

### 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, 2007.**

**The effective date of medical coverage for all changes made during this Open Enrollment will be July 1, 2007.**

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Please make your selection for the Plan Year 2007/2008 (July 2007 – June 2008)

Circle the benefit option to change your current benefit coverage:

	<u>FROM</u>	<u>TO</u>
Option 1:	Kaiser Foundation Health Plan (HMO)	PPO + Medical Plan
Option 2:	Kaiser Foundation Health Plan (HMO)	PPO Network Only Medical Plan (PPO)
Option 3:	PPO + Medical Plan	Kaiser Foundation Health Plan (HMO)
Option 4:	PPO + Medical Plan	PPO Network Only Medical Plan (PPO)
Option 5:	PPO Network Only Medical Plan (PPO)	PPO+ Medical Plan
Option 6:	PPO Network Only Medical Plan (PPO)	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 PPO + Medical Plan  
Option C: Maintain PPO Network Only Medical Plan (PPO)

RETIREE NAME: \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

SPOUSE NAME: \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

OTHER DEPENDENTS: \_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

\_\_\_\_\_ SSN \_\_\_\_\_ DOB: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
Retiree Signature

\_\_\_\_\_  
Date

**NOTE: Retirees with one or more dependents who select the PPO+ Medical Plan will be billed directly by UHCDirectBill Business Unit for monthly premiums effective July 1, 2007. Return this form to the District by Monday, April 30, 2007 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**