san josé·evergreen
COMMUNITY COLLEGE DISTRICT

HUMAN RESOURCES SERVICES GROUP

▪ Forty South Market Street ▪ San José, CA 95113 408-223-6713 ▪ 408-239-8804 (fax)

Associate Faculty – Kaiser Permanente Plan
Verification of Eligibility Form
Spring 2025

All Fields Required. This Form is Due in Human Resources On or Before 5:00pm 2/21/2025:

Name:____ (Print)

Employee Number: ______________________ **Phone Number**: ____________________________

Campus: ______**EVC** ______**SJCC** **Division**: ____

☐ **This is a NEW enrollment.** I was **not** enrolled in a District Plan fall '24. *(Plan A or Plan B enrollment form is required)*

☐ **I wish to CONTINUE my current coverage in spring 2025 I did fall 2024** (No changes. *Only this form is due.)*

☐ **I wish to SWITCH my coverage in spring 2025 from Plan A to Plan B.** (A Plan B enrollment form is required.)

☐ **I was enrolled fall 2024 but will not qualify OR wish to CANCEL my coverage effective 03/01/2025.**

I ELECT TO ENROLL IN OR CONTINUE THE FOLLOWING PLAN (please check ONE box):

	Employee Only	Employee + Spouse	Employee + Domestic Partner	Employee + Child/Children	Family
TRADITIONAL PLAN (PLAN A)	☐	☐	☐	☐	☐

	Employee Only	Employee + Spouse	Employee + Domestic Partner	Employee + Child/Children	Family
DEDUCTIBLE PLAN (PLAN B)	☐	☐	☐	☐	☐

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

a) I meet the eligibility for coverage criteria under Article 9.2.3 of the AFT Collective Bargaining Unit;
b) I will not have any other medical coverage, nor will my covered dependents (if enrolling/enrolled);
c) I agree to have my portion of the premium for any covered dependent I enroll deducted from my paychecks.
d) I understand I am responsible for any overpaid premium the District pays for me and any enrolled dependents if it is determined that I/we/they are/were ineligible.

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

Signed: ____ **Date:** ______________________________

For HR Only:
Eligibility Verified: _______________ Processed SISC ☐ Benetrac ☐ Colleague ☐