AFFIDAVIT STATEMENT

I hereby declare under penalty of perjury under the laws of the State of California that I have no other access to medical insurance where all or part of the premium is paid through some other source and that the information I have provided to the District in this Affidavit is true and correct.

Name of Employee (print)		Social Se	ecurity Number	Date of	Birth	
Street Address		City		State	Zip Code	
Home Phone	Work Phone		E-Mail Address			
Signature of Employee		Date				
State of					==	
County of						
On Date	_ Before me,	Name and Title of O	fficer (e.g. "Jane Doe	Notary Pu	alic)	
Personally appeared				, notary r u	51107	
		Name(s) of Sig	ner(s)			
Personally Proved to m	known to me ne on the basis of satis	factory evidence				
that he/she/they	vexecuted the same in	/are subscribed to the w n his/her/their authorized which the person(s) act	d capacity(ies), and the	hat by his/he		s) on the instrument the
WITNESS my h	and and official seal,					
	Signature of N	lotary Public		[Date	
		lotary Public	ent for Benef			
	Selectio (C	on and Agreem October 1, 2007 –	September 30	it Plan ` , 2008)	Year	
Foundation Health Plan	Selection (C Community College n. I authorize Footh	on and Agreem October 1, 2007 – District has agreed to ill-De Anza Communi	• September 30 provide 50% of th	it Plan ` , 2008) e monthly p	Year	
Foundation Health Plan	Selectic (C Community College h. I authorize Footh <u>Ith Plan</u> as checked	on and Agreem October 1, 2007 – District has agreed to ill-De Anza Communi I below: s for 12 months of co	September 30 provide 50% of th ity College District	it Plan ` , 2008) e monthly p	Year	
Foundation Health Plar Kaiser Foundation Hea	Selectic (C Community College h. I authorize Footh <u>Ith Plan</u> as checked	on and Agreem October 1, 2007 – District has agreed to ill-De Anza Commun I below:	September 30 provide 50% of th ity College District verage)	it Plan ` , 2008) e monthly p	Year premium for the 0% of the mor	
Foundation Health Plar Kaiser Foundation Hea	Selectic (C Community College h. I authorize Footh <u>Ith Plan</u> as checked	Definition of the second structure of the second struc	September 30 provide 50% of th ity College District verage) PT Facult	it Plan ` , 2008) e monthly p to deduct 5	Year premium for the 0% of the mor	
Foundation Health Plar Kaiser Foundation Hea CHOOSE ONE: (9 n	Selectic (C Community College h. I authorize Footh <u>Ith Plan</u> as checked nonthly contributions	District has agreed to District has agreed to ill-De Anza Communi I below: s for 12 months of co Monthly for 9 months:	• September 30 • provide 50% of th ity College District verage) PT Facult	it Plan , 2008) e monthly p to deduct 5 y (50% Col	Year premium for the 0% of the mor	
Foundation Health Plar <u>Kaiser Foundation Hea</u> <u>CHOOSE ONE:</u> (9 n Member Only	Selection (C Community College h. Lauthorize Footh Ith Plan as checked nonthly contributions	District has agreed to ill-De Anza Communities below: s for 12 months of co Monthly for 9 months: \$ 566.16	• September 30 • provide 50% of th ity College District verage) PT Facult	f it Plan ` , 2008) e monthly p to deduct 5 y (50% Col 283.08	Year premium for the 0% of the mor	
Foundation Health Plar <u>Kaiser Foundation Hea</u> <u>CHOOSE ONE:</u> (9 n Member Only Member + One Member + Fami The above premiums a from October 1, 2007 th	Selection (C Community College h. Lauthorize Footh Ith Plan as checked nonthly contributions Dependent ly re effective from Ju prough June 30, 200	Definition of the second structure of the second struc	September 30 provide 50% of th ity College District verage) PT Facult ne 30, 2008. The	it Plan , 2008) e monthly p to deduct 5 y (50% Col \$283.08 \$566.16 \$801.12 monthly de	Year premium for the 10% of the mor ntribution) duction rate wi	thly premium for the
Foundation Health Plar <u>Kaiser Foundation Hea</u> <u>CHOOSE ONE:</u> (9 n Member Only Member + One Member + Fami The above premiums a from October 1, 2007 th as the premium is subje	Selection (C Community College h. Lauthorize Footh Ith Plan as checked nonthly contributions Dependent ly re effective from Ju prough June 30, 200	District has agreed to ill-De Anza Communities below: s for 12 months of common 9 months: \$ 566.16 \$1,132.32 \$1,602.24 ly 1, 2007 through Ju D8. The monthly pays	September 30 provide 50% of th ity College District verage) PT Facult ne 30, 2008. The	it Plan , 2008) e monthly p to deduct 5 y (50% Col \$283.08 \$566.16 \$801.12 monthly de	Year premium for the 10% of the mor ntribution) duction rate wi	thly premium for the
Member Only Member + One Member + Fami The above premiums a from October 1, 2007 tr as the premium is subje Sign	Selection (C Community College h. Lauthorize Footh <u>Ith Plan</u> as checked nonthly contributions Dependent ly are effective from Ju prough June 30, 200 ect to change.	District has agreed to ill-De Anza Communities below: s for 12 months of common 9 months: \$ 566.16 \$1,132.32 \$1,602.24 ly 1, 2007 through Ju D8. The monthly pays	September 30 provide 50% of th ity College District verage) PT Facult ne 30, 2008. The ment is adjusted ea Date	it Plan , 2008) e monthly p to deduct 5 y (50% Col 283.08 5566.16 5801.12 monthly de ach July 1 ^s	Year premium for the 10% of the mor ntribution) duction rate wi	Ithly premium for the

 KAISER Plan: 50% EEC
 Benefits Code:
 Plan Code:
 F1