



**ELECTION OF CASH IN-LIEU OF  
PARTICIPATION IN THE GROUP MEDICAL AND DENTAL INSURANCE  
4/2012**

Return this form and attachments to PCCD Benefits Office, 333 East 8<sup>th</sup> Street; Oakland, Ca 94606 along with your Universal Benefit Enrollment Form

**Eligibility criteria for the cash-in-lieu (CIL) of benefits plan is based on the collective bargaining agreement covering employment with Peralta.**

**In general, this CIL benefit is available to active employees, including contract faculty, and benefit-eligible employees in unions PFT, Local 39; SEIU 1021, managers, and confidential employees**

**Temporary employees and/or hourly part-time non-contract faculty are ineligible for this CIL benefit.**

I hereby waive enrollment into the following group insurance plans, which I am otherwise eligible for based on my own employment eligibility with Peralta Community College District.

**Section A-Waiver /Election**

I am waiving (initial as applicable)

Peralta Group Medical Plan Enrollment; I am therefore eligible for cash benefits of \$225/month

Peralta Group Dental Plan Enrollment ; I am therefore eligible for cash benefit of \$25/month

**Section B-Affirmations/Verifications:**

I affirm that I am covered by another medical and/or dental plan and have attached a copy of my ID card(s) for verification of my group coverage offered through:

\_\_\_\_\_ (Name of Medical Carrier/Plan Administrator)

\_\_\_\_\_ (Name of Dental Carrier/Plan Administrator)

**Initial**

I understand that the ID card must include group identification number, verification of eligibility contact information.

I understand that Peralta Community College District reserves the right to verify this coverage.

I understand that my other group medical, and dental insurance must be primary to Medicare for myself.

**Section C-Cash Options/ Acknowledgements:**

Based on the waiver options indicated above, I am eligible for cash in the amount of:

**Initial**

\$225 to be received on a monthly basis as a taxable benefit in-lieu of individual participation in a Peralta Community College District group medical plans.

\$25 to be received on a monthly basis as a taxable benefit in lieu of individual participation in a Peralta Community College District group dental plan.

**Section D-Other Considerations & Disclosures:**

**Initial**

I cannot opt for cash if my only other medical insurance is Medicare, Medicaid, COBRA or an individual plan.

Under no circumstances will the cash benefit be made retroactive beyond 30 days.

Participation in the cash-in-lieu of benefits plan is voluntary.

If I wish to enroll in any of Peralta Community College District's group medical or dental plans at a later date, I will be subject to that plan's enrollment rules and benefit plan design in effect at that time.

It is my responsibility to complete the Peralta Benefits Enrollment form and submit documentation within 30 days of loss of coverage under another group plan to re-enroll in a Peralta benefit plan at a future date as required by the Health Insurance Portability and Accountability Act (HIPPA) of 1996. Other events which permit me to rescind this waiver are noted below:  
**Qualifying events: Marriage. Divorce, Legal Separation, Birth, Adoption, Death, Termination of employment (unit member or eligible dependents); Exhaustion of COBRA, Individual no longer resides or works in HMO service area, individual ceases to be a dependent, Plan terminates a benefit plan option, involuntary loss of coverage under another group plan, Children's Health Insurance Plan/Medicaid Rule; meeting or exceeding a plans lifetime maximum on all benefits.**

Name (please print)	Signature	Date
Social Security Number	Date of Birth	Peralta Employee ID#

**Benefit Program PFF/PTC/PRB  
Benefits Office Approval Date:**

**Payroll Effective Date:**