san josé·evergreen
COMMUNITY COLLEGE DISTRICT

HUMAN RESOURCES SERVICES GROUP

▪ Forty South Market Street ▪ San José, CA 95113 408-270-6406 ▪ 408-239-8804 (fax)

Adjunct Faculty Kaiser Plan
Verification of Eligibility
Fall 2020

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 2020. (An enrollment form is also required. **All** documentation is due in Human Resources no later than 5pm 09/25/2020.)

- ☐ **I wish to CONTINUE my coverage in fall 2020 as I did in spring 2020** (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, 09/25/2020.) ***Your coverage will be terminated effective 08/31/2020 if this form is not received in HR by the deadline above.***

- ☐ **I was enrolled spring 2020 and will not qualify OR wish to CANCEL my coverage effective 08/31/2020.** 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) 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 ☐