SRJC ADJUNCT FACULTY: DECLARATION OF ELIGIBILITY

MAIL Declaration of Eligibility with the Enrollment Request, postmarked no later than March 31, 2017 to:
Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401
OR RETURN to Human Resources mailbox in Bailey Hall by 5:00 p.m. March 31, 2017.

_____ _____
Employee's Legibly Printed Name **Social Security Number**

Circle your responses to 1-7 below; fill in # 4 as applicable. Sign and date at the bottom, to verify that the information you have provided is accurate and correct.

1. TRUE or FALSE *For Adjunct faculty with a date of hire BEFORE July 1, 2008, ONLY: I have been employed as an adjunct faculty member at SRJC for two of the past three semesters (spring 2017 semester, fall 2016 semester and spring 2016 semester).*

2. TRUE or FALSE *For Adjunct faculty with a date of hire ON or AFTER July 1, 2008, ONLY: I have been employed as an adjunct faculty member for five semesters since my most recent date of hire at SRJC.*

3. TRUE or FALSE I am employed by SRJC as an adjunct faculty member, with a load of 20% or more.

4. TRUE or FALSE I have a cumulative assignment of 40% or greater from all California Community College Districts for which I work.

   List the districts from which your current cumulative assignment load is received:

Name of District	Percentage of Assigned Load
Santa Rosa Junior College	

5. TRUE or FALSE No portion of my medical benefits premium is paid by any employer, or by any employer of my spouse or domestic partner, or by any businesses owned by myself, spouse or domestic partner, including another California Community College District.

6. TRUE or FALSE I do not receive reimbursement for retirement medical benefits or stipends, from any source.

7. TRUE or FALSE I do not receive a payment in lieu of medical benefits from another employer, nor does my spouse or domestic partner from any of his/her employers.

NOTE: Answering FALSE to any of the statements above means you are not eligible for this program.

I understand that the elections I make on the SRJC Adjunct Faculty Medical Benefits Enrollment Request form will remain in effect for as long as I am **eligible** to receive the medical benefits offered by Santa Rosa Junior College, or until I make another election during an open enrollment period. I am enrolling for coverage under the plan option indicated for myself, and those eligible dependents that I have listed, as shown on the Medical Benefits Enrollment Request form. I understand that I am responsible for reporting any change(s) in the eligibility status of myself, or dependents, within 30 days.

I hereby declare under penalty of perjury under the laws of the State of California that: ***the information and documentation I have provided related to this application for medical benefit coverage (including but not limited to this Declaration Form, copies of birth certificates, marriage certificates, domestic partner certificates, school enrollment forms) are true and accurate to the best of my knowledge.***

I attest by signing below that I have reviewed the information provided on this form and on the supporting documentation and it is to the best of my knowledge and belief true and accurate with no omissions or misstatements.

_____ _____
Signature Date

SRJC ADJUNCT FACULTY
MEDICAL BENEFITS – ENROLLMENT REQUEST

MAIL Enrollment Request with the Declaration of Eligibility postmarked no later than March 31, 2017 to:
Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401
OR RETURN to Human Resources mailbox in Bailey Hall by 5:00 p.m. March 31, 2017.

Employee's Printed Name			Date of Birth
Street Address	City	State	Zip Code
Home Phone	Work Phone		E-mail address

*** **Please list the names of those eligible family members to be covered under your medical plan choice.**

_____ _____

_____ _____

I understand that the dependents that are being enrolled meet SRJC dependent guidelines. Please sign below whether you are enrolling dependents or participating in individual coverage.

_____ _____
Signature **Date**

*** Signed under penalty of perjury under the laws of the State California.*

Employees continuing with their current coverage: Please select the coverage you are participating in, 1 through 5 as listed on the following page. Place a check mark in front of the level of coverage you wish to select, and return it along with the Declaration of Eligibility and Enrollment Request forms. These are the only current options available to regular faculty, adjunct faculty and regular employees. **Selecting a new medical provider can only be requested during the annual Open Enrollment Period held in August 2017.**

If you are enrolling in the Program for the first time, you may elect to enroll in options 1 through 5 as listed on the following page. Place a check mark in front of the level of coverage you wish to select, and return it along with the Declaration of Eligibility and Enrollment Request forms.

Options 4 and 5 are high deductible plans. If you choose to enroll in one of these high deductible plans, the District will make a contribution into a health savings account on your behalf in the amounts listed below.

Annual HSA Contributions by the District:

Single:	$600.00
Double:	$900.00
Family	$900.00

For additional information about the plans, please go to the following link.

Medical Plans

SRJC ADJUNCT FACULTY
MEDICAL PLANS

NOTE: ***Because these are SRJC group plans, you will not be excluded from joining a medical plan for pre-existing conditions.***

1. ____ I select the SISC **Kaiser Permanente HMO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of April 1, 2017 through September 30, 2017.

Check the coverage requested:

_____ Single:	100% premium = $	590.00	Adjunct faculty portion = $	295.00
_____ Double:	100% premium = $	1,265.00	Adjunct faculty portion = $	632.50
_____ Family:	100% premium = $	1,739.00	Adjunct faculty portion = $	869.50

2. ____ I select the SISC **Blue Shield HMO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of April 1, 2017 through September 30, 2017.

Check the coverage requested:

_____ Single:	100% premium = $	637.00	Adjunct faculty portion = $	318.50
_____ Double:	100% premium = $	1,355.00	Adjunct faculty portion = $	677.50
_____ Family:	100% premium = $	1,888.00	Adjunct faculty portion = $	944.00

3. ____ I select the SISC **Blue Shield PPO** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of April 1, 2017 through September 30, 2017.

Check the coverage requested:

_____ Single:	100% premium = $	747.00	Adjunct faculty portion = $	373.50
_____ Double:	100% premium = $	1,598.00	Adjunct faculty portion = $	799.00
_____ Family:	100% premium = $	2,230.00	Adjunct faculty portion = $	1,115.00

4____ I select the **Kaiser ABHP** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of April 1, 2017 through September 30, 2017.

Check the coverage requested:

_____ Single:	100% premium = $	455.00	Adjunct faculty portion = $	227.50
_____ Double:	100% premium = $	976.00	Adjunct faculty portion = $	488.00
_____ Family:	100% premium = $	1,342.00	Adjunct faculty portion = $	671.00

5. ____ I select the **SISC Blue Shield ABHP** SRJC Group Medical Plan, and I agree to pay the adjunct faculty portion, which is 50% of the premium cost on a monthly basis, for the period of April 1, 2017 through September 30, 2017.

Check the coverage requested:

_____ Single:	100% premium = $	553.00	Adjunct faculty portion = $	276.50
_____ Double:	100% premium = $	1,216.00	Adjunct faculty portion = $	608.00
_____ Family:	100% premium = $	1,713.00	Adjunct faculty portion = $	856.50

*All information will be used exclusively by SRJC to administer the program and will not be disclosed unless required by law.

SRJC ADJUNCT FACULTY MEDICAL BENEFITS
SUMMARY OF BENEFITS & ELIGIBILITY REQUIREMENTS

Initial Eligibility Requirements

1. For Adjunct faculty with a date of hire BEFORE July 1, 2008, ONLY: Must have been employed as an adjunct faculty at SRJC for two of the past three semesters.
2. For Adjunct faculty with a date of hire ON or AFTER July 1, 2008, ONLY: Must have been employed as an adjunct faculty for five semesters since your most recent date of hire.
3. Must be a current SRJC adjunct faculty member with a load of 20% or more.
4. Must have a current cumulative load of 40% or greater from all California Community College Districts.
5. Must not have any portion of your medical benefits premium paid by any employer, or by any employer of your spouse or domestic partner, including or by businesses owned by your self, spouse or domestic partner including another California Community College District.
6. Must not receive reimbursement for retirement medical benefits or stipends, from any source.
7. Must not receive a payment in lieu of medical benefits from another employer, nor from any employer of your spouse or domestic partner.

Continuing Eligibility Requirements

1. Must meet eligibility requirements 1 through 7 as described above.
2. If you do not meet eligibility requirement #4, you must have a cumulative load, from all California Community College Districts, of 80% for the current semester and past two terms of instruction (spring 2017 semester, fall 2016 semester, and summer 2016 term).
3. If a plan provider requires additional verification data, you will be notified about what is needed and where to submit it.

Plan Selection

There are five medical insurance options available for all regular faculty, adjunct faculty and regular employees.
You may choose ONLY ONE of these options:

Option #1: Kaiser Permanente HMO SRJC Group Plan

Option #2: Blue Shield HMO SRJC Group Plan

Option #3: Blue Shield PPO SRJC Group Plan

Option #4: Kaiser Account Based Health Plan (ABHP)

Option #5: Blue Shield Account Based Health Plan (ABHP)

Plan Payment

- The individual adjunct faculty member is responsible to make a monthly payment amount, which is approximately 50% of the total monthly premium.
- Your premium payment will be deducted from your paycheck. During a coverage period when you do not receive a paycheck, you are responsible for making the premium payments directly to the Accounting Department. Premium Payment Vouchers will be sent electronically at the time of enrollment or re-enrollment in the Program or are available in the Human Resources Department or on the Human Resources home page www.santarosa.edu/hr (forms).
- Failure to pay the adjunct faculty portion of the premium will result in cancellation of this benefit.

Dates of Enrollment

The current enrollment period is from April 1, 2017 through September 30, 2017. When "current enrollment period" is used in the attached documents, it means April 1, 2017 through September 30, 2017.

Dates of Coverage

The dates of coverage for employees who meet the eligibility criteria during the current enrollment period are April 1, 2017 through September 30, 2017.