**Exhibit A**

**Overview**
As a The District is offering an retirement incentive payout to potential retirees. Participation is voluntary and subject to PCCD Trustee Board approval. We anticipate salary savings of approximately $775,000. Projected salary savings are based on 10 SEIU Local 1021 active employees electing the incentive after May 25, 2011 and before June 9, 2011.

**Eligibility Criteria**
A one-time cash incentive is being offered to current permanent SEIU Local 1021 employees who meet age and service requirements and who are on paid status as of the effective date of their election.

<table>
<thead>
<tr>
<th>Affiliation as of 5/25/11</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>SEIU Local 1021 members</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 figure to determine the one-time payout figure.

<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>SEIU Local 1021 members</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 in a part-time and/or temporary assignment are ineligible for this program.
- There is no maximum benefit payout.
- We will not prorate years. We will round up 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 June 15, 2011.

**2011 Timelines**
- **May 25:** Mailing to eligible employees
- **May 25:** Election window opens. Personal notifications sent to employees.
- **June 9:** 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.
- **June 14:** The Chancellor will provide the Board with the number of participants regarding the Early Retirement Incentive Plan.
- **June 15:** 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.
- **June 23:** Last date for employees to rescind participation in the Early Retirement Incentive Program
- **June 15:** Incentive checks distributed, for those with a retirement date on or before May 31, 2011
- **July 15:** Incentive checks distributed, for those with a retirement date on or after June 1, 2011 and no later than June 30, 2011

**Election window**
Election forms must be received between Wednesday, May 25, 2011 – Thursday, June 9, 2011.
The retirement effective date can be no earlier than May 25, 2011 for SEIU Local 1021 active permanent employees and no later than June 30, 2011 for those electing to participate.

**Communications**
- **Email:** Announcement – May 25, 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
- Election Form (Terms & Conditions), **Exhibit C**
- Universal Benefit Enrollment Form
- Frequently Asked Questions, **Exhibit B**
Exhibit B

Voluntary Retirement/ Resignation Incentive Program II
2011
District Proposal to Local 1021

What is the incentive?

1. 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)

2. Who is eligible?
   Active Local 1021 full-time regular employees hired before July 1, 2004 and meet the definition of Local
   1021 Contract who retire no later than June 30, 2011 and who have
   • reached age 50 and
   • ten years of service with Peralta in a benefit-eligible position
   If you meet the above criteria, then you are eligible to receive this incentive provided that you resign or
   retire no earlier than Monday, May 25, 2011 and no later than Thursday, June 30, 2011. (Part-time,
   temporary employees are not eligible for the incentive)

3. When will I receive the incentive?
   Within 15 days after your retirement date.

4. How will I receive the payment?
   One time payment

5. Can I request another type of distribution option?
   No

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 VERIB Election forms.

   Election Information

   In order to elect to participate in the program and receive the incentive, submit the
   • Voluntary Retirement Incentive Program Agreement
   • Universal Benefit Enrollment Form

   Submit election forms between Wednesday, May 25, 2011 & Thursday, June 9, 2011.

   Yes. The effective date must be no earlier than Wednesday, May 25, 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
   Wednesday, 4:30pm on June 9, 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.

   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

15. When do benefits as an active employee end?
    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 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.

16. 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

17. 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.
# Voluntary Early Retirement/Resignation Incentive Program Checklist – Terms & Conditions form

## Your action

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Why</th>
<th>I understand please initial and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Contact Human Resources</td>
<td>To correct Date of Hire or Date of Birth used for the incentive.</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Peralta Contacts and References</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Home Location</strong></td>
<td><strong>HR Contact</strong></td>
<td><strong>Phone</strong></td>
</tr>
<tr>
<td></td>
<td>Lane, BCC Faculty</td>
<td>Denise Fontenot</td>
<td>466 7292</td>
</tr>
<tr>
<td></td>
<td>COA, Merritt District Faculty</td>
<td>Julie Huang</td>
<td>466 7354</td>
</tr>
<tr>
<td></td>
<td>District All Classified</td>
<td>Ruby Andrews</td>
<td>466-7288</td>
</tr>
<tr>
<td>2.</td>
<td>Contact Nancy Pak 466 7386, <a href="mailto:npak@peralta.edu">npak@peralta.edu</a></td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Notify manager or supervisor of retirement/resignation</td>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Contact your Office of Instruction</td>
<td>To process leave banking, if applicable.</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>Complete Salary Reduction Agreement form no later than:</td>
<td>To process a deferral to an established 403(b) or 457 Plan, if applicable.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• June 10 to effect June incentive payments</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Contact external agencies regarding your transition

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Why</th>
<th>I understand please initial and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>6.</td>
<td>Contact Social Security 800 772 1234-ssa.gov</td>
<td>To determine eligibility for Social Security benefits</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Contact Medicare 800 633 4277-www.medicare.gov</td>
<td>To apply for Medicare A &amp; B</td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td>Seek guidance from a financial planner or tax professional</td>
<td>To weigh options under this incentive program based on your unique circumstances.</td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td>Meet with applicable retirement plan consultant:</td>
<td>To determine options.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CalSTRS 800 228 5453 <a href="http://www.castrs.com">www.castrs.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• CalPERS 888 225 7377 <a href="http://www.calpers.ca.gov">www.calpers.ca.gov</a></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Coordination of medical/life/dental and other benefits after separation from Peralta employment

<table>
<thead>
<tr>
<th>Step</th>
<th>Action</th>
<th>Why</th>
<th>I understand please initial and date</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>Complete Universal Benefit Enrollment form, if applicable</td>
<td>To ensure proper and timely transition to retirement status.</td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td>Contact the FCCD Benefits Office at 510 466 7229 for a personal appointment to review forms or email <a href="mailto:benefits@peralta.edu">benefits@peralta.edu</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td>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</td>
<td>To ensure continuation of dental insurance and access to the Employee Assistance Program.</td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td>Complete Life Insurance Conversion Form(s) for continuation of voluntary or District-paid life insurance</td>
<td>To consider life insurance continuation if you are 65 or over at the time of retirement or if you are currently buying additional life insurance through CIGNA via Peralta payroll deduction.</td>
<td></td>
</tr>
</tbody>
</table>

## Terms & Conditions

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 Friday, June 24, 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.

First Name: ____________________ Last Name: ____________________ Unit/Union Affiliation: ____________________

Signature: ____________________ Date: ____________________

**Rescission:** All rescissions must be submitted to Trudy Largent, Vice Chancellor of Human Resources & Employee Relations no later than Thursday, June 23, 2011.

I am rescinding my election to retire and/or resign ____________________ Signature: ____________________ Date: ____________________
VOLUNTARY EARLY RETIREMENT/RESIGNATION INCENTIVE PROGRAM II 2011
PERALTA COMMUNITY COLLEGE DISTRICT
SRA – SALARY REDUCTION AGREEMENT
DCP/457(b) Plan

Agreement must be signed by the Employee and received by the Plan Administrator. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR DCP/457(b) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S). EMPLOYEE SIGNS ON PAGE 2.

Check here if you are contributing to another retirement plan (not including CalSTRS or CalPERS): □

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (Day)</td>
<td>Phone (Home)</td>
<td>Mailing Address</td>
<td></td>
</tr>
<tr>
<td>Email Address</td>
<td>Salary Reductions:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] 10-months</td>
<td>[ ] 11-months</td>
<td>[ ] 12-months</td>
</tr>
<tr>
<td></td>
<td>[ ] Classified</td>
<td>[ ] Certificated</td>
<td></td>
</tr>
</tbody>
</table>

DCP/457(b) PLAN
☐ This is to Initiate a New 457(b) Salary Reduction Agreement (Check only if not currently participating)
☐ This is to Change the Amount of my currently existing 457(b) Salary Reduction Agreement
☐ This is to Change my Company/Provider - Date account opened? ____________ (Completing this SRA does not constitute an enrollment application with your vendor)
☐ This is to Terminate my 457(b) Salary Reduction Agreement (Indicate below the Effective Date & Company/Provider Name)
☐ There is NO Change to my currently existing 457(b) Salary Reduction Agreement

FOR ANNUITY SALES ONLY: By signing below, I agree that for annuity product being initiated within the Employer’s 457(b) Plan that there is no life insurance component included within the annuity product and that no portion of the Employee’s contribution to the Employer’s 457(b) Plan is going toward the purchase of life insurance.

Agent/Broker Signature: __________________________ Date: ____________

Single Transaction Effective with my payroll date (mm/dd/yyyy): ____________, 20

The Employer in accordance with the employer’s 457 Plan shall transmit the above in the following manner:

Incentive Payout $ ________ To: __________________________ Date Account Opened: __________________
Specify dollar amount – no percentages Company/Provider Name mm/dd/yyyy

Vacation Payout $ ________ To: __________________________ Date Account Opened: __________________
Specify dollar amount – no percentages Company/Provider Name mm/dd/yyyy

Leave Banking $ ________ To: __________________________ Date Account Opened: __________________
Specify dollar amount – no percentages Company/Provider Name mm/dd/yyyy

FOR PCCD USE ONLY
CalSTRS Registry ID# Deduction Code:

FOR PCCD USE ONLY
Deduction Code:

It is Hereby Agreed by the Employer and the Employee that the certain valid existing employment contract (written or otherwise) made and entered into by and between the Employer and Employee be amended by salary reduction in the manner described above, and this Salary Reduction Agreement be incorporated therein by reference and made a part thereof as if set out therein in full, as of the date of this Salary Reduction Agreement (“agreement”).

(See Page 2 – OVER)
This Agreement supersedes and replaces all previous Agreement(s) naming the providers designated above. Employee agrees that no more than one Salary Reduction Agreement may be in effect at any time, listing all 403(b) (TSA and Roth) and/or DCP/457(b) accounts to which payments are made by the Employer, and that this Agreement can only be effective with respect to compensation not yet received by or made available to the Employee.

1. Employee releases any rights, present and future, to receive payment from the Employer of sums resulting from such Agreement in any form except (a) the right of the Employee's estate to receipt of sums so paid at death, or (b) the right to the Employee upon termination of employment by reason other than death, to personally receive all or any part of the amount specified for which service has been rendered but which has not been transmitted to the designated provider(s).

2. This Agreement shall automatically apply to the employment contract entered into between the Employer and Employee for each succeeding calendar year unless amended or terminated by a thirty (30) day written notice to the Administrator of the Plans.

3. Employee acknowledges that:
   a. For purposes of this Agreement, the “Accommodating Parties” are the Employer, its governing board, the County Superintendent of Schools, and officers and employees respectively. The Accommodating Parties do not recommend to any individual employee participation in the 403(b) (TSA and Roth) and/or DCP/457(b) Plan. The fact that a particular investment option may be available under the Employer’s 403(b) (TSA and Roth) and/or DCP/457(b) Plan does not constitute an endorsement, recommendation, or approval of any kind by any of the Accommodating Parties, and they do not warrant any particular tax consequence to the employees who elect to participate.
   b. Employer agrees to contribute any amounts on Employee’s behalf into the 403(b) annuity(ies) or custodial account(s) selected by Employee with the proper identification of pre-tax contributions and after-tax Roth 403(b) contributions to aid in proper allocation to segregated accounts by the Service of the investments of all applicable state and federal tax rules and regulations (Applicable Law) will be met.
   c. Any amounts held under the DCP/457(b) Plan shall be subject to the terms of the Plan Document and amounts held in either the 457(b) Plan or 403(b) (TSA and Roth) Plan for Employee shall be subject to federal and state statutes, and to any terms, conditions and restrictions imposed by any investment option in which Employee’s deferrals are invested. Any amounts contributed to the 457(b) Plan, and in the earnings thereon, shall be held in Trust as defined in Section 401(i) of the Code for the exclusive benefit of Employee and Employee’s beneficiary or in an annuity contract or custodial account as defined in IRC 401(k). Amounts contributed to the 403(b) Plan and in the earnings thereon shall be held in IRC 403(b)(1) Annuity Contracts, or IRC 403(b)(6) custodial accounts. Any amounts contributed to the 403(b) Roth Plan and in the earnings thereon shall be held in IRC 402A Roth accounts.
   d. Employee has elected to participate, and has determined the amounts of salary reduction and the investment options into which such amounts shall be invested, and has not relied in any manner on the Accommodating Parties. Employee acknowledges that 403(b) (TSA and Roth) investment choices are limited only to those that are vendors properly registered with the California State Teachers Retirement System, in accordance with California law. Employee further understands that comparative data regarding the available products is available to employee on web site www.403bcompare.com.
   e. In selecting among the available investment options, Employee understands that equity-based options may result in loss of all or a portion of the contributions, and other types of accounts may include surrender or withdrawal charges for a specific period of time.
   f. The Salary Reduction Contribution Amounts (“SRCA”) selected by Employee do not exceed the maximum allowable contribution (“MAC”) limits that may be excluded from gross income under the applicable provisions of the Tax Code regardless of the number of accounts to which contributions are being made; and Employee further agrees that Employer or designee may amend the SRCA and/or suspend any portion thereof, so as to not permit the Employee to exceed his/her MAC limits, and authorizes Employer or designee to then resume the previous SRCA effective with the first pay period of the following tax year; and Employee further acknowledges that Administrator and/or Employer may require distributions if Employee’s MAC limits are exceeded.
   g. Employee acknowledges that the Administrator and/or Employer may terminate this Agreement at any time in the event the employee, or the provider of the investment option under the Plans, fails to comply with the 457(b) and/or 403(b) Plan federal and state regulations and/or the procedures and/or rules established by the Administrator and/or Employer. This will include violation of any other applicable Agreements with the Employer.
   h. Employee certifies that he or she has received a prospectus (in the case of an equity investment option) or similar disclosure document, including, if applicable, a copy of the annuity contract and understands any applicable sales and/or management fees or other charges.
   i. Employee agrees that the Accommodating Parties shall have no liability whatsoever for any loss suffered by the Employee with regard to the selection of a provider and its investment options; or the solvency, operation of, or benefits provided by said provider; nor liability for any loss suffered by Employee by reason of the transmit of any funds pursuant to this or any other Agreement.
   j. Employee acknowledges that there are rules set forth in IRC Sections 457(b), 402(g), 415 (c), and 414(v) of the Code that limit the maximum amount of salary reduction that can be made in any calendar year; that Employee, Employer, and/or Administrator may require knowledge of the Employee’s current and past participation in salary reduction programs of the Employer and/or any other employer to determine the MAC limits. Furthermore, as it relates to 403(b) Plans, Employer acknowledges that the total of the pre-tax contributions and the after-tax contributions cannot exceed the elective deferrals limits of IRC 402(g) and, if applicable the age 50+ catch up option under IRC 414(v).
   k. Employee agrees that all computations in connection with the determination of the amount of the salary reduction hereby authorized shall be made based on the accuracy of information provided by Employee. Employee agrees to provide signed certification of the correctness of the information and/or computations as the Employer and/or Administrator may require; Employee agrees to provide accurate information on which to base those computations. In no event will the Accommodating Parties, its officers, or employees be responsible for the computations.
   l. The Employee agrees to hold harmless and indemnify the Accommodating Parties from any and all claims that may result from Employee’s participation in the Employee’s 403(b) (TSA and Roth) and/or DCP/457(b) Plans, and further agrees to hold harmless and indemnify the Accommodating Parties and the Administrator from any and all claims that may result including any incorrect calculation of Employee’s MAC limits due to incorrect information provided by Employee. Indemnification from damages shall include any tax, interest, penalties or assessments or related costs that may be incurred by or imposed upon the Accommodating Parties and/or Administrator. Employee further agrees to sign the indemnification through payroll deduction or, at the option of the Employer, through any other legal process.

EMPLOYEE ACKNOWLEDGES that Employee has read, understands, and agrees to the terms and conditions set forth above. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not resume contributions later to that non-conforming provider. IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form. Application materials must also be on file with your selected vendor(s). This Salary Reduction Agreement (SRA) form does NOT satisfy the vendor application process, contact your vendor for more information.

Employee Signature: __________________________ Date: __________

PROCESSING INSTRUCTIONS
The Peralta Community College District Payroll Office must receive this SRA no later than the 10th of each month
Mail or deliver or Fax SRA to the Payroll Office - Peralta Community College District
333 East 8th Street, Oakland, CA 94606
Fax: (510) 466-7211

MUST ALLOW AT LEAST 3 DAYS FOR U.S. MAIL
457 SRA Revised April 2011 PAGE 2
Agreement must be signed by the Employee and received by the Plan Administrator. If you participate in multiple 403(b) (TSA) accounts, all salary reductions must be on one SRA form. This Agreement is not effective until approved. This Agreement is irrevocable by the Employee as to any salary or amounts paid, but may be terminated or changed as to salary not yet paid. Compensation to be paid to this Employee shall be reduced by the sum indicated below per pay period starting with the compensation to be paid on the date requested below, or the first available payroll period after all requirements are satisfied. Please note that any SRA initiating contributions to be directed to a non-registered 403(b) provider must be rejected in conformance with California Education Code 25100 et. seq.

THIS AGREEMENT SUPERCEDES AND REPLACES ALL PRIOR 403(b) (TSA) SALARY REDUCTION AGREEMENTS – INCLUDING THE AMOUNT(S), PROVIDER(S), AND EFFECTIVE DATE(S). EMPLOYEE SIGNS ON PAGE 2.

Check here if you are contributing to another retirement plan (not including CalSTRS or CalPERS):

<table>
<thead>
<tr>
<th>Employee Name</th>
<th>Social Security Number</th>
<th>Date of Birth</th>
<th>Date of Hire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone (Day)</td>
<td>Phone (Home)</td>
<td>Mailing Address</td>
<td>City, State, Zip</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
<td>Salary Reductions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ 10-months  □ 11-months  □ 12-months</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Classified  □ Certificated</td>
<td></td>
</tr>
</tbody>
</table>

403(b) PLAN – TSA: Check Box: Agent/Broker must also sign below for all annuity sales.

☐ This is to Initiate a New 403(b) (TSA) SRA (Check only if not currently participating)
☐ This is to Change the Amount of my currently existing 403(b) (TSA) Salary Reduction Agreement
☐ This is to Change my Company/Provider - Date account opened? _________ (Completing this SRA does not constitute an enrollment application with your vendor)
☐ This is to Terminate my 403(b) (TSA) SRA (Indicate below the Effective Date & Company/Provider Name)
☐ There is NO Change to my currently existing 403(b) (TSA) SRA

FOR ANNUITY SALES ONLY: By signing below, I agree that for annuity product being initiated within the Employer’s 403(b) Plan that there is no life insurance component included within the annuity product and that no portion of the Employee’s contribution to the Employer’s 403(b) Plan is going toward the purchase of life insurance.

Agent/Broker Signature: __________________________ Date: ________________

Single Transaction Effective with my payroll date (mm/dd/yyyy): ________________ 20

The Employer in accordance with the employer’s 403(b) Plan shall transmit the above in the following manner:

Incentive Payout $ ________ To: __________________________ Date Account Opened: mm/dd/yyyy
Specify dollar amount – no percentages

Vacation Payout $ ________ To: __________________________ Date Account Opened: mm/dd/yyyy
Specify dollar amount – no percentages

Leave Banking $ ________ To: __________________________ Date Account Opened: mm/dd/yyyy
Specify dollar amount – no percentages

FOR PCCD USE ONLY
CalSTRS Registry ID#
Deduction Code:

FOR PCCD USE ONLY
Deduction Code:

It is hereby agreed by the Employer and the Employee that the certain valid existing employment contract (written or otherwise) made and entered into by and between the Employer and Employee be amended by salary reduction in the manner described above, and this Salary Reduction Agreement be incorporated therein by reference and made a part thereof as if set out therein in full, as of the date of this Salary Reduction Agreement ("agreement").

(OVER - SEE PAGE 2)
This Agreement supersedes and replaces all previous Agreement(s) naming the providers designated above. Employee agrees that no more than one Salary Reduction Agreement may be in effect at any time, listing all 403(b) (TSA and Roth) and/or DCP/457(b) accounts to which payments are made by the Employer, and that this Agreement can only be effective with respect to compensation not yet received by or made available to the Employee.

1. Employee releases all rights, present and future, to receive payment from the Employer of sums resulting from such Agreement in any form except (a) the right of the Employee’s estate to receipt of sums so paid at death, or (b) the right of the Employee upon termination of employment by reason other than death, to personally receive all or any part of the amount specified for which service has been rendered but which has not been transmitted to the designated provider(s).

2. This Agreement shall automatically apply to the employment contract entered into between the Employer and Employee for each succeeding calendar year unless amended or terminated by a thirty (30) day written notice to the Administrator of the Plans.

3. Employee acknowledges that:
   a. For purposes of this Agreement, the “Accommodating Parties” are the Employer, its governing board, the County Superintendent of Schools, and officers and employee respectively. The Accommodating Parties do not recommend to any individual employee participation in the 403(b) (TSA and Roth) and/or DCP/457(b) Plan. The fact that a particular investment option may be available under the Employer’s 403(b) (TSA and Roth) and/or DCP/457(b) Plan does not constitute an endorsement, recommendation, or approval of any kind by any of the Accommodating Parties, and they do not warrant any particular tax consequence to the employees who elect to participate.
   b. Employer agrees to contribute any amounts on Employee’s behalf into the 403(b) annuity(ies) or custodial account(s) selected by Employee with the employee designation of pre-tax contributions and after-tax Roth 403(b) contributions to aid in properly allocating to segregated accounts by the Service Provider(s). It is intended that the requirements of all applicable state and federal tax rules and regulations (Applicable Law) will be met.
   c. The Salary Reduction Contribution Amounts (“SRCAs”) selected by Employee do not exceed the maximum allowable contribution ("MAC") limits that may be allocated to the Tax Code regardless of the number or amount of accounts to which contributions are being made; and Employee further agrees that Employer or designee may amend the SRCAs and/or suspend any portion thereof, so as to not permit the Employee to exceed his/her MAC limits, and authorizes Employer or designee to restructure the previous SRCAs effective with the first payroll period of the following calendar year.

4. Employee acknowledges that the Administrator and/or Employer may terminate this Agreement at any time in the event the employee, the provider of the investment options under the Plans, fails to comply with the 457(b) and/or 403(b) Plan federal and state regulations and/or the procedures and rules established by the Administrator and/or Employer. This will include violation of any other applicable Agreements with the Employer.

5. Employee certifies that he or she has received a prospectus (in the case of an equity investment option) or similar disclosure document, including, if applicable, a copy of the annuity contract and understands any applicable sales and/or management fees or other charges.

6. Employee agrees that the Accommodating Parties shall have no liability whatsoever for any loss suffered by the Employee with regard to the selection of a provider and its investment options, or the solvency, operation of, or benefits provided by said provider, nor liability for any loss suffered by Employee by reason of the insolvency of any funds pursuant to this or any other Agreement.

7. Employee acknowledges that there are rules set forth in IRC Sections 457(b), 402(g), 415(c), and 414(y) of the Code that limit the maximum amount of salary reduction that can be made in any calendar year; that Employee, Employer, and/or Administrator may require knowledge of the Employee’s current and past participation in salary reduction programs of the Employer and/or any other employer to determine the MAC limits. Furthermore, as it relates to the 403(b) Plans, Employee acknowledges that the total of the pre-tax contributions and the after-tax contributions cannot exceed the effective deferrals limits of IRC 402(g) and, if applicable, the age 50+ catch-up option under IRC 414y.

8. Employee agrees that all computations in connection with the determination of the amount of the salary reduction hereby authorized shall be made based on the accuracy of information provided by Employee. Employee agrees to provide signed certification of the correctness of the information and/or computations as the Employer and/or Administrator may require; Employee further agrees to provide accurate information on which to base those computations.

9. The Employee agrees to hold harmless and indemnify the Accommodating Parties from and against all claims that may result from Employee’s participation in the Employee’s 403(b) (TSA and Roth) and/or DCP/457(b) Plans, and further agrees to hold harmless and indemnify the Accommodating Parties and the Administrator from any and all damages that may result including incorrect calculation of Employer’s MAC limits due to incorrect information provided by Employee. Indemnification from damages shall include any tax, interest, penalties or assessments or related costs that may be incurred by or imposed upon the Accommodating Parties and/or Administrator. The Employee agrees and authorizes the Employer to recover indemnification through payroll deduction or, at the option of the Employee, through any other legal process.

Employee Acknowledges that Employee has read, understands, and agrees to the terms and conditions set forth above. Employee further understands that a termination of salary reduction contributions to a provider that has not complied with or maintained registration in conformance with California law relating to those registration requirements will mean that Employee may not receive contributions later to that non-conforming provider. IN WITNESS WHEREOF, this Agreement has been executed by and on behalf of the parties hereto and the Employee has read and understands the terms and conditions listed on the reverse side of this form. Application materials must also be on file with your selected vendor(s). This Salary Reduction Agreement (SRA) form does NOT satisfy the vendor application process, contact your vendor for more information.

Employee 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.**

<table>
<thead>
<tr>
<th>Active employees:</th>
<th>Review and/or complete sections 1-10 (6, 8 or 9, if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Retirees:</td>
<td>Complete sections 1, 2, 3, (4, 8 or 9 if applicable)</td>
</tr>
<tr>
<td>Surviving spouses and/or COBRA participants:</td>
<td>Complete sections 1, 2, 4, (8 or 9 if applicable)</td>
</tr>
</tbody>
</table>

**INCOMPLETE FORMS WILL BE RETURNED**

**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></td>
<td>EID #:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee Address (street, city, state, zip)</th>
<th>EFFECTIVE DATE:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MEDICAL GROUP/DIVISION #: 65</td>
</tr>
<tr>
<td></td>
<td>DENTAL GROUP/DIVISION #: 933</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FORM REVIEWED &amp; APPROVED BY:</th>
<th>DATE REVIEWED &amp; APPROVED:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. **Work Location**

3. **Union Affiliation**

4. **Hours/Week:**

5. **Social Security #:**

6. **Date of Birth:**

7. **Date of Hire:**

8. **Year of Retirement (if applicable):**

9. **MALE □ FEMALE □**

10. **MARITAL STATUS: □ Single □ Widow □ Married (Date: ) □ Divorced (Date: ) □ Domestic Partner (Date: )**

11. **□ 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**

12. **Add Change Drop**

13. **Last Name, First Name**

14. **Social Security Number**

15. **Date of Birth**

16. **Sex**

17. **Relationship:**

   - Spouse
   - Domestic partner
   - Child-natural
   - Child-foster
   - Child-adopted

18. **Totally Disabled?**

   - □ Yes
   - □ No

19. **State Type of Document Attached:**

   - Copy of most recent tax return
   - Proof of relationship
   - Proof of joint ownership
   - Other

20. **Choose one:**

   - □ Employee only
   - □ Employee + 1 dep
   - □ Employee + family

21. **Choose one:**

   - □ Employee only
   - □ Employee + 1 dep
   - □ Employee + family

22. **Kaiser Permanente HMO / Traditional Plan**

23. **Kaiser Senior Advantage HMO/Vision/Dental Plan**

24. **Coresource PPO Plan**

25. **(includes participation in the Anthem Blue Cross Network)**

26. **Waive medical/vision coverage-Complete Cash-in-Lieu Form (active employees only)**

27. **Choose one (Must either be an active employee or currently on COBRA):**

   - □ Delta PPO Dental Plan
   - □ UHC DMO (formerly Pacific Union Dental)
   - □ Waive dental coverage-Complete Cash-in-Lieu Form (active employees only)

28. **DMC Provider ID# (obtain from member services):**

   - 800-999-3367

**Please make a copy and retain for your records.**
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 on 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, at 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 93 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 certificate of creditable coverage you have. If you do not have a certificate, but you 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 Seibert, District Benefits Coordinator, Peralta Community College District, 333 East 8th Street, Oakland, CA 94606, Phone number: 510-587-7868, Email: jseibert@peralta.edu

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 dependant
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

______________________________
EMPLOYEE SIGNATURE

______________________________
DATE
The below matrix outlines the documentation options that you can submit to verify eligibility for each dependent enrolled with health coverage. Please note the following:
- Send photocopies only. Do not send original documents.
- Mark out any personal financial information such as income, account balances, payment amounts, and so on.
- Write the Employee’s Name on each document.
- Retain a copy of all documentation and completed forms for your records.

**Spouse**

Please provide the following document to verify Proof of Relationship and Joint Ownership.

- **First Page of Employee’s or Spouse’s Federal Tax Return**
  Photocopy of the first page of the employee or spouse’s 2008 or 2009 tax return showing “Married Filing Jointly” or “Married Filing Separately.” The spouse’s name must be entered on the employee’s tax form in the space provided after the “Married Filing Separately” status. Note: This document satisfies both Proof of Relationship and Proof of Joint Ownership. Please mark out all financial information.

If you are unable to provide Employee or Spouse’s Federal Tax Return, please provide one document from each of the following columns to verify Proof of Relationship and Proof of Joint Ownership.

**Spouse or Domestic Partner**

If unable to provide a Federal Tax Return, please provide one document from each column to verify Proof of Relationship and Proof of Joint Ownership.

<table>
<thead>
<tr>
<th>Proof of Relationship Documents</th>
<th>Proof of Joint Ownership Documents</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Certified Marriage Certificate or License Photocopy of certified marriage certificate with appropriate signature and stamp/seal showing on photocopy or legally valid marriage license from appropriate state or local government.</td>
<td>• Home Ownership Photocopy of mortgage statement dated within the past 3 months showing both names as mortgage holders/tenants. Note: Please mark out all financial information.</td>
</tr>
<tr>
<td>• Immigration Paperwork Photocopy of immigration papers with appropriate signature and stamp/seal showing on photocopy that identifies employee/spouse relationship.</td>
<td>• Joint Rental Property Photocopy of lease or rental agreement dated within the past 12 months showing both names as tenants. Note: Please mark out all financial information.</td>
</tr>
<tr>
<td>• Notarized Affidavit of Common Law Marriage In cases of state recognized common law marriage, a Notarized Affidavit of Common Law Marriage.</td>
<td>• Home/Rental Insurance Photocopy of homeowner’s insurance, renter’s insurance, or property tax receipt dated within the past 12 months showing both names as mortgage holders/tenants. Note: Please mark out all financial information.</td>
</tr>
<tr>
<td>• Notarized Affidavit of Domestic Partnership Notarized Affidavit of Domestic Partnership.</td>
<td>• Bank Statement Photocopy of joint bank account statement dated within the past 3 months showing both names as account holders. Note: Please mark out all financial information.</td>
</tr>
</tbody>
</table>
Natural Child, Adopted Child, Step Child, Child of Domestic Partner, Dependent Child by Custody, Court Order, or Guardianship

Please provide one document for each child to verify Proof of Relationship and Residency.

- **Federal Tax Return**
  Photocopy of the first page of the employee's, spouses, or domestic partner's 2008 Federal Tax return showing the child listed as an eligible dependent. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support. Please mark out all financial information*

- **Court Certified Divorce Decree**
  Photocopy of certified Divorce Decree with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

- **Certified Legal Guardianship**
  Photocopy of certified court ordered legal guardianship document with appropriate signature and stamp/seal showing on photocopy that documents required child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

- **Ordered Health Coverage**
  Photocopy of Qualified Medical Child Support Order (QMCSO). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

- **Court Ordered Health Coverage**
  Photocopy of National Medical Support Notice (NMSN). *Note: This document satisfies both Proof of Relationship and Proof of Principal Support*

- **Court Ordered Health Coverage**
  Photocopy of court document with appropriate signature ordering child health coverage. *Note: This document satisfies both Proof of Relationship and Proof of Principal Support.*

*If you are unable to provide one of the above documents, please proceed to the next page.*
### Disabled Adult Child

For disabled dependent children, you must also provide one of the following:

- Photocopy of Social Security disability award letter
- Photocopy of current Social Security disability payment
- Photocopy of signed physician Health Care Statement for Disabled Dependents certifying that the dependent is incapable of self-sustaining employment and dependent upon the employee, spouse, or domestic partner due to a mental and/or physical disability. To request a bank Health Care Statement for Disabled Dependents, contact PSW Benefit Resources at 1-877-866-2623 or technicalservices@pswbenefits.com