AMENDMENT NO. 2
FOR
PERALTA COMMUNITY COLLEGE DISTRICT
RETIREE BENEFIT PLAN

Effective April 1, 2009:

I. The section "ELIGIBILITY, ENROLLMENT AND EFFECTIVE DATE" shall be amended as follows:

The following subsection shall be added to and made part of the section:

SPECIAL ENROLLMENT PERIOD (CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REAUTHORIZATION ACT OF 2009)

This Plan intends to comply with the Children's Health Insurance Program Reauthorization Act of 2009.

An employee who is currently covered or not covered under the Plan may request a special enrollment period for himself, if applicable, and his dependent. Special enrollment periods will be granted if:

1. the individual's loss of eligibility is due to termination of coverage under a state children's health insurance program or Medicaid; or,
2. the individual is eligible for any applicable premium assistance under a state children's health insurance program or Medicaid.

The employee or dependent must request the special enrollment and enroll no later than sixty (60) days from the date of loss of other coverage or from the date the individual becomes eligible for any applicable premium assistance.

In the subsection "Open Enrollment," the information in the fourth paragraph under number 8. shall be deleted in its entirety and the following substituted therefore:

8. Entitlement to Medicare or Medicaid, or enrollment in a state child health insurance program (CHIP).

II. The section "COORDINATION OF BENEFITS" shall be amended as follows:

In the subsection "Definitions Applicable To This Provision," the fifth paragraph shall be deleted in its entirety and the following substituted therefore:

"Other Plan" means any plan, policy or coverage providing benefits or services for, or by reason of medical, dental or vision care. Such Other Plan(s) do not include flexible spending accounts (FSA), health reimbursement accounts (HRA), health savings accounts (HSA), or individual medical, dental or vision insurance policies. "Other Plan" also does not include Tricare, Medicare, Medicaid or a state child health insurance program (CHIP). Such Other Plan(s) may include, without limitation:

Received and accepted for: Peralta Community College District
Retiree Benefit Plan

By: [Signature]
Title: District Benefits Coordinator
Date: 08-19-09