



LOS ANGELES COMMUNITY COLLEGE DISTRICT
APPLICATION FOR DOMESTIC PARTNERS HEALTH BENEFITS

Name of Employee/Retiree: Last First MI Employee #

Name of Domestic Partner: Last 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.)

- Checkboxes for various health plans: Anthem Select HMO, Anthem Traditional HMO, Blue Shield Access+, Blue Shield NetValue, Health Net Salud y Mas, Health Net SmartCare, Kaiser HMO, Sharp HMO, UnitedHealthcare HMO, PERS Choice PPO, PERS Select PPO, PERSCare PPO, Delta Dental PPO, MetLife Dental HMO, 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 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. 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 Qualifications 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.

