



Chabot-Las Positas Community College District
Human Resource Services
Part-Time Medical Benefits
Affidavit for Enrollment and Authorization for Payroll Deductions



TO BE COMPLETED BY PART-TIME FACULTY

I hereby certify under PENALTY OF PERJURY under the laws of the State of California that I do not have access to other medical insurance where all or part of the premium is paid through some other source and that the information I have provided to the District in this Affidavit is true and correct.

Name of Employee (print)	W # or SSN	Date of Birth	
Street Address	City	State	Zip Code
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Home Phone	Office Phone		
Signature of Employee			

TO BE COMPLETED BY NOTARY PUBLIC

State of _____ County of _____

On _____ before me, _____
Date Name and Title of Officer (e.g. "Jane Doe, Notary Public)

Personally appeared _____
Name(s) of Signer(s)

Who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal,

(Notary Seal)

Signature of Notary Public _____

TO BE COMPLETED BY DIVISION DEAN

Qualifying Semesters & Load: _____ Fall 20____ _____ Spring 20____ _____ Summer 20____

Division _____ Will an assignment be made next semester? Yes No

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Name of Dean (print) _____ Office Phone - Dean _____

Load Verified by Dean _____ Annual Load: _____
(Signature and Date)

HEALTH PLAN & COVERAGE PERIOD

Name of Medical Insurance Plan: Kaiser Permanente Health Plan

Begin and End Date of Coverage: _____

NOTE: Employee is responsible for their share of all monthly payments for medical benefits premiums either by payroll deduction or personal check. Coverage is based on meeting eligibility requirements for the plan year, per 20A.6 of the collective bargaining agreement.