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Long Beach City College • Long Beach Community College District

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## HEALTH AND WELFARE BENEFITS Acknowledgment of Notification of Eligibility for Benefits

Health and Welfare benefits are provided to employees who are hired into permanent positions that are at least 20 hours per week (50% FTE). Based on your employment status, you are eligible for benefits. A new employee benefits package (including detailed information and resources about all benefits) is available at the following link:

<https://www.lbcc.edu/post/new-employee-benefits-package>

**As a new employee, you have 31 days from your hire date to enroll in benefits. Failure to elect coverage, including returning your completed enrollment forms during the enrollment period, may result in no coverage for a period of up to 12 months.** Employees who do not meet this timeline must wait to enroll during the next open enrollment period, unless the employee experiences a qualifying event (e.g., marriage, adoption, newborn, etc.).

A completed enrollment packet includes the following:

- Kaiser Permanente (HMO) or Anthem/Blue Cross Enrollment Form (HMO or PPO)
- DeltaCare (HMO) or Delta Dental (PPO) Enrollment Form
- VSP and Anthem EAP enrollment is paperless
- Health Insurance Declination Form (if declining any or all benefit plans)
- LBCC Basic Life Insurance Enrollment Form
- Affidavit of Domestic Partnership (if adding a domestic partner to the plans)

If you are adding any dependents, you must provide acceptable verification of dependent relationship, such as birth certificate, adoption records, marriage certificate, and/or domestic partner affidavit.

Completed enrollment forms must be returned to the Benefits Office, by interoffice mail to Benefits-G2, or [benefits@lbcc.edu](mailto:benefits@lbcc.edu). If you have any questions, please do not hesitate to call the Benefits Office at 562-938-4531.

*I acknowledge receipt of eligibility for benefits and information on where to access benefits information. I understand I must enroll within 31 days from my effective date of employment. If I do not enroll within 31 days, I understand I must wait until the next open enrollment period.*

\_\_\_\_\_  
 Employee Name (Please Print)

\_\_\_\_\_  
 Employee Signature

\_\_\_\_\_  
 Date