

***CONTINUING ENROLLEES  
IN THE ASSOCIATE FACULTY MEDICAL BENEFITS  
PROGRAM***

**Enrollment Period: March 1-31, 2022**

The AFA/District Side Letter “Effects of District Emergency Action Due to Coronavirus Pandemic” dated 10/28/2021 states:

*Associate faculty members who are currently participating in the Associate Faculty Medical Benefits Program (AMBP) will maintain eligibility for the program during the 2021-2022 academic year, even if the faculty member's load drops below the 40% threshold required by the state-funded program. **In order to continue to be eligible to receive medical insurance, associate faculty members must have an assignment in the District or be on an approved leave during the Spring 2022 enrollment period.***

You must meet the eligibility criteria as listed above and submit the “Continuing Enrollees Declaration of Eligibility Form” on page 2 of this document to Human Resources by March 31, 2022 to continue your medical insurance.

**\*\* Please note, you must submit the  
Declaration of Eligibility Form for continuing enrollees  
to Human Resources by March 31, 2022 or your medical insurance will  
end on March 31, 2022.**

**The Declaration of Eligibility Form is on page 2 below.**

As long as you submit the Declaration of Eligibility Form and you’re actively employed and meet the eligibility requirements, the dates of coverage will be April 1, 2022 to September 30, 2022. If you resign your position or retire, then your medical insurance ends at the end of the month that you last worked.

If you have questions, please contact Christie Colón in the Human Resources Department at 707-527-4304 or [ccolon@santarosa.edu](mailto:ccolon@santarosa.edu).

(MORE)



**DECLARATION OF ELIGIBILITY FORM**  
**FOR THOSE CONTINUING MEDICAL BENEFITS**

SRJC ASSOCIATE FACULTY

Send this form no later than **March 31, 2022** to:

Human Resources • Santa Rosa Junior College • 1501 Mendocino Avenue • Santa Rosa, CA 95401

OR email [ccolon@santarosa.edu](mailto:ccolon@santarosa.edu)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Employee I.D. Number

*Check the boxes for 1-4 below. Sign and date at the bottom, to verify that the information you have provided is accurate and correct.*

1. TRUE or FALSE I am employed by SRJC as an Associate Faculty member and I have an assignment in the District or am on an approved leave during the Spring 2022 semester.
2. 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.
3. TRUE or FALSE I do not receive reimbursement for retirement medical benefits or stipends, from any source.
4. 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 my medical coverage will remain in effect for as long as I am eligible to receive the medical benefits offered by Santa Rosa Junior College, or make another election during an open enrollment period. If I resign my position or retire, then my medical insurance ends at the end of the month that I last worked.

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, verification of teaching load form) 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