

REQUEST TO CHANGE BENEFIT PLAN FORM
for SURVIVING SPOUSES ONLY



**IMPORTANT: COMPLETE THIS FORM ONLY IF YOU WOULD LIKE TO CHANGE
YOUR BENEFIT PLAN ELECTION OR ADD/DELETE DEPENDENT(S)
FOR PLAN YEAR 2011/2012.**

If you would like to retain your current benefit plan election and level of coverage for plan year 2011/2012, **no** further action is required. Your benefit plan election and level of coverage will default to your previous year's election.

If you would like to change your benefit plan election or add or delete dependent(s), please ✓check the box next to the desired benefit plan and complete information below. Your election will be effective from July 1, 2011 – June 30, 2012. Below are the benefit plan selection and premium for plan year 2011/2012, **effective July 1, 2011.**

✓ CHECK DESIRED OPTION	BENEFIT PLAN SELECTION PLAN YEAR 2011/2012	MONTHLY PREMIUM SINGLE INSURED	QUARTERLY PREMIUM
NA	KAISER Medical HMO (under age 65) /EAP	\$548.59	
NA	KAISER Medical SrADVANTAGE (65 - Medicare eligible) /EAP	\$318.41	
NA	UnitedHealthcare CHOICE Health Plan (PPO)/EAP	\$371.40	
NA	UnitedHealthcare CHOICE PLUS Health Plan (PPO)/EAP	\$441.22	
NA	MEDCO Rx for CHOICE/CHOICE PLUS Health Plans (EPO/PPO)	\$255.65	
NA	DENTAL	\$70.93	
NA	VISION	\$10.28	
<input type="checkbox"/>	Kaiser (under 65/Medicare ineligible) /Dental/Vision	\$629.80	\$1,889.41
<input type="checkbox"/>	Kaiser (Medicare Eligible) SrAdvantage /Dental/Vision	\$399.62	\$1,198.85
<input type="checkbox"/>	UnitedHealthcare CHOICE Health Plan (EPO)/EAP/Dental/Vision	\$708.25	\$2,124.75
<input type="checkbox"/>	UnitedHealthcare CHOICE PLUS Health Plan (PPO)/EAP/Dental/Vision	\$778.08	\$2,334.23

(over)

Open Enrollment begins March 31, 2011 and ends on April 29, 2011. Your benefit selection will be effective from plan year July 1, 2011 – June 30, 2012.

SURVIVOR NAME: _____ SSN: _____ DOB: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ EMAIL ADDRESS: _____

Survivor Signature

Date

**Please mail or return the completed form
to the District by Friday, April 29, 2011 @ 5:00pm**

Foothill - De Anza Community College District
Attn: BENEFITS UNIT
12345 El Monte Rd
Los Altos Hills, CA 94022
Fax # (650) 949-2831
PDF/Email: MyBenefits@fhda.edu