



ANTELOPE VALLEY COLLEGE
Office of Human Resources & Employee Relations

**OPEN ENROLLMENT: ADJUNCT FACULTY
EMPLOYEE DESIGNATION OF 2011-2012 HEALTH BENEFIT PLAN**
(Refer to AVC Federation of Teachers CBA, Article IX, 1.3.1)

**PLEASE RETURN THIS DESIGNATION FORM TO THE HUMAN RESOURCES OFFICE
NO LATER THAN FRIDAY, OCTOBER 21, 2011**

EMPLOYEE NAME: _____ SSN (Last 4 digits): _____
Please Print Clearly

PLEASE INDICATE YOUR SELECTION BELOW:

_____ **NO CHANGE.** I elect to remain in current Plan. I am currently in Plan _____

_____ **CHANGE PLAN.** I elect to change to the Plan selected below. (Must complete a new Enrollment form.)

<u>Health Plan</u>	<u>100% Annual Premium</u>	<u>Ten Equal Payments 50% of Premium if Working ≥ 40% FTE (12 mos./10 payments)</u>
_____ PPO Plan #1-A	\$14,232.00	\$711.60
_____ PPO Plan #2-C	\$13,620.00	\$681.00
_____ PPO Plan #3-C	\$13,248.00	\$662.40
_____ Wellness 1-C	\$12,120.00	\$606.00
_____ PPO Plan #6-C	\$11,832.00	\$591.60
_____ HDHP #2	\$ 8,700.00	\$435.00
_____ Kaiser #1 (1)	\$11,520.00	\$576.00
_____ Kaiser #8 (1)	\$ 9,168.00	\$458.40

I understand that there will be a payroll deduction made as indicated above if I have elected a Plan with an associated cost to the employee.

Employee Signature (required): _____ Date: _____

- Notes:
- (1) Kaiser, as an HMO, does not coordinate benefits with indemnity (Blue Cross) policies. Spouses not primarily covers on an HMO are limited to the use of their own plans. Dependents of parents having both an indemnity plan and an HMO are provided primary coverage based on the parent whose birthdate falls earliest in the calendar year, as is the case with both parents having indemnity plans.
 - (2) A new Enrollment form must be completed for any revisions (change of plan, addition or removal of dependents). Must provide required documents.