FOOTHILL-DE ANZA
Community College District

REQUEST TO CHANGE BENEFIT PLAN

COMPLETE THIS FORM ONLY IF YOU WISH TO CHANGE MEDICAL PLANS, OR TO DELETE/ADD DEPENDENT(S). PLEASE DO NOT COMPLETE THIS FORM IF YOU DO NOT WISH TO TRANSFER YOUR BENEFIT COVERAGE AND/OR CHANGE DEPENDENT(S). **RETURN THIS FORM TO THE DISTRICT BY APRIL 30, 2009.**

The effective date of medical coverage for all changes made during this Open Enrollment will be July 1, 2009.

PLEASE DO NOT COMPLETE THE FORM IF YOU WANT TO RETAIN THE SAME BENEFITS AND LEVEL OF COVERAGE!

If you wish to change plan or level of benefits coverage, please make your selection for the Plan Year 2009/2010 (July 09 – June 10) below.

Circle the benefit option to change your current benefit coverage:

	FROM	**TO**
Option 1:	Kaiser Foundation Health Plan (HMO)	Preferred Provider Organization (PPO) Medical Plan
Option 2:	Kaiser Foundation Health Plan (HMO)	Exclusive Provider Organization (EPO) Medical Plan
Option 3:	PPO Medical Plan (formerly PPO+)	Exclusive Provider Organization (EPO) Medical Plan
Option 4:	PPO Medical Plan (formerly PPO+)	Kaiser Foundation Health Plan (HMO)
Option 5:	EPO Medical Plan (formerly PPO Network Only)	Preferred Provider Organization (PPO) Medical Plan
Option 6:	EPO Medical Plan (formerly PPO Network Only)	Kaiser Foundation Medical Plan (PPO)

I wish to keep my current coverage, and insure only the following dependent(s) – (please list all insured eligible dependent(s):

Option A: Maintain Kaiser Foundation Health Plan (HMO)
Option B: Maintain Preferred Provider Organization (PPO) Medical Plan
Option C: Exclusive Provider Organization (EPO) Medical Plan

RETIREE NAME: _____ SSN _____ DOB: _____

SPOUSE NAME: _____ SSN _____ DOB: _____

OTHER DEPENDENT: _____ SSN _____ DOB: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

_____ _____
Employee Signature Date

NOTE: Employees with one or more dependents who select the PPO Medical Plan will have the employee contribution premium deducted directly via payroll effective July 1, 2009. Return this form to the District by Thursday, April 30, 2009 or fax it to 650-949-2831.

Mail your form to: **Foothill - De Anza Community College District**
Attn: Christine Vo, HR Dept.
12345 El Monte Rd
Los Altos Hills, CA 94022