

7. TERMS AND AGREEMENT (ALL EMPLOYEES MUST SIGN AND DATE BELOW):

In exchange for my enrollment, I agree to notify the District in writing within 30 days of the following:

1. my address change
2. change to my marital status resulting in adding or deleting a spouse or domestic partner
3. change to my eligible dependents status adding a newborn

I also acknowledge that in accordance with Peralta Community College District Board Policy, civil action may be brought against employees who make false statements or fail to notify the District of change in dependent status.

I agree to pay premium directly from my Peralta Community College District pay. If there are insufficient earnings, I will pay for benefits by personal check within the first 10 days of the coverage month.

EMPLOYEE SIGNATURE

DATE

8. COMPLETE THE APPLICABLE SECTION BELOW TO DETERMINE YOUR TOTAL PER PAY PERIOD DEDUCTION:

50/50 Plan:

Medical Premium \$ _____ ÷ 2 = \$ _____ X 6 = \$ _____ ÷ 3 = \$ _____

Dental Premium \$ _____ X 6 = \$ _____ ÷ 3 = \$ _____

TOTAL MEDICAL AND DENTAL PREMIUM PER PAY PERIOD: \$ _____

100% Plan:

Medical Premium \$ _____ X 6 = \$ _____ ÷ 3 = \$ _____

Dental Premium \$ _____ X 6 = \$ _____ ÷ 3 = \$ _____

TOTAL MEDICAL AND DENTAL PREMIUM PER PAY PERIOD: \$ _____