

APPENDIX K
PAID BENEFITS FOR PART-TIME FACULTY
(Article 22A – Paid Benefits for Part-time Faculty)
Foothill – De Anza Community College District

SAMPLE Affidavit for Enrollment and Authorization for Payroll Deductions
(Obtained electronically via the online benefits enrollment system)

Affidavit Statement

I hereby declare under penalty of perjury under the laws of the State of California that:

1. I have no other access to medical insurance, as a primary insured or a dependent, where all or part of the premium or cash in lieu of participation is paid through some other source. I understand this excludes Medicare and other California community college districts where my cost of participation is higher than my cost of participation for a comparable district plan; and
2. Except for Medicare, I do not and will not have dual coverage during the plan year of participation.

Payroll Authorization

I hereby authorize Foothill-De Anza Community College District to collect my monthly contribution applicable for the coverage I have elected. I understand and agree that for the Benefits Plan Year (January - December), my contributions will be payable each month via regular payroll periods as pre-tax deductions.

I further understand and agree that:

- In the event my required employee contribution exceeds compensation in any regular pay period, or I am not in pay status for any month in which a contribution payment is due, I will submit a post-tax payment for my employee contribution directly to the District Office of Accounts Receivable or to the applicable CalPERS plan carrier, as determined by the district and CalPERS health plan administrator in accordance with plan provision.
- Such payment must be made on or before the due date for which the contribution is applicable.
- If I elect COBRA coverage for the months during which I have no assignment or I am in non-paid status, I must complete paperwork with the District Benefits Office upon my return to paid status in order to resume coverage as an active employee.
- My employee contribution for my selected health care plan remains in effect unless I terminate employment, retire, or change my election as permitted under the plan (e.g. due to a change in family status or during a special enrollment period).