

▪ Forty South Market Street ▪ San José, CA 95113

408-270-6406 ▪ 408-239-8804 (fax)

Adjunct Faculty Kaiser Plan
Verification of Eligibility
Fall 2019

Name: _____ (Print)

Employee Number: _____ Campus Phone Extension: _____

Campus _____ EVC _____ SJCC Division: _____

Home Telephone #: _____ Email: _____

This is a NEW enrollment, as I was not enrolled spring 2019. (An enrollment form is also required. Both forms are due in Human Resources no later than 5pm 09/20/2019.)

I wish to CONTINUE my coverage in fall 2019 as I did in spring 2019 (I understand I am not required to complete a new enrollment form, however this form is required and is due in Human Resources no later than 5pm, 09/20/2019. *Your coverage will be terminated effective 08/31/2019 if this form is not received in HR by the deadline above.*)

I was enrolled spring 2019 and will not qualify OR wish to CANCEL my coverage effective 08/31/2019. Please terminate my coverage (and send a COBRA Notice if applicable).

I attest by my signature below that I meet the following eligibility criteria listed:

- a) Expect to carry a 40% cumulative equivalent load of a minimum full-time faculty assignment (either instructional or non-instructional)
- b) Am not covered by any other medical plan.
- c) I agree to pay at least 50% of the premium of this plan for myself, and 100% of the premium for my dependent(s).

I authorize payroll to deduct the employee (and dependent if applicable) portion of the plan premium from my paychecks.

Signed: _____ Date: _____

For HR Only: Eligibility Verified: _____ Processed: SISC Benetrac Colleague