

LOS ANGELES COMMUNITY COLLEGE DISTRICT APPLICATION FOR DOMESTIC PARTNERS HEALTH BENEFITS

Name of Employee/Retiree:			Emp	oloyee #	
	Last	First	MI		
Name of Domestic Partner: _					
l	ast	First			MI

Employee's or Retiree's current hospital-medical, dental and vision plans, if any (Note: current enrollment in any plan can only be changed during the annual open enrollment period.)

Anthem Select HMO
Blue Shield NetValue
Kaiser HMO
PERS Choice PPO
Delta Dental PPO

Anthem Traditional HMO Health Net Salud y Mas Sharp HMO (*Other Southern California only*) PERS Select PPO MetLife Dental HMO (formerly SafeGuard)

Blue Shield Access+ Health Net SmartCare UnitedHealthcare HMO PERSCare PPO VSP Standard

In accordance with Article 27A.4 and Appendix I of the Collective Bargaining Agreement between the Los Angeles Community College District and the American Federation of Teachers College Guild Local 1521, CFT/AFT, AFL/CIO, attached are the notarized affidavit of domestic partnership, enrollment/change form, and such other documents specified in Sections 2, 5, and 6 of the Qualifications in the Program Summary that validate eligibility, including our dependents (if applicable) for enrollment into the domestic partners health benefit program. Any required proofs or documents other than the signed and notarized affidavit which are not included with this application will be supplied within 31 days from the date of the application, and <u>we understand that the domestic partner coverage will not become effective until the first of the month following receipt, evaluation and approval of all documentation by the Health Insurance Section.</u> We further understand the following:

- a. Application of domestic coverage must include all of the plans which the employee is presently enrolled.
- b. A dependent child of a domestic partner is eligible coverage only if the child meets the requirements prescribed in Section 6 under <u>Qualifications</u> of the Program Summary.
- c. Coverage is available to us only when we enroll in the program and make application within 31 days from the eligibility or at an open enrollment period.
- d. Domestic partners are not considered "qualified beneficiaries" under COBRA regulations and are not eligible for COBRA continued coverage. However, we understand that under a health benefits continuation program that is offered by the District for qualifying domestic partners for up to 18 or 36 months, we can avail ourselves of this program at our own expense by contacting the Health Insurance Section. This program may be changed or eliminated at any time.
- e. Our qualifications for health benefits under this program does not, at this time, without additional authorization, confer eligibility under any other program sponsored by the District.

- f. Unless there is evidence that the domestic partner named herein, and his or her dependent child(ren) (if applicable) qualify as the employee's dependents for tax purposes under Section 152 of the Internal Revenue Code, we understand that the fair market value of this domestic partner dependent coverage will be added to the employee's gross income, and that this additional imputed income will also be subject the Federal, State, and Social Security withholding taxes.
- g. The District retains the right to modify or terminate the continuation of our health benefits at any time consistent with the Collective Bargaining Agreement.

We further agree that we will follow all regulations and perform any reporting obligations required by the 2002-2003 Collective Bargaining Agreement although not mentioned anywhere else in this application.

Employee/Retiree Signature		Date:				
Domestic Partner Signature	Date:					
FOR HEATLH INSURANCE SECTION USE ONLY						
Date of Completion of Verification:						
Verified By:	Position Title:					
Comments:						