



Peralta Community College District Eligibility Affidavit/Enrollment Form

New Enrollees & Continuing Enrollees making changes must follow the online enrollment instructions and complete the enrollment process via BenefitBridge.

Enrollment is required by September 23, 2025, and is not automatic. Coverage period begins September 1, 2025, and ends February 28, 2026. To maintain coverage without interruption, re-enroll by September 23, 2025, **no exceptions**. Enrollment is optional and voluntary.

Section A: Personal Information

Employee's Name (Last, First, Middle Initial)		Employee Identification Number	
Street Address	City	State	Zip Code
Telephone Number (home)	Telephone Number (Work)	Email Address	

Section B: Affidavit of Eligibility ☐ Check here if the above reflects any new/updated contact information.

- 1) I am currently employed by PCCD as any hourly faculty member.
- 2) By signing below, I am acknowledging that I have a Fall 2025 assignment and the rates in section C will apply based on my term workload. (**Refer to your Instructor Assignment Roster - Fall 2025 workload in *Campus Solutions***).
- 3) I understand 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 Community College District 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 the 3 pay periods: October 2025, November 2025, and December 2025 with each pay period totaling two months premiums. Coverage period begins September 1, 2025, and ends February 28, 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.

_____(Please sign and date)

Assembly Bill 190 Part Time Faculty Medical Insurance Program

Kaiser & Anthem enrollees now pay contributions equal to full-time faculty for medical coverage with an assignment of 40% or greater. Amounts in section C on page 2 of 2 are the employee share after the employer contributions.

Section C: Benefit Options & Monthly Payroll Installments

Coverage period begins September 1, 2025, and ends February 28, 2026. Each of the installments represent the employees share for two months coverage.





Medical plan rates below are for eligible part-time faculty with a Fall 2025 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: October	No Contribution	\$637.60	\$527.60
2 nd Installment: November	No Contribution	\$664.80	\$550.00
3 rd Installment: December	No Contribution	\$664.80	\$550.00
Employee Plus One			
1 st Installment: October	No Contribution	\$1,255.40	\$1,035.40
2 nd Installment: November	No Contribution	\$1,309.20	\$1,079.60
3 rd Installment: December	No Contribution	\$1,309.20	\$1,079.60
Employee Plus Two or More			
1 st Installment: October	No Contribution	\$1,771.20	\$1,457.60
2 nd Installment: November	No Contribution	\$1,847.20	\$1,519.60
3 rd Installment: December	No Contribution	\$1,847.20	\$1,519.60

Medical plan rates below are for eligible part-time faculty with a Fall 2025 term workload of less than 40%.

Employee Only			
1 st Installment: October	\$1,015.00	\$2,173.00	\$1,623.00
2 nd Installment: November	\$1,053.00	\$2,271.00	\$1,697.00
3 rd Installment: December	\$1,053.00	\$2,271.00	\$1,697.00
Employee Plus One			
1 st Installment: October	\$1,989.50	\$4,287.50	\$3,187.50
2 nd Installment: November	\$2,065.00	\$4,481.00	\$3,333.00
3 rd Installment: December	\$2,065.00	\$4,481.00	\$3,333.00
Employee Plus Two or More			
1 st Installment: October	\$2,801.50	\$6,054.50	\$4,486.50
2 nd Installment: November	\$2,908.00	\$6,328.00	\$4,690.00
3 rd Installment: December	\$2,908.00	\$6,328.00	\$4,690.00

Dental plan rates below are for all eligible part-time faculty with a Fall 2025 term workload.

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

Section D: Required Forms

New Enrollees & Continuing Enrollees making changes to coverage or dependents ~ Follow the BenefitBridge online enrollment instructions found in the Part-Time & Hourly Faculty **Fall 2025** Open Enrollment announcement. Enroll between **August 19, 2025 and September 23, 2025** or within 30 days of involuntary loss of other group coverage. Coverage period begins **September 1, 2025 and ends February 28, 2026**.

When enrolling or making changes via BenefitBridge I will upload the above **Eligibility Affidavit/Enrollment Form**, and the **Other Benefit Enrollment Acknowledgements Form** during my online enrollment with all required dependent documentation. If re-enrolling with no changes I will return the **Eligibility Affidavit/Enrollment Form only** to the Benefits Office as requested above.

Other Benefit Enrollment Acknowledgements

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

1. My change of address
2. Change of my marital status resulting in adding or deleting a spouse or domestic partner
3. Change to my eligible dependents status such as adding a 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 District premium or claim costs
6. If adding a domestic partner, I may not be subject to imputed California state income tax per tax regulations if I submit a California State Registration certificate of Domestic Partnership.
7. If adding a spouse, then I am exempt from imputed income at the state and federal levels.
8. Failure to notify the District of change in dependent status may result in actions stated in item #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 also acknowledge that in accordance with Peralta Community College District Board Policy, civil action may be brought against employees who make false statements or fail to notify the District of change in dependent status.

I agree to pay premium directly from my Peralta Community College District pay. If there are insufficient earnings, I will pay for benefits by personal check within the first 10 days of the coverage month or face cancellation of coverage for non-payment of premium. I understand that I am subject to post-enrollment premium payment verification and may owe for unpaid premiums at the end of the enrollment period. I am subject to imputed income if enrolling a domestic partner.

I understand that re-enrollment for future Spring and Fall semesters is not automatic and that I need to resubmit each semester for which I am eligible.

Signature:
Name:
Date:

➤ Your next steps if you are a new enrollee or continuing enrollee making changes to coverage or dependents.

BenefitBridge 2025 Online Benefits Enrollment

Peralta Community College District Online Benefits Enrollment is easy with BenefitBridge!

Need Help?

For all questions related to your benefits, please contact your employer's benefits administrator. For BenefitBridge technical assistance *only*, please contact BenefitBridge Customer Care at 800.814.1862; Mon – Fri, 8:00 AM – 5:00 PM, PST or email benefitbridge@keenan.com.

► Here's what you can do on BenefitBridge:

- View Current Plan Year Benefits
- Compare Plan Options
- Enroll in Benefits
- Resource Center: Health Insurance Basics, Medicare, Glossary, Media Resources
- Add or Remove Dependents/Beneficiaries
- Message Center
- Update My Account Info
- Available 24/7 via the Internet

Registration and Login

Already have login credentials?

1. Login to BenefitBridge at www.benefitbridge.com/peralta
2. Forgot Username or Password? Click on “**Forgot username/Password?**”
3. Please add or update your email address to receive an email confirmation of your enrollment approval.

Enrolling in Benefits

Access your enrollment via the “Make Changes to My Benefits” button



For BenefitBridge technical assistance only, please contact BenefitBridge Customer Care at 800.814.1862 Monday - Friday, 8:00 AM - 5:00 PM, PST or email benefitbridge@keenan.com.



SPECIFY YOUR LIFE EVENT

* Indicates required fields

*1. Which Life Event applies to your situation?

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

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

08/18/2025



Enter this date

*3. Please describe your Life Event

Part-time Faculty Open Enrollment

Enter this description

4. Please provide documentation of your Life Event. ?

Upload Document

Instructions to Add Documents

Upload required forms & Documents
See below.

Continue

If I want to consider enrolling, where do I start?
Login in here: www.BenefitBridge.com/peralta

Have these documents before you log in. Upload the following:

- 1) Eligibility Affidavit/Enrollment Form Fall 2025
- 2) Other Benefit Enrollment Acknowledgement form
- 3) Dependent Verification/Documentation (if applicable)



Instructor Term Workload Sample For Illustrative Purpose Only

Your personal instructor assignment can be found on Campus Solutions

Upload to BenefitBridge as part of your enrollment process

Term Workload

ID

Workload Definition Find | View All First 1 of 47 Last

Academic Institution	PCCD1	Peralta Community College Dist	Total Term FTE%	66.67
Term	1254	2025 Fall		
Instructor Assignment Class	TTMP	T-Temporary/Adjunct		
Calculate Workload	<input checked="" type="checkbox"/>	Assigned FTE %	67.00	
Limit Workload	<input checked="" type="checkbox"/>	Instructor Multiplier %	100	

Workload Assignment Job Code

Description	Subject	Catalog Nbr	Section	Class Nbr	Comb Sects ID	Assign Type	Work Load	App Load	Assignment FTE %
							20.00	<input checked="" type="checkbox"/>	66.67

IF TOTAL TERM FTE % IS:

40.00% OR GREATER, PERALTA PAYS 100% OF THE KAISER PREMIUM

LESS THAN 40%, PERALTA PAYS 50%

FOR ALL OTHER PLANS, SEE THE ELIGIBILITY AFFIDAVIT FOR EMPLOYER/EMPLOYEE MONTHLY CONTRIBUTIONS.

