

**BAKERSFIELD CITY SCHOOL DISTRICT
EDUCATION CENTER- 1300 BAKER STREET
BAKERSFIELD, CA 93305
HEALTH BENEFITS**

***Offer of Health Insurance
Less than full-time Employees***

As a variable hour, temporary or seasonal employee of the Bakersfield City School District, you are being given the opportunity to purchase health insurance for you and your eligible children. A summary of the available insurance plan is attached. This plan includes medical and prescription coverage for employees and dependent children only. This plan does not include dental, vision, life insurance or any coverage for your spouse. If you should choose to enroll, you will be responsible for making monthly premium payments to the district's benefits office. If you become an employee who qualifies for the district health benefit package, you do not qualify to continue under this coverage.

To request enrollment on this plan, you must submit the following items to the district's benefits office no later than two weeks from your date of hire. **No late enrollments will be accepted.**

- A completed and signed SISC III enrollment form
- Proof of eligibility for dependent children (birth certificates/adoption paperwork)
- First month's premium payment in the form of a check or money order in the applicable amount noted below
2019-2020 Monthly Rates – Two Tier Anchor Bronze Plan
 - Employee Only: **\$553**
 - Employee and Children: **\$868**

Subsequent monthly payments are due in full by the 25th of the month prior to the coverage month. If payment is not received by the 1st of the coverage month, your coverage will be terminated. If your employment status ends at any time during the plan year, your coverage will be terminated the first of the month following. No reinstatements will be allowed.

If you fail to provide the items required for enrollment within two weeks of your hire date, or during Open Enrollment, you and your dependent children will not be allowed to enroll until the next Open Enrollment Period. Members who enroll during the Open Enrollment Period will become effective October 1 of the same year.

Even if you choose not to enroll in this plan it is imperative for you to complete and return this form to Health Benefits As Soon As Possible.

Declination of Health Insurance

I have read and understand the above notification. I understand that if I decline coverage or fail to provide the items required for enrollment within two weeks my hire date, I will be not be able to enroll in coverage until the district's next Open Enrollment period.

I am declining health insurance coverage at this time.

Print Name: _____

Signature: _____

Social Security Number: _____ Date: _____

Current Job Position: _____