



**Office of Human Resources and Equal Opportunity
12345 El Monte Road, Los Altos Hills, CA 94022**

BENEFITS ANNOUNCEMENT

To: All Qualified Part -Time Faculty
From: Christine Vo, Benefits and Workers' Compensation Analyst
Date: June 20, 2005
Subject: **ANNUAL BENEFITS OPEN ENROLLMENT (JULY 1 - 29, 2005)**

**RESPONSE REQUIRED! FAILURE TO RESPOND WILL TERMINATE
ELIGIBILITY FOR HEALTH BENEFIT COVERAGE IN 2005-06.**

In accordance with Article 22A of the *Agreement* between the District and the Faculty Association, you are eligible to participate in the District's Kaiser Medical Plan. To participate, you must submit a signed affidavit that you have no other access to medical insurance where all or part of the premium is paid through some other source.

Part-time faculty members with re-employment preference per Article 7 whose annual load factors range between **.4000 to .4999** for the academic year ending June 30, 2005 are eligible for **employee-only or employee plus dependent(s)** enrollment in the District's Paid Benefits for Part-Time Faculty program. The District contributes **50% of the Kaiser health care premium** for the Plan Year 2005/2006 (October 1, 2005 – September 30, 2006). The employee contribution of **50% of the annual (12-month)** insurance premium shall be made in nine **(9) equal payments** through payroll deductions.

Eligibility is determined annually by the District for coverage from October 1st through September 30th, **based on the prior academic year's part-time faculty teaching assignment.**

Please note: Article 22A.3.5 provides an eligibility review for full District premium payment for faculty who, because of load configurations are assigned loads that consistently fall slightly under .50 load (e.g., .48 or .49).

In addition, a "Hold Harmless" provision applies to the 2004-05 academic year for purposes of benefit coverage for October 1, 2005 to September 30, 2006. Should the 2004-05 annual load of a part-time faculty employee (teaching under Article 7) fall below his or her "usual load" through no fault of his or her own, the employee shall remain eligible in 2005-06 for the medical benefits consistent with his or her "usual load." For the purposes of this provision only, "usual load" shall mean the load normally taught by the faculty employee, based on his or her prior three years of service in the District.

Should either of these extenuating circumstances apply to you, contact Human Resources to apply for a review of your load.

Eligibility shall cease (and participation in the program will be terminated) if you lose re-employment preference per Article 7, resign or retire from active employment with the District, fail to provide the affidavit (required annually) and/or other required forms/documentation by the July 29 deadline, or fail to pay the required contribution toward the health care premium.

A. REQUIRED PREMIUM PAYMENTS

During a non-assignment quarter or when the employee's contribution deduction amount is greater than the payroll check amount, the employee is required to submit payment for either the full premium amount or the difference, within **ten (10) working days** from the time the payroll check is issued or from the time the payroll check would have been issued.

Failure to pay the premium in a timely manner will result in termination of coverage without reinstatement rights. All claims will be "PENDING" until payment is received in the District Office. Please remember, the grace period cannot be extended and no exceptions will be made. The District does not send notices of late payment.

It is the employee's responsibility to meet the premium payment deadline as specified above.

B. KAISER MEDICAL PLAN

Kaiser's Live-Work Eligibility Rule allows active employees who live in California and work in the Kaiser service area to enroll in the Kaiser Medical Plan, regardless of their residence zip codes. For new enrollees, Kaiser enrollment forms are included in this mailing.

The **District pays half the premium**; the employee contributes the other half through 9 monthly payroll deductions (October 2005 – June 2006) for the twelve-month coverage. **The first payroll deduction occurs on October 31, 2005.**

Rates quoted below will remain in effect from July 1, 2005 through June 30, 2006.

If you have any questions regarding the Plan, contact Christine Vo, Benefits and Workers' Compensation Analyst, preferably via e-mail: VoChristine@fhda.edu or by voice mail: 650-949-6225. For information regarding the PPO and the PPO+ Plans, please contact Principal's Claim Center at 1-800-984-9084. The group number is P89191.

C. KAISER PREMIUM RATES FOR JULY 2005 – JUNE 2006:

	EE Only	EE+1	EE + Family
*Annual Premium (10/05 – 9/06)	\$4,541.16	\$9,082.32	\$12,851.40
Monthly Premium (adjusted to 9 months)	\$504.57	\$1,009.15	\$1,427.93
Employee Monthly Contribution @ 50% (9 months)	\$252.29	\$504.58	\$713.97

*Note: Rates are subject to change due to Kaiser renewal on July 1st of every year. There will be a one-time year-end deduction adjustment for the premium of July-September.

D. DISTRICT SELF-INSURED MEDICAL PLAN

If you reside outside of the State of California, you may enroll for benefits under one of the District's Self Insured Medical Plan(s): District Network Only Medical Plan (PPO) or the Combined Coverage Medical Plan (PPO+). If you live outside of California and wish to enroll in the PPO or the PPO+ Plan, email VoChristine@fhda.edu to request additional information, and an application. The completed application must be filed by the July 29, 2005 deadline.

ENROLLMENT AND/OR ANNUAL SIGN-UP

- **COMPLETE THE REQUIRED FORMS and RETURN THEM TO HUMAN RESOURCES immediately.**
- **Eligibility for coverage will cease (and participation in the program will be terminated) if the employee fails to provide the affidavit (required annually) and/or other required forms/documentation by JULY 29, 2005.**
- **ALL PARTICIPANTS in the program are required to FILE AN AFFIDAVIT ANNUALLY, regardless of whether they are continuing or new participants in the program.**

Required for Continuing Participants with no Dependent Changes

A completed and signed affidavit to certify that you have no other access to medical insurance where all or part of the premium is paid through some other source. The affidavit must be returned to the District Human Resources Office by **Friday, July 29, 2005.**

Required for Continuing Participants with Dependents Changes

1) A Completed and signed affidavit to certify that you have no other access to medical insurance where all or part of the premium is paid through some other source. **2) Notification and documentation of changes to dependent coverage.** To add or delete dependent(s), provide birth or marriage certificates to add dependent(s) and divorce documentation to delete your spouse. The affidavit and the notification/ documentation must be returned to the District Human Resources Office by **Friday, July 29, 2005.**

Required for New Enrollees

1) A Completed and signed affidavit to certify that you have no other access to medical insurance where all or part of the premium is paid through some other source. **2) A completed and signed enrollment form** is required of all newly eligible part-time faculty (those not currently insured on one of the District's Plans). **3) Proofs of dependents** such as marriage and birth certificates and copies of social security card(s) must be provided in order to insure your family. The affidavit, enrollment form, and proofs of dependent(s) must be returned to the District Human Resources Office by **Friday, July 29, 2005.**

MAIL ALL DOCUMENTS TO:

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

E-MAIL: VoChristine@fhda.edu FAX: (650) 949-2831

Other Important Information:

- Questions regarding **load factors** should be directed to the **Division office.**
- Questions about **program requirements**, eligibility, and the 2004-05 "hold-harmless" provision should be directed to the **Faculty Association at 650 949-7544; email to ElwellSusanne@fhda.edu.**
- **Effective date** of medical coverage for all changes made during open enrollment is **October 1, 2005.**
- The **first payroll deduction** will take place on **October 31, 2005.**

- The District **does not** provide notary public service. However, some banks such as World Savings and Washington Mutual provide this as a free service to their customers. Otherwise, any real estate office will offer the service for a small fee.
- In order for the District to maintain an accurate listing of the complete names, telephone numbers, and mailing addresses of all employees, you are **required to notify** the District's Human Resources office **in writing within 31 days** whenever there is a change in dependent status and within **10 days** if there is a change in address.
- If you **add or delete a dependent**, you must provide documentation (marriage license, legal divorce decree signed by the judge, birth/death certificate, or legal adoption papers and copies of social security card) for each newly enrolled dependent or change in status to Human Resources before the updates/changes can be completed
- All **required documentation** must be submitted to the Human Resources Office by **July 29, 2005**. We cannot process benefit requests for the new Plan Year 2005/2006 without the required information. Your added dependent(s) will not be covered effective October 1, 2005 if we do not receive the necessary documents.

Required Premium Payment

When required to make premium payments, employees should make checks payable to: Foothill-De Anza Community College District and note "P/T Faculty Benefits Premium" and the last four digits of your social security number i.e. (xxx-xx-1234) on the check. No invoices will be issued.

MAIL ALL PAYMENTS TO:

**Foothill-De Anza Community College District
Attn: Accounts Receivable
12345 El Monte Rd, Los Altos Hills, CA 94022**

Phone: 650-949-6259

**REMINDER: DUE DATE IS FRIDAY, JULY 29, 2005, 5:00 PM.
NO EXCEPTIONS.**

- **New enrollees must submit the affidavit, the enrollment form, and appropriate verification of dependents.**
- **Continuing participants must submit the affidavit and documentation of any change in dependents.**
- **Affidavit and required forms and documentation due by the deadline stated above.**

For information regarding Kaiser group health plan, you can now access the information via our web site: <http://hr.fhda.edu/benefits>.

NOTE: If you wish to receive a confirmation notice regarding your mailing to us, please send your mail via **certified mail**, or request confirmation via email: **VoChristine@fhda.edu**. Unfortunately, due to limited resources, we cannot confirm by phone. Thank you.