

**Adjunct or Part time Faculty Benefit Checklist  
Fall 2008**

**This form MUST accompany all enrollment forms. Visit our website for valuable enrollment literature and information at [www.peralta.edu](http://www.peralta.edu)**

Information Received	Initial here if you need hard copies of literature	Date Provided to Employee
<b>Benefit Summaries and Plan Specific Documents</b>		
1. CoreSource Medical PPO Plan		
2. Kaiser Medical HMO and Vision Plan		
3. Plan Highlights		
4. CoreSource Pre-Existing Condition Affidavit		
5. CoreSource Summary Plan Description		
6. Caremark Prescription Drug Benefits (CoreSource)		
7. Caremark Mail Order Prescription Form (CoreSource)		
8. Spectera Vision Care Benefits		
9. Delta Dental PPO and United HealthCare DMO Dental Comparison		
10. Delta Dental PPO Overview		
11. United HealthCare Dental Material (summary, provider list)		
12. Flexible Benefit Medical & Dependent Care Reimbursement Plan Overview (deductions occur in October, November and December 2008)		
13. Transportation & Parking Flexible Benefit Plan Overview		
14. Prepaid Legal Plan Overview (Voluntary Plan)		
15. Retirement Plan Highlights (plan 403(b))		
16. Disability Income / 24 Hour Family Accident Insurance / Term Life Insurance—JC Insurance		
<b>THE FOLLOWING ITEMS MUST BE RETURNED WITHIN 30 DAYS FROM DATE OF HIRE, START DATE, OR QUALIFYING EVENT, WHICHEVER OCCURS LATER</b>		
17. Universal Benefit Enrollment Form		
18. Application of Pre-Existing Condition Exclusion		
19. Eligibility Affidavit		
20. Flexible Benefits Plan Enrollment		
21. Pre-Tax Commuting Enrollment		
<b>THE FOLLOWING FORMS CAN BE RETURNED AT ANY TIME</b>		
22. Pre-Paid Legal Enrollment Form		
23. Salary Reduction Agreement Form		

**Waiver and Acknowledgement**

I have read and understand my options. If I enroll in a group insurance plan, I agree to notify the District within 30 days of a QUALIFYING EVENT. (A QUALIFYING EVENT occurs when there is a loss of other group coverage as defined by HIPAA). The employee is responsible for notifying the PCCD Office within 30 days of the loss of other group coverage in order to enroll in a PCCD insurance plan. If I do not enroll now, I understand that I may enroll at a later date subject to open enrollment provisions and pre-existing condition requirements. I also understand that my premiums are pre-tax and I will notify the District if I prefer after tax deductions. I understand that this enrollment form is applicable to the Fall of 2008 semester only and that I MUST re-enroll to re-establish eligibility each semester.

\_\_\_\_\_ (Signature)

\_\_\_\_\_ (Date)