

▪ Forty South Market Street ▪ San José, CA 95113

408-223-6713 ▪ 408-239-8804 (fax)

Adjunct Faculty Kaiser Plan
Verification of Eligibility
Fall 2021

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 2021. (An enrollment form is also required. All documentation is due in Human Resources no later than 5pm 09/24/2021.)
- I wish to **CONTINUE** my coverage in fall 2021 as I did spring 2021 (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, 09/24/2021.**) *Your coverage will be terminated effective 09/01/2021 if this form is not received in HR by the deadline above.*
- I was enrolled spring 2021 and will **not** qualify OR wish to **CANCEL** my coverage effective **09/01/2021**. 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, or both);
- b) I am not enrolled in 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