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To: All Qualified Part -Time Faculty  
From: Christine Vo, Benefits Manager  
Date: June 18, 2007  
Subject: ANNUAL BENEFITS OPEN ENROLLMENT (JULY 1 - 31, 2007)

**RESPONSE REQUIRED! FAILURE TO RESPOND WILL TERMINATE  
ELIGIBILITY FOR HEALTH BENEFIT COVERAGE IN 2007-08.**

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 whose annual load is least **.5000 or above** for the academic year ending June 30, 2007 are **eligible for employee-only or employee plus dependent(s)** enrollment in the District's Paid Benefits for Part-Time Faculty Program. The District will fund the **entire cost of the Kaiser health care premium** for the Plan Year 2007/2008 (October 1, 2007 – September 30, 2008).

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

*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 the load threshold.*

**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, or fail to provide the affidavit (required annually) and/or other required forms/documentation by the July 31, 2007 deadline.**

**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. For new enrollees, Kaiser enrollment forms are included in this mailing.

If you reside outside of the State of California you may enroll in one of the District's Self Insured Medical Plans: 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](mailto:VoChristine@fhda.edu) to request additional information and an application. The completed application must be filed by the July 31, 2007 deadline.

## MEDICARE ELIGIBILITY:

Please contact Social Security Administration (SSA) at 1-800-772-1213 to enroll for Medicare **three (3) months before your and/or family member's 65<sup>th</sup> birthday** and convert to an individual advantage policy directly with Kaiser or other third party insurance. Note, SSA will impose a lifetime premium penalty for late enrollees. **It is the sole responsibility of the employee and his or her eligible dependents to apply for and satisfy the requirements of Medicare.**

### **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 31, 2007.**
- **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** certifying 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 **Tuesday, July 31, 2007.**

#### **Required for Continuing Participants with Dependent Changes**

1) **A completed and signed affidavit** certifying 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 dependent(s), provide copies of birth or marriage certificates and social security card and divorce documentation to delete your spouse. The affidavit and the notification/documentation must be returned to the District Human Resources Office by **Tuesday, July 31, 2007.**

#### **Required for New Enrollees**

1) **A completed and signed affidavit** certifying 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** 3) **Proofs of dependents** such as marriage/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 **Tuesday, July 31, 2007.**

### **Other Important Information:**

- Questions regarding **load** should be directed to the **Division office.**
- Questions about **program requirements**, and eligibility should be directed to the **Faculty Association at 650 949-7544; email to [ElwellSusanne@fhda.edu](mailto:ElwellSusanne@fhda.edu).**
- **Effective date of medical coverage** for all changes made during open enrollment is **October 1, 2007.**
- 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.
- 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.

- 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 31, 2007**. We cannot process benefit requests for the new Plan Year 2007/2008 without the required information. Your added dependent(s) will not be covered effective October 1, 2007 if we do not receive the necessary documents.

**REMINDER: DUE DATE IS TUESDAY, JULY 31, 2007, 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: [McHenryPatience@fhda.edu](mailto:McHenryPatience@fhda.edu). Unfortunately, due to limited resources, we cannot confirm by phone. Thank you.

**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](mailto:VoChristine@fhda.edu)    FAX: (650) 949-2831**