

**Peralta Community College Eligibility Affidavit-
50% / 50% and 100% Plan**

UPLOAD THIS COMPLETED FORM TO THE BENEFITBRIDGE ONLINE SECURE PORTAL, NO LATER THAN **September 20, 2017** INCOMPLETE OR FORMS RECEIVED AFTER THIS DATE WILL BE PROCESSED IN ACCORDANCE WITH QUALIFYING EVENTS AS DEFINED BY THE EMPLOYEE RETIREMENT INCOME SECURITY ACT (ERISA) OF 1974. COMPLETE YOUR ENROLLMENT WITHIN 30 DAYS OF A QUALIFYING EVENT (SUCH AS LOSS OF COVERAGE UNDER ANOTHER GROUP PLAN) In accordance with the PFT 2012 – 2015 Successor Agreement, effective Fall 2014, the Part Time Community College Faculty Health Insurance Program, as defined by the California Education Code Section 87863 and referred to as the “50/50 Medical Plan” shall only apply to and provide the Kaiser Plan. The 100% buy-in plan for part time faculty set forth in Article 22.G will still be available to all hourly faculty, continuing past practice with the 100% buy-in. Enrollment into the Self-Funded (PPO Lite or PPO Traditional) plans is available at 100% of the cost.

Section A: Personal Information

Employee's Name (Last, First, Middle Initial) - please print	Social Security Number	Date of Birth
Street Address - please print	City	State
Telephone Number (home)	Telephone Number (work)	Email Address

Check here if the above reflects any new / updated contact information.

Section B: Affidavit of Eligibility

Please answer Yes or No to questions 1, 2, and 3. Initial next to your response.

1. Are you currently employed by PCCD as any hourly faculty member? Yes No _____(your initials here)
2. Do you have a FALL 2017 assignment of 40% or greater? Yes No _____(your initials here)
(refer to the Instructor Assignment Roster –Upload the Fall 2017 Workload to BenefitBridge)
3. Do you have other access to group medical insurance where all or part of the premium is paid through some source other than personal funds or a Community College District? Yes No _____(your initials here)

Section C: Benefit Options—CLICK the button next to your Choice(s)

Coverage 50%/50% Plan	Your 50%/50% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser</u> Monthly Rate/Payroll Rate	Coverage 100% Plan	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Kaiser</u> Monthly Rate/Payroll Rate	Your 100% Monthly Share: 6 months of coverage paid in 3 installments <u>Self-Funded PPO Monthly Rate/Payroll Rate</u>
Single	\$334.97/mo.; \$669.94/pr (payroll)	Single	\$669.94/mo.; \$1,339.88/pr	Trad: \$1,030.25/mo.; \$2,060.50/pr Lite: \$824.14/mo.; \$1,648.28/pr
Two Party	\$669.94/mo.; \$1,339.87/pr	Two Party	\$1,339.87/mo.; \$2,679.74/pr	Trad: \$2,301.83/mo.; \$4,603.66/pr Lite: \$1,841.32/mo.; \$3,682.64/pr
Three Party	\$947.96/mo.; \$1,895.92/pr	Three Party	\$1,895.92/mo.; \$3,791.84/pr	Trad: \$3,458.10/mo.; \$6,916.20/pr Lite: \$2,766.29/mo.; \$5,532.58/pr

Coverage Employee makes 3 installments for 6 months of coverage	Delta Dental PPO plus Premier Dental Plan You pay full monthly premium	United HealthCare DMO Dental Plan You pay full monthly premium
Single	\$64.69	\$30.39
Two Party	\$109.97	\$48.61
Three Party	\$168.19	\$74.07

Section D: Payroll Deduction Authorization

I understand that if I waive coverage or do not enroll in coverage, I can enroll at a later date if there is a QUALIFYING EVENT as permitted and defined by HIPAA governances.

50% / 50% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the above-referenced amounts from my monthly paycheck to pay for 50% of the medical premium cost and 100% of the dental premiums for the amount of coverage I have selected. Deductions will occur for the 3 pay periods: October 2017, November 2017 and December 2017.

(Please sign and date)

OR

100% Plan: I hereby authorize Peralta Community College District Payroll Department to deduct the above-referenced amounts from my monthly paycheck to pay for 100% of the medical and or dental premium cost for the amount of coverage I have selected. Deductions will occur for the 3 pay periods October 2017, November 2017, and December 2017. I do not qualify for the District contribution and agree to pay 100% of the above-referenced circled premium.

(Please sign and date)

Section E: Complete and Attach/Upload Required Forms to the Affidavit, if applicable:

___ I have uploaded documentation of eligible dependents OR ___ I am not adding eligible dependents at this time.



Other Benefit Enrollment Acknowledgements Upload to BenefitBridge as part of your enrollment process

I agree to notify the District in writing within 30 days of my:

1. change of address,
2. change of marital status resulting in adding or deleting a spouse or domestic partner,
3. change to eligible dependents status such as adding a newborn, or adopted child, and
4. change to ineligible dependents status such as deleting an overage dependent.

I also acknowledge the following;

5. Naming ineligible dependents may result in repaying District premium or claim costs.
6. If adding a domestic partner, I may not be subject to imputed California state income tax per tax regulations if I submit a California State Registration of Domestic Partnership.
7. If adding a spouse, then I am exempt from imputed income at the state and federal levels.
8. Failure to notify the District of change in dependent status may result in actions stated in item #5 above.
9. Enrollment is subject to post enrollment audit.
10. I agree to pay premiums based on my plan election.

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 or face cancellation of coverage for non-[payment of premium. I understand that I am subject to post-enrollment premium payments audits and may owe for unpaid premiums at the end of the enrollment period. I am subject to imputed income if enrolling a domestic partner.

If I am a part-time hourly faculty member at the time of enrollment, then, in accordance with the PFT 2012-2015 Successor Agreement, effective Fall 2014, the Part Time Community College Faculty Health Insurance Program, as defined by the California Education Code Section 87863 and referred to as the "50/50 Medical Plan" shall only apply to and provider the Kaiser Plan. The 100% buy-in plan for part time faculty set forth in Article 22.G will still be available to all hourly faculty, continuing past practice with the 100% buy0-in. Enrollment into the Self-funded (PPO Lite or PPO Traditional) plans is available at 100% of the cost. I understand that re-enrollment for future semesters is not automatic and that I need to resubmit each semester for which I am eligible.

Signature:

Print Name:

Date: