

Peralta Community College District

Spring 2026 Open Enrollment

Part-Time Faculty Benefits Enrollment

benefits@peralta.edu | (510) 466-7229 | 333 E 8th ST, Oakland, CA 94606

IMPORTANT DATES

Enrollment Period: February 9 - March 6, 2026

Coverage Period: March 1 - August 31, 2026

Deadline: March 6, 2026

WHICH FORMS DO YOU NEED TO COMPLETE?

Continuing Enrollment (No Changes to Coverage or Dependents)

- Complete ONLY: Eligibility Affidavit/Enrollment Form
- Skip: Other Benefits Acknowledgement Form (not required)
- Rate tables in Section C are for reference only

New Enrollment OR Making Changes to Coverage/Dependents

- Complete BOTH forms:
 - Eligibility Affidavit/Enrollment Form
 - Other Benefits Enrollment Acknowledgement Form
- Follow BenefitBridge enrollment instructions
- Upload all forms and documents via BenefitBridge

HOW TO SUBMIT YOUR ENROLLMENT

Continuing Enrollment (No Changes):

Submit Eligibility Affidavit/Enrollment Form using ONE method:

- BenefitBridge: Follow the BenefitBridge Instructions
- Email: benefits@peralta.edu
- Mail or In-Person: Peralta Benefits Office, 333 E. 8th Street, Oakland, CA 94606

New Enrollment or Making Changes:

Complete enrollment via BenefitBridge:

- Go to www.BenefitBridge.com/peralta
- Click "Make Changes to My Benefits"
- Follow the step-by-step enrollment process
- Upload both completed forms and all required documents
- Submit by March 6, 2026

Peralta Community College District

Eligibility Affidavit/Enrollment Form

Spring 2026 Open Enrollment

Coverage Period: March 1 - August 31, 2026 | Enrollment Deadline: March 6, 2026

Section A: Personal Information

Employee's Name (Last, First, Middle Initial)		Employee ID#
Address	City	
State/Zip Code	Telephone Number (home)	
Email Address		
<input type="checkbox"/> Check here if the above reflects any new/updated contact information.		

Section B: Affidavit of Eligibility

- 1) I am currently employed by Peralta CCD as a part-time hourly faculty member.
- 2) By signing below, I am acknowledging that I have a Spring 2026 assignment and the rates in Section C will apply based on my term workload. (Refer to your Spring 2026 Term Workload in Campus Solutions).
- 3) I understand that my dependents and I are not eligible for medical coverage if premiums for medical insurance are paid by an employer other than a Community College District.
- 4) I hereby authorize Peralta CCD Payroll Department to deduct my employee contributions in Section C from my monthly paycheck to pay for coverage I am enrolled in based on my term workload. Deductions will occur for 3 pay periods: March, April, and May 2026, with each pay period totaling two months of premiums. Coverage period begins March 1, 2026, and ends August 31, 2026.

I understand that if I waive coverage or do not enroll in coverage, I can enroll at a later date if there is a **Qualifying Event** as permitted and defined by HIPAA governances.

My signature below certifies that the statements made in Section B: 1, 2, 3 & 4 are correct.

Signature:
Name (Print):
Date:

Assembly Bill 190 Part-Time Faculty Medical Insurance Program

Kaiser & Anthem enrollees pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Amounts in Section C represent the employee share after employer contributions.

Questions? benefits@peralta.edu | (510) 466-7229 | 333 E. 8th Street, Oakland, CA 94606

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Other Benefits Enrollment Acknowledgement

Spring 2026 Open Enrollment

Complete ONLY if you are a new enrollee or making changes to coverage/dependents.

New Enrollees & Continuing Enrollees making changes must follow the BenefitBridge online enrollment instructions in the Spring 2026 Open Enrollment announcement.

Enrollment Period: February 9 - March 6, 2026

When enrolling via BenefitBridge, I will upload this form, the Eligibility Affidavit/Enrollment Form, and all required dependent documentation.

Other Benefits Enrollment Acknowledgements

I agree to notify Peralta CCD in writing within 30 days of the following:

1. My change of address.
2. Change of marital status (adding or deleting spouse or domestic partner).
3. Change to eligible dependents status (adding newborn or adopted child).
4. Change to my ineligible dependents status such as deleting an overage dependent.
5. Naming ineligible dependents may result in repaying premiums or claim costs.
6. If adding a domestic partner, I may avoid imputed state income tax by submitting a California Domestic Partnership certificate.
7. If adding a spouse, then I am exempt from imputed income at the state and federal levels.
8. Failure to notify of dependent status changes may result in actions stated in #5.
9. Enrollment subject to post enrollment audit and we may ask for additional information.
10. I agree to pay premiums based on my plan election.

I acknowledge that per Peralta CCD Board Policy, civil action may be brought against employees who make false statements or fail to notify of dependent status changes.

I agree to pay premiums from my Peralta CCD pay. If earnings are insufficient, I will pay by personal check within 10 days or face cancellation. I understand I am subject to post-enrollment verification and may owe unpaid premiums. I am subject to imputed income if enrolling a domestic partner.

I understand re-enrollment is not automatic and I must resubmit each eligible semester.

Signature:
Name (Print):
Date:

Section C: Benefit Options & Monthly Payroll Installments

Coverage period begins March 1, 2026, and ends August 31, 2026. Each of the installments represent the employees share for two months coverage.

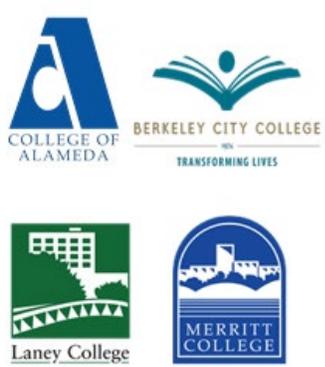
Medical plan rates below are for eligible PT Faculty with a Spring 2026 term workload of 40% or greater.

Coverage Tier	Kaiser (SISC) Traditional Plan	Anthem PPO (SISC) Plan 100-A	Anthem PPO (SISC) Plan 80-E
Employee Only	Six months of coverage paid in three installments		
1 st Installment: March	No Contribution	\$664.80	\$550.00
2 nd Installment: April	No Contribution	\$664.80	\$550.00
3 rd Installment: May	No Contribution	\$664.80	\$550.00
Employee Plus One			
1 st Installment: March	No Contribution	\$1,309.20	\$1,079.60
2 nd Installment: April	No Contribution	\$1,309.20	\$1,079.60
3 rd Installment: May	No Contribution	\$1,309.20	\$1,079.60
Employee Plus Two or More			
1 st Installment: March	No Contribution	\$1,847.20	\$1,519.60
2 nd Installment: April	No Contribution	\$1,847.20	\$1,519.60
3 rd Installment: May	No Contribution	\$1,847.20	\$1,519.60

Medical plan rates below are for eligible PT Faculty with a Spring 2026 term workload of less than 40%.

Employee Only			
1 st Installment: March	\$1,053.00	\$2,271.00	\$1,697.00
2 nd Installment: April	\$1,053.00	\$2,271.00	\$1,697.00
3 rd Installment: May	\$1,053.00	\$2,271.00	\$1,697.00
Employee Plus One			
1 st Installment: March	\$2,065.00	\$4,481.00	\$3,333.00
2 nd Installment: April	\$2,065.00	\$4,481.00	\$3,333.00
3 rd Installment: May	\$2,065.00	\$4,481.00	\$3,333.00
Employee Plus Two or More			
1 st Installment: March	\$2,908.00	\$6,328.00	\$4,690.00
2 nd Installment: April	\$2,908.00	\$6,328.00	\$4,690.00
3 rd Installment: May	\$2,908.00	\$6,328.00	\$4,690.00

Dental plan rates below are for all eligible PT Faculty with a Spring 2026 term workload.

Coverage Tier	Delta Dental PPO Dental Plan	United HealthCare DMO Dental Plan	
Employee Only			
1 st Installment: March	\$117.86	\$63.82	
2 nd Installment: April	\$117.86	\$63.82	
3 rd Installment: May	\$117.86	\$63.82	
Employee Plus One			
1 st Installment: March	\$200.36	\$102.08	
2 nd Installment: April	\$200.36	\$102.08	
3 rd Installment: May	\$200.36	\$102.08	
Employee Plus Two or More			
1 st Installment: March	\$306.42	\$155.54	
2 nd Installment: April	\$306.42	\$155.54	
3 rd Installment: May	\$306.42	\$155.54	

BenefitBridge Enrollment Instructions

How you use BenefitBridge depends on your enrollment path:

PATH 1 (Keeping current coverage, no changes): Use Quick Upload

PATH 2 (New enrollee or making changes): Use Full Enrollment Process

QUICK UPLOAD (Keeping Current Coverage)

If you're keeping your current coverage with no changes:

Step 1: Access BenefitBridge

Go to: www.benefitbridge.com/peralta

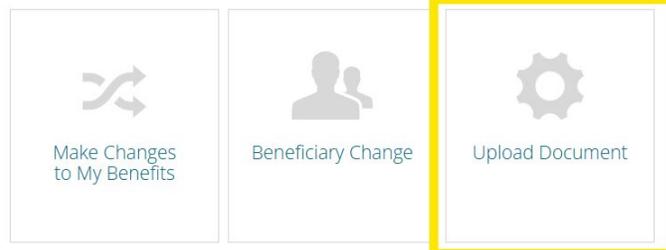
- **First-time users:** Create account with your Peralta email
- **Returning users:** Log in with existing credentials
- **Forgot password?** Click 'Forgot username/Password?'

Step 2: Click “Upload a Document”



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Step 3: Upload your completed Eligibility Affidavit/Enrollment Form

When you click the Upload Document button, the description will automatically populate.

Note: Once you click on Add a Document, the top options will reset because the system registers the document as ready for the next step: Submit.

UPLOAD DOCUMENTS

Please select the document to upload ?

2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf.

Please provide the description of the document

2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf

Please select the document type

OTHER

APPLIES TO	RELATION	SELECT
	EMPLOYEE	<input checked="" type="radio"/>

*Note: Please add document to employee record if a dependent is not shown on the list.

Cancel

Screen after clicking on "Add Document":

Add Document Cancel

FILE NAME	DESCRIPTION	ACTION
2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf	2026 Spring PT Faculty - Eligibility Affidavit_Enrollment Form.pdf	DELETE

Submit

FULL ENROLLMENT PROCESS

(New Enrollees or Making Changes) If you are enrolling for the first time OR changing coverage/ adding or removing dependents, follow these steps:

Before You Begin - Have These Ready:

- Eligibility Affidavit/Enrollment Form
- Other Benefits Acknowledgement Form
- Campus Solutions Workload Screenshot (Spring 2026, Term 1262)
- Dependent Documentation

Step 1: Access BenefitBridge

Go to: www.benefitbridge.com/peralta

- **First-time users:** Create account with your Peralta email
- **Returning users:** Log in with existing credentials
- **Forgot password?** Click 'Forgot username/Password?'



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 Make Changes to My Benefits	 Beneficiary Change	 Upload Document
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Step 2: Specify Your Life Event

Click 'Make Changes to My Benefits' and enter the following:

Life Event Type:	Select 'Other'
Life Event Date:	Enter: February 8, 2026
Description:	Type: PT Faculty Spring 2026 OE

SPECIFY YOUR LIFE EVENT

** Indicates required fields*

*1. Which Life Event applies to your situation?

- Administrative Correction
- Birth / Adoption
- Death
- Deceased
- Dependent Gain / Loss of Coverage due to Employment Change
- Dependent Loss of Coverage
- Dependent Permanently Disabled
- Divorce / Dissolution / Annulment / Separation
- Domestic Partnership
- Employee Position Change
- Flexible Spending Account
- Gain / Loss of Eligibility for Medicaid or MinnesotaCare
- Ineligible Dependent
- IRS Dependent Status
- Legal Separation or Divorce
- Life Insurance upgrade only
- Loss of Dependent Child Status
- Loss of Eligibility for Employer-Sponsored Coverage
- Marriage
- Other
- Medicare Eligible Life Event
- New Hire
- Promotion
- Retiree - District Pay Ends
- Spouse Gains/Loses Coverage

*2. What was the date of your Life Event?

*3. Please describe your Life Event

4. Please provide documentation of your Life Event. 

[Instructions to Add Documents](#)

Note: 2/8/26 is the standard life event date for the Spring 2026 Part-time Faculty Open Enrollment.

Step 3: Upload Required Documents

Click 'Upload Document' and upload each of the following:

- 1. Eligibility Affidavit/Enrollment Form
- 2. Other Benefits Acknowledgement Form
- 3. Campus Solutions Workload Screenshot
- 4. Dependent Documentation (if applicable)

How to Get Your Campus Solutions Workload Screenshot:

- 1. Log in to Campus Solutions
- 2. Navigate to: Term Workload
- 3. Select: Spring 2026 (Term 1262)
- 4. Save or screenshot the page showing your 'Total Term FTE%'
- 5. Upload this screenshot to BenefitBridge

Step 4: Make Your Benefit Selections

Review plan options and select your coverage:

- **Medical:** Choose Kaiser, Anthem PPO 100-A, or Anthem PPO 80-E
- **Coverage Tier:** Employee Only, Employee + 1, or Employee + 2 or More
- **Dental (Optional):** Choose Delta Dental PPO or UHC DHMO
- **Vision:** Included automatically with your medical plan

Step 5: Review and Submit

Before submitting, verify the following:

- All required documents uploaded
- Plan selections are correct
- Coverage tier matches your needs
- Dependents are correctly listed (if applicable)
- Click 'Submit' to complete enrollment