

LOS ANGELES COMMUNITY COLLEGES
770 Wilshire Boulevard, Los Angeles, California 90017 (888) 428-2980
ADMINISTRATIVE OFFICES

Name
Permanent Address
City, State, Zip Code

Date

*****IMPORTANT*****

Sign and Return

CalPERS Health Plan Enrollment Form, Yr. 2010

Employee number	Name of Employee	Marriage Status <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number
Health Plan Zip Code	Location	Sex	Date of Birth

Medical Plan	Coverage
<input type="checkbox"/> Pers Care (PPO) <input type="checkbox"/> Pers Choice (PPO) <input type="checkbox"/> Pers Select (PPO) <input type="checkbox"/> Blue Shield Access+ (HMO) <input type="checkbox"/> Blue Shield NetValue (HMO) <input type="checkbox"/> Kaiser Permanente <input type="checkbox"/> Blue Shield EPO HMO (Northern CA only)	<input type="checkbox"/> Employee only <input type="checkbox"/> Employee + one <input type="checkbox"/> Employee + family

HMO Primary Care Physician	HMO Medical Group
-----------------------------------	--------------------------

Dependent Name	Relationship	Sex	Date of Birth	Social Security Number

19. CHECK ONE

I DO NOT wish to enroll in a Health Benefits Plan under the Public Employees' Medical and Hospital Care Act.

I elect to ENROLL IN (OR CHANGE TO) a Health Benefits Plan as shown above and authorize deductions to be made from my salary or retirement allowance to cover my share of the cost of enrollment as it is now or as it may be in the future. I also certify that the names of all dependents listed above are eligible family members as defined in the Public Employees' Medical Hospital Care Act.

20. EMPLOYEE OR ANNUITANT'S SIGNATURE (See privacy information on reverse of employee copy)	TELEPHONE NUMBER	21. DATE SIGNED
()		

>>PLEASE REFER TO THE HEALTH BENEFITS PROCEDURE MANUAL FOR COMPLETION OF ITEMS 22-27<<

22. DEDUCTION PLAN CODE	23. TYPE OF ACTION	24. PAY PERIOD	25. PARTY CODE	26. EMPLOYEE DESIGNATION	27. BARGAINING UNIT
--------------------------------	---------------------------	-----------------------	-----------------------	---------------------------------	----------------------------