

LOS ANGELES COMMUNITY COLLEGES
770 Wilshire Boulevard, Los Angeles, California 90017 (213) 891-2419
ADMINISTRATIVE OFFICES

Name
Permanent Address
City, State, Zip Code

Date

*****IMPORTANT*****

Sign and Return to:

LACCD Health Benefits Call Center
770 Wilshire Blvd., 6th Floor
Los Angeles, CA 90017

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
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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** _____
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»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
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28. AGENCY NAME (or Retirement System) Los Angeles Community College District	29. PAYROLL OFFICE CODE N/A	30. AGENCY CODE 0770	31. UNIT CODE 000
32. I hereby certify under penalty of perjury as follows: That I am a duly appointed, qualified and acting officer of the above named agency, and that payment by the agency as provided by Sections 22825-22832 of the Government Code is hereby approved. Final determination of eligibility for the enrollment action specified will be made the Board of Administration, California Public Employee's System, in accordance with the Public Employee's Medical and Hospital Care Act and the regulations implementing the Act.	SIGNATURE OF HEALTH BENEFITS OFFICER	33. Date received in employing office	
	35. REMARKS _____ of _____ Forms		

PRIVACY INFORMATION

Submission of the requested information is mandatory. The information requested is collected pursuant to the Government Code Sections (2000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical and Hospital Care Act, as the case may be. Portions of this information may be transferred to another governmental agency (such as your employer) but only in strict accordance with current statutes regarding confidentiality. Failure to supply the information may result in the System being unable to perform its functions regarding your status.

You have the right to review your membership files maintained by the System. For questions concerning your rights under the Information Practices Act of 1977 (Public Law 93-579) requires that any federal, state or local governmental agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what use will be made of it.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System requests each enrollee's Social Security account number on a voluntary basis. However, it should be noted that due to the use of Social Security account numbers by other agencies for identification purposes, the Office of Employer and Member Health Services may be unable to verify eligibility for benefits without the Social Security account number.

The Office of Employer and Member Health Services of the California Public Employees' Retirement System uses Social Security account numbers for the following purposes:

1. Enrollee identification for eligibility processing and eligibility verification.
2. Payroll deduction and state contribution for state employees.
3. Billing of contracting agencies for employee and employer contributions.
4. Reports to the Public Employees' Retirement System and other state agencies.
5. Coordination of benefits among carriers.

BINDING ARBITRATION

Enrollment in certain plans constitutes an agreement to have any issue of medical malpractice decided by neutral arbitration and waiver of any right to a jury or court trial. Refer to the HBD-DO-29 or HDB-DO-22 to determine if this provision is applicable to your plan.