MEDICAL PLAN SELECTION REQUEST FORM

SRJC ADJUNCT FACULTY

_____ _____

Employee's Printed Name Employee I.D. Number

Please select which medical plan you'd like to enroll in below. Benefit Summaries of these five SRJC medical plans can be found at: https://hr.santarosa.edu/employee-benefits-information

Options 4 and 5 are high deductible plans. If you choose to enroll in one of these high deductible plans, the District will contribute into a Health Savings Account (HSA) on your behalf in the amounts listed below:

HSA Single: $600.00
HSA Double:$900.00
HSA Family: $900.00

1. I select the SISC **Kaiser Permanente HMO** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single:	100% premium = $714.00	Adjunct 50% faculty portion = $357.00
☐ Double:	100% premium = 1,489.00	Adjunct 50% faculty portion = $744.50
☐ Family:	100% premium = $2,066.00	Adjunct 50% faculty portion = $1,033.00

2. I select the SISC **Blue Shield HMO** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single:	100% premium = $782.00	Adjunct 50% faculty portion = $391.00
☐ Double:	100% premium = $1,658.00	Adjunct 50% faculty portion = $829.00
☐ Family:	100% premium = $2,310.00	Adjunct 50% faculty portion = $1,155.00

3. I select the SISC **Blue Shield PPO** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single:	100% premium = $875.00	Adjunct 50% faculty portion = $437.50
☐ Double:	100% premium = $1,863.00	Adjunct 50% faculty portion = $931.50
☐ Family:	100% premium = $2,598.00	Adjunct 50% faculty portion = $1,299.00

4. I select the **Kaiser HSA** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single:	100% premium = $563.00	Adjunct 50% faculty portion = $281.50
☐ Double:	100% premium = $1,172.00	Adjunct 50% faculty portion = $586.00
☐ Family:	100% premium = $1,626.00	Adjunct 50% faculty portion = $813.00

5. I select the **SISC Blue Shield HSA** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single:	100% premium = $618.00	Adjunct 50% faculty portion = $309.00
☐ Double:	100% premium = $1,350.00	Adjunct 50% faculty portion = $675.00
☐ Family:	100% premium = $1,898.00	Adjunct 50% faculty portion = $949.00

I agree to pay the adjunct faculty portion of the plan I selected above, which is 50% of the premium cost on a monthly basis, for the period of October 1, 2020 through March 31, 2021.

_____ _____

Signature **Date**

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

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