibit A

Overview

As a result of our fiscal crisis, we are exploring the possibility of offering an early retirement incentive payout to active regular, permanent, employees. Participation is voluntary and subject to PCCD Trustee Board approval. We project salary savings of approximately $2 million contingent on the composition of the group which accepts the offer and our non-replacement/smart hiring strategy. Projected salary savings is based on 20 faculty and 10 staff electing the incentive after April 4 and before April 29, 2011. We are cognizant of staffing ratios required by the California Ed Code and retain the authority to withdraw the incentive if the ratios are askew.

Eligibility Criteria

A one-time cash incentive is being offered to current faculty and staff who meet age and service requirements and who are on pay status as of the effective date of their election. Faculty members are expected to resign no earlier than May 27, 2011.

<table>
<thead>
<tr>
<th>Affiliation as of 3/31/11</th>
<th>Age as of Retirement date</th>
<th>Years of Peralta Service Credit as of retirement date</th>
<th>Incentive</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>55</td>
<td>5</td>
<td>$400 per year of service</td>
</tr>
<tr>
<td>Non-faculty</td>
<td>50</td>
<td>10</td>
<td>$300 per year of service</td>
</tr>
</tbody>
</table>

Incentive Formula

Multiply years of service by incentive amount to determine the one-time payout.

<table>
<thead>
<tr>
<th>Employee category (based on permanent job assignment)</th>
<th>Years of service</th>
<th>Incentive Years</th>
<th>Incentive factor</th>
<th>Incentive Payout</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty</td>
<td>25.50</td>
<td>26</td>
<td>$400</td>
<td>$10,000</td>
</tr>
<tr>
<td>Staff</td>
<td>25.10</td>
<td>26</td>
<td>$300</td>
<td>$7,500</td>
</tr>
</tbody>
</table>

Employees whose primary affiliation with Peralta is an adjunct and/or temporary assignment are ineligible for this program.

- There is no maximum benefit payout.
- We will not prorate years. We will round up your years of service completed as of the effective retirement date. Full year credit will be recognized even for partial years of service.
- Distributions will be paid out within 15 days of the effective retirement date, but not earlier than May 31, 2011.

2011 Timelines

April 1: Mailing to eligible employees
April 4: Election window opens.
April 29: Election window closes: Incentive Election & Universal Benefits Enrollment forms due back to the Peralta Community College Vice Chancellor of Human Resources, post-marked or hand-delivered
May 10: The Chancellor will provide the Board with the number of participants regarding the Early Retirement Incentive Plan
May 11: The District will notify employees of the Board’s decision regarding offering the Early Retirement Incentive Plan – In the event the Board does not authorize the offering of the Early Retirement Incentive Plan, employees may rescind, at their election, their retirement or resignation
May 20: Last date for employees to rescind participation in the Early Retirement Incentive Program
June 15: First incentive checks distributed, for those with a retirement date on or before May 31, 2011
July 15: Last incentive checks distributed, for those with a retirement date between June 1, 2011 and June 30, 2011

Election window

Election forms must be received between Monday, April 4 – Friday, April 29. The retirement effective date can be no earlier than May 27, 2011 for faculty and May 20, 2011 for non-faculty, and no later than June 30, 2011 for everyone electing to participate.

Communications

Email: Announcement – April 1, 2011 general announcement; weekly thereafter
Website: Update with election forms and medical plan continuation forms
Home mailing: Personal home mailing send certified to home address
Personalized letter including statement of years of service
Voluntary Early Retirement/Retirement Incentive Program Election Checklist Form – Terms & Conditions, Exhibit C
Universal Benefit Enrollment Form
Voluntary Retirement Incentive 2011 Frequently Asked Questions, Exhibit B
Voluntary Retirement Incentive 2011
District Proposal to Management, Confidential and IUOE Local 39 Employees
Frequently Asked Questions (FAQ)

What is the incentive?
For those who meet the age and service credit requirements
will receive $300 for each year of service in a contract position
(Part-time, adjunct, temporary service is excluded from the calculation)
Permanent, regular (Management, Confidential, and IUOE Local 39) employees hired before July 1, 2004, are eligible for the Voluntary Retirement Incentive (VERIP). Local 39 employees must meet the definition of Article 24.3, Section F.2(f). Eligible employees must retire no later than June 30, 2011 and have:
- reached age 50 and
- attained ten years of service with Peralta in a benefit-eligible position as of their retirement date
If you meet the above criteria, then you are eligible to receive this incentive provided that you resign or retire no earlier than Friday, May 20, 2011 and no later than Thursday, June 30, 2011. (Part time, temporary employees are not eligible for the incentive)
Within 15 days after your retirement date.

Who is eligible?
One time payment
No

When will I receive the incentive?
6. Can I defer the distribution into a tax-deferred 403(b) or 457 plan?
Yes.
First, check with your tax professional or financial planner.
Second, open an account with an approved vendor; if you do not already have an active 403(b) or 457 account.
Third, submit a Peralta Salary Reduction Agreement Forms, along with your VERIP Election forms.

Election Information
In order to elect to participate in the program and receive the incentive, submit the
- Voluntary Retirement Incentive Program Agreement – Exhibit C
- Universal Benefit Enrollment Form
Submit election forms between Monday, April 4 & Friday, April 29, 2011
Yes. The effective date must be no earlier than Friday, May 20, 2011 and no later than Thursday, June 30, 2011.
Vice Chancellor of Human Resources
All requests to retire under the incentive program must be submitted to The Vice Chancellor no later than Friday, 4:30pm on April 29, 2011. Verbal notices, faxes and email will not be accepted.
There is a 10-day rescission period after the Board approves or denies the incentive program.

May I elect a retirement date outside of the parameters of this program and still qualify for the cash incentive?
No.
While you may elect retirement after the election window, the incentive will no longer be offered after the Board of Trustees ratify the plan.
No.

Election Peralta post-employment Medical / Dental or annuity Benefits
Benefits as an active employee end at the end of the month in which you retire.
Medical: By completing and submitting the Universal Benefit Enrollment form 30 days prior to your retirement, we will ensure a seamless transition of your medical benefits into retirement status.
Dental: Benefits can continue under COBRA by electing and paying for continuation within 60 days after your retirement.

When do I contact Social Security of Medicare?
We suggest that you contact both agencies within 30 - 60 days of your retirement or reaching age 65.
By telephone: 1 800 772 1213
By website: www.ssa.gov

Is this offer contingent on my concurrent retirement from CalSTRS or CalPERS?
No.
Peralta does not require that you concurrently apply for CalPERS or CalSTRS retirement. We do encourage you to seek consultation from your financial planner regarding this opportunity and the integration of your post-Peralta income resources.
### EXHIBIT C  Voluntary Early Retirement/Resignation Incentive Program Checklist – Terms & Conditions form

<table>
<thead>
<tr>
<th>Your action</th>
<th>Why</th>
<th>I understand please initial and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Contact Human Resources</td>
<td>To correct Date of Hire or Date of Birth used for the incentive</td>
<td></td>
</tr>
<tr>
<td><strong>Home Location</strong></td>
<td><strong>HR Contact</strong></td>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td>Laney, BCCFaculty</td>
<td>Denise Fontenot</td>
<td>466 7252</td>
</tr>
<tr>
<td>COA, Merritt District Faculty</td>
<td>Julie Huang</td>
<td>466 7354</td>
</tr>
<tr>
<td>District All Classified</td>
<td>Ruby Andrews</td>
<td>466 7288</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 2. Contact Nancy Pak 466 7286, npak@peralta.edu Human Resources             | To complete balance of accumulated sick leave balance, educational leave balance, and last day at work and to complete respective sections of the following forms:  
  - CalSTRS Express Benefit Report, Section 2: Employer Information  
  - CalPers Service Retirement Election Application Section 7: Employer Certification |                                      |
|                                                                           |                                                                                       |                                      |
| 3. Notify manager or supervisor of resignation                             | So that internal personnel action form can be submitted for processing of final pay arrangements can be made for returning office keys, rerouting of voicemail and email coordination |                                      |
|                                                                           |                                                                                       |                                      |
| 4. Contact your office of instruction                                       | To process leave banking, if applicable                                               |                                      |
|                                                                           |                                                                                       |                                      |
| 5. Complete Salary Reduction Agreement form no later than:                  | To process a deferral to an established 403(b) or 457 Plan, if applicable             |                                      |
|   - May 10 to effect May incentive payments                                |                                                                                       |                                      |
|   - June 10 to effect June incentive payments                               |                                                                                       |                                      |
|                                                                           |                                                                                       |                                      |
### Contact External agencies regarding your transition                       |                                                                                        |                                      |
| 7. Contact Medicare 800 633 4227-www.medicare.gov                          | To apply for Medicare A & B                                                            |                                      |
| 8. Seek guidance from a financial planner or tax professional              | To weigh options under this incentive program based on your unique circumstances     |                                      |
|                                                                           |                                                                                       |                                      |
| 9. Meet with applicable retirement plan consultant:                        |                                                                                        |                                      |
|   - CalSTRS 800 228 5453 www.calstrs.com                                  |                                                                                        |                                      |
|   - CalPERS 888 225 7377 www.calpers.ca.gov                                |                                                                                        |                                      |
|                                                                           |                                                                                       |                                      |
### Coordination of medical/life/dental and other benefits after separation from Peralta employment |                                                                                        |                                      |
| 10. Complete Universal Benefit Enrollment form, if applicable               | To ensure proper and timely transition to retirement status                            |                                      |
| 11. Contact the PCCD Benefits Office at 510 466 7229 for a personal appointment to review forms or email benefits@peralta.edu |                                                                                        |                                      |
| 12. Complete COBRA election form(s) and return them to Benefit Dynamics (election forms are sent from Benefits Dynamics to you within 7-10 days from our receipt of this form), Exhibit C | To ensure continuation of dental insurance and access to the Employee Assistance Program |                                      |
| 13. Complete Life Insurance Conversion Form(s) for continuation of voluntary or District-paid life insurance | To consider life insurance continuation if you are 66 or over at the time of retirement or if you are currently buying additional life insurance through CIGNA via Peralta payroll deduction. |                                      |
|                                                                           |                                                                                       |                                      |
### Terms & Conditions                                                        |                                                                                        |                                      |
| 1. I understand and agree to these terms and conditions:                   |                                                                                        |                                      |
|   1. I am accepting this one-time taxable payout of______ based on my ___ years of service which has been rounded up and excludes non-contract service. Initial and date here. |                                                                                        |                                      |
|   2. I will retire or resign on _____ which is between _____ & __________ Initial and date here. |                                                                                        |                                      |
|   3. This decision is voluntary. Initial and date here.                   |                                                                                        |                                      |
|   4. I understand that I am responsible for returning District property on or prior to my retirement/resignation effective date. Initial and date here. |                                                                                        |                                      |
|   5. I understand that I have until May 20, 2011 to rescind this decision in writing. Initial and date here. |                                                                                        |                                      |
|   6. I understand that I am or am not (please circle) eligible for post employment benefits at the time of this action. Initial and date here. |                                                                                        |                                      |
|                                                                           |                                                                                        |                                      |
| Benefits Office Signature:                                                 | Date:                                                                                 |                                      |
|                                                                           | Rescission: All rescissions must be submitted to Trudy Largent, Vice Chancellor of Human Resources & Employee Relations no later than May 21, 2011 |                                      |
|                                                                           | I am resceding my election to retire and/or resign                                   | Signature:                           |
|                                                                           | Date:                                                                                 |                                      |
**UNIVERSAL BENEFIT ENROLLMENT FORM**

**SUBMIT THIS FORM WITHIN 30 DAYS OF QUALIFYING EVENT**
(hire, birth of child, marriage, divorce, etc.)

**ALLOW 10 DAYS FOR PCCD & VENDOR PROCESSING.**

**CHANGES ARE EFFECTIVE THE FIRST OF THE FOLLOWING MONTH.**

(INCOMPLETE FORMS WILL BE RETURNED)

---

**PERALTA COMMUNITY COLLEGE DISTRICT**

**BENEFITS OFFICE**

333 East 8th Street

Oakland, CA 94606

---

**Start Here**

**EMPLOYMENT STATUS/AFFILIATION WITH PCCD**

- [ ] Initial Enrollment
- [ ] Address Change
- [ ] Change of Medical
- [ ] Change of Dental Plan
- [ ] Change of Dependent
- [ ] Change of Life Insurance (ING)
- [ ] Change from Active to Retiree
- [ ] Open Enrollment Change

---

**1. EMPLOYEE INFORMATION**

Please print (all covered employees/retirees/surviving spouses/COBRA participants)

<table>
<thead>
<tr>
<th>Employee Name (last, first, middle)</th>
<th>SHADED AREA FOR OFFICE USE ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>EID #:</td>
<td>65 ; 4138</td>
</tr>
<tr>
<td>MEDICAL GROUP/DIVISION #:</td>
<td>DENTAL GROUP/DIVISION #:</td>
</tr>
<tr>
<td>FORM REVIEWED &amp; APPROVED BY:</td>
<td></td>
</tr>
<tr>
<td>BENEFIT PLAN PARTICIPATION:</td>
<td></td>
</tr>
<tr>
<td>DATE REVIEWED &amp; APPROVED:</td>
<td></td>
</tr>
</tbody>
</table>

---

**Home Phone:**

**Alternate Phone:**

**Email Address:**

---

**Work Location**

**Union Affiliation**

**Hours/Week:**

**Social Security #:**

**Date of Birth:**

**Date of Hire:**

**Year of Retirement:**

(if applicable)

---

**MALE ☐ FEMALE ☐**

**MARITAL STATUS:**

- ☐ Single
- ☐ Widow
- ☐ Married (Date: ____________)
- ☐ Divorced (Date: ____________)
- ☐ Domestic Partner (Date: ____________)

---

**Surviving spouse of a retiree:**

**Name of retiree:**

**Date of retiree death:**

---

**INDIVIDUALS COVERED**

Please print (all covered employees/retirees/surviving spouses/COBRA participants)

---

**PLEASE RESTATE ALL DEPENDENTS TO BE COVERED**

---

**Add Change Drop**

<table>
<thead>
<tr>
<th>Last Name, First Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Sex</th>
<th>Relationship:</th>
<th>Totally</th>
<th>Disabled?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Spouse</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Domestic partner</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child-natural</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child-foster</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Child-adopted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td>Yes ☐ No ☐</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

If dropping / adding dependents, please specify reason:

---

**2. BENEFIT PLANS**

**MEDICAL**

Choose one:

- [ ] Kaiser Permanente HMO / Traditional Plan
- [ ] Kaiser Senior Advantage HMO/Vision/Dental Plan
- [ ] Coresource PPO Plan
  (includes participation in the Anthem Blue Cross Network)
- [ ] Waive medical/vision coverage-Complete Cash-in-lieu Form (active employees only)

**DENTAL**

Choose one:

- [ ] Delta PPO Dental Plan
- [ ] UHC DMO (formerly Pacific Union Dental)
  *MUST designate DMO Provider Form (active employees only)
- [ ] Waive dental coverage-Complete Cash-in-lieu Form (active employees only)

Choose one:

- [ ] Employee only
- [ ] Employee + 1 dep
- [ ] Employee + family
  - Refer to Peralta Community College District Required Documentation Matrix

**DMO Provider ID#** (obtain from member services)

800-999-3367

---

Please make a copy and retain for your records.
3. OTHER HEALTH INSURANCE

1. Is anyone listed eligible for Medicare? □ Yes □ No If Yes, Medicare #________________________
   If yes, who? _______________________________________________________________________

2. Is anyone listed eligible for Medicaid or CHIP? □ Yes □ No ID#___________________________
   If yes, who? _______________________________________________________________________

3. Are you or have you and/or any of your eligible family members been covered by other medical coverage within the last six months? □ Yes □ No If yes, complete the section below. Please list all current or prior medical coverage. Failure to provide complete information may result in significant delay of claims processing (attach additional sheets if necessary)

<table>
<thead>
<tr>
<th>COVERED PERSON’S NAME (Last, First M.I.)</th>
<th>Policy Holder’s Name</th>
<th>Insurance Company Name</th>
<th>Type of Coverage</th>
<th>Policy #</th>
<th>Termination Date (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. RELIASTAR LIFE INSURANCE COMPANY LIFE/AD&D (all active employees and retired employees to age 66)

Basic Life Insurance (Employer pays Premium) ☑ Life/AD&D Insurance (1 1/2 times base earnings to a maximum of $100,000)

Primary Beneficiary #1
- Last Name
- First Name
- MI
- Street Address
- City
- State
- Zip
- %

Primary Beneficiary #2
- Last Name
- First Name
- MI
- Street Address
- City
- State
- Zip
- %

Contingent Beneficiary #1
- Last Name
- First Name
- MI
- Street Address
- City
- State
- Zip
- %

Contingent Beneficiary #2
- Last Name
- First Name
- MI
- Street Address
- City
- State
- Zip
- %

Note: A Contingent Beneficiary will receive benefits only if the Primary Beneficiary does not survive you. If you wish to designate more than two Primary or Contingent Beneficiaries, please attach a separate sheet of paper.

EMPLOYEE SIGNATURE ___________________________ DATE __________

6. CIGNA VOLUNTARY LIFE INSURANCE (active employees only)

☐ Check here if you would like more information sent to your home address regarding Voluntary Employee or Dependent Life (Note: For late enrollees, all coverage amounts are subject to Evidence of Good Health. You may apply for additional insurance from $10,000 or more for yourself or your eligible dependents.)

6. RELIASTAR LIFE INSURANCE COMPANY LONG TERM DISABILITY (active employees only)

☑ 60% LTD Plan - Basic Income Replacement (employer pays premium)

7. EMPLOYEE ASSISTANCE PROGRAM (active employees only)

☑ Anthelion Blue Cross Employee Assistance Plan (employer pays premium for active employees only)

8. KAISER PERMANENTE ENROLLEES MUST READ AND SIGN:

Kaiser Foundation Health Plan Arbitration Agreement:
I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, if my Group must comply with ERISA, certain benefit-related disputes) any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up my right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

EMPLOYEE SIGNATURE ___________________________ DATE __________

Peralta Universal Benefit Enrollment Form Revised 11/04/2010
9. CORESOURCE ENROLLEES MUST READ AND SIGN:

I attest by signing below that I have reviewed the information provided on this application and to the best of my knowledge and belief; it is true and accurate with no omissions or misstatements.

ARBITRATION AGREEMENT: If your coverage is under a private employer plan governed by ERISA (Employment Retirement Income Security Act of 1974), certain disputes may not be subject to the following arbitration provisions:

I understand that any and all disputes between myself (and/or any enrolled family member) and CoreSource for medical malpractice, must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by lawsuit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both the member and CoreSource are giving up the right to have any dispute decided in a court of law before a jury. CoreSource and the member also agree to give up any right to pursue a class basis any claim or controversy against the other. For more information regarding binding arbitration, please refer to your Evidence of Coverage/Certificate.

If I am enrolled in an employer-sponsored benefit plan that is subject to ERISA (Employee Retirement Income Security Act of 1974, 29 U.S.C. section 1001, et seq.) I understand that any dispute involving an adverse benefit determination for a health claim may not be subject to mandatory binding arbitration. However, I further understand that any dispute I may have with respect to an adverse benefit determination for a health claim may be submitted to voluntary binding arbitration after the ERISA claim appeal process is completed.

A group health plan makes coverage effective on the first of the month following your initial date of hire and on each open enrollment period following. Open enrollment generally occurs in February and August of each calendar for adjunct employees and in October of each year for all other employees.

The District's self-funded plan administered by CoreSource plan imposes a 6-month maximum pre-existing condition exclusion (18 months for late enrollees) and uses a 6-month look back period. As part of the enrollment application materials, the plan provides the following statement:

This plan imposes a pre-existing condition exclusion. This means that if you have a medical condition before coming to our plan, you might have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment recommended or received within a 6-month period. Generally, this 6-month period ends on the day before the waiting period begins. The pre-existing condition exclusion does not apply to pregnancy or to a child who is enrolled in the plan within 30 days after birth, adoption, or placement for adoption.

This exclusion may last up to 6 months (18 months if you are a late enrollee) from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. However, you can reduce the length of this exclusion period by the number of days of your prior creditable coverage. Most prior health coverage is creditable and can be used to reduce the pre-existing condition exclusion if you have not experienced a break in coverage of at least 63 days. To reduce the 6 months (18 months if you are a late enrollee) exclusion period by your creditable coverage, you should give us a copy of any certificates of creditable coverage you have. If you do not have a certificate, but you do have prior health coverage, we will help you obtain one from your prior plan or issuer. There are also other ways that you can show you have creditable coverage. Please contact us if you need help demonstrating creditable coverage.

All questions about the pre-existing condition exclusion and creditable coverage should be directed to:
Jennifer Selbert, District Benefits Coordinator, Peralta Community College District, 333 East 8th Street, Oakland, CA 94606, Phone number: 510-587-7868, Email: jselbert@peralta.edu

EMPLOYEE SIGNATURE ___________________________ DATE ___________________________

10. ALL EMPLOYEES MUST READ AND SIGN: I agree to notify the District in writing within 30 days of the following to preserve benefit enrollment.

1. My change of address
2. Change to my marital status resulting in adding or deleting a spouse or domestic partner
3. Change to my eligible dependents status such as adding a newborn, or adopted child
4. Change to my ineligible dependents status such as deleting an overage dependent
5. Naming ineligible dependents may result in repaying District premium or claim costs per Board Policy 3.86
6. If adding a domestic partner, I may be subject to imputed income per tax regulations
7. Failure to notify the District of change in dependent status may result in actions stated in item #5 above.

EMPLOYEE SIGNATURE ___________________________ DATE ___________________________