

**CLASSIFIED (CSEA) EMPLOYEE UNIT MEMBER**

**APPLICATION FOR WAIVER OF DISTRICT MEDICAL BENEFITS**

TO: Benefits Office

FROM: \_\_\_\_\_  
Employee Employee ID #

*Note: This waiver only applies to those permanent full-time employees who were previously grandfathered under the waiver program by Self-Insured Schools of California (SISC) as of July 1, 2014 or those permanent part-time employees who work less than .90 FTE.*

In applying for this waiver, I hereby certify and document with attached proof of enrollment that my tax dependents and I have other non-individual health plan coverage (e.g. other employer plan, Tricare, Medicare, and Medi-Cal).

I understand that in applying for the waiver of health benefit coverage, I may only reinstate District medical benefits during the District's open enrollment or based on a Mid-Year Qualifying Event as defined by SISC (Self-Insured Schools of California), our Benefits Administrator. I understand that in applying for this medical benefit waiver by August 25<sup>th</sup>, I must accept the consequences of my decision which may include, but are not limited to:

- a. Changes in the law or insurance carrier procedures, which would preclude this option;
- b. Future changes in the District-offered medical benefits.

Waiver Annual Payment: I understand that if approval is forthcoming by the Benefits Office, I will receive a \$1,200 annual payment, or pro-rata share which reflects the contract year (October 1 to September 30). Part-time members eligible for this benefit shall be provided a pro-rata benefit based on the proportion of their part-time assignment to full-time.

Permanent Full-Time Employees: I understand with the implementation of the Self-Insured Schools of California (SISC) as of July 1, 2014, that my waiver of my medical benefit coverage was grandfathered, because the SISC rules do not allow waiver of medical benefit coverage for any employee working 90% FTE or more. Furthermore, I understand that as a member of the grandfathered group, if I reinstate District medical benefits I will not be eligible to apply for the \$1,200 annual payment in the future. I also understand that I may only enroll in benefits during the District's open enrollment or based on a Mid-Year Qualifying Event.

Future Enrollment: I understand that in order to be reinstated to the District's health benefit coverage I must submit the *Classified (CSEA) Employee Unit Member Application for Reinstatement to the District's Health Benefit Coverage* **and** either the *Kaiser or SISC/Blue Shield Enrollment Form* by August 25<sup>th</sup>, of the year in which I wish to make that change or within 30 days of the Mid-Year Qualifying Event.

Loss of Coverage: In the event of involuntary loss of coverage under another group plan, I understand that I may reinstate to District medical benefits, but that I must apply within 31 days of the date of loss of coverage. I would then receive a pro-rata share of the agreed upon annual payment which reflects that portion of the year for which I waived medical benefits (October 1 to September 30).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Benefits Office

**CLASSIFIED (CSEA) EMPLOYEE UNIT MEMBER**

**APPLICATION FOR REINSTATEMENT TO DISTRICT'S HEALTH BENEFIT COVERAGE**

*Note: This form only applies to permanent full-time employees who were previously grandfathered with the implementation of the Self Insured Schools of California (SISC) as of July 1, 2014 or permanent part-time employees who waived health benefits. Employees may only enroll during the District's open enrollment or based on a Mid-Year Qualifying Event as defined by SISC (Self-Insured Schools of California), our Benefits Administrator. Complete and submit this form to the Benefits Office by August 25th for open enrollment or within 30 days of the Mid-Year Qualifying Event.*

TO: Benefits Office

FROM: \_\_\_\_\_  
Employee Employee ID #

- I am currently a **permanent full-time employee**, who is part of the grandfathered group. I understand as a member of the grandfathered group, if I reinstate District medical benefits that I will not be eligible to waive health benefits or apply for the \$1,200 annual payment in the future.
- I am currently a **permanent part-time employee**, working less than .90 FTE

I wish to be reinstated to the District's health benefit coverage, effective October 1 or the first of the month following the Mid-Year Qualifying Event. I have selected the following coverage:

- |             |                                   |  |                                 |
|-------------|-----------------------------------|--|---------------------------------|
| Kaiser:     | <input type="checkbox"/> Employee | <input type="checkbox"/> Employee plus one | <input type="checkbox"/> Family |
| Blue Shield | <input type="checkbox"/> Employee | <input type="checkbox"/> Employee plus one | <input type="checkbox"/> Family |

I understand that I am also required to complete and submit either the Kaiser or SISC/Blue Shield Enrollment Form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Benefits Office