MEDICAL PLAN SELECTION REQUEST FORM

SRJC ASSOCIATE FACULTY

_____ _____

Employee 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/associate-faculty-medical-insurance

Options 2 and 3 are deductible plans. If you choose to enroll in one of these deductible plans, the District will contribute into a Health Savings Account (HSA) on your behalf in the amounts listed below per year:

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
☐ Double
☐ Family

SRJC pays the entire monthly premium for the Kaiser HMO plan.

2. I select the SISC **Kaiser Deductible HSA** SRJC Group Medical Plan. **Check the coverage requested:**

☐ Single
☐ Double
☐ Family

SRJC pays the entire monthly premium for the Kaiser Deductible HSA plan.

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

☐ Single
☐ Double
☐ Family

SRJC pays the entire monthly premium for the Blue Shield PPO Deductible HSA plan.

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

☐ Single: Associate faculty portion = $104.00/month
☐ Double: Associate faculty portion = $261.00/month
☐ Family: Associate faculty portion = $375.00/month

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

☐ Single: Associate faculty portion = $219.00/month
☐ Double: Associate faculty portion = $514.00/month
☐ Family: Associate faculty portion = $732.00/month

I agree to pay the associate faculty portion, if any, of the plan I selected above, for the period of October 1, 2024 through March 31, 2025.

_____ _____

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.