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Long Beach City College • Long Beach Community College District

4901 East Carson Street • Long Beach, California 90808

## 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 is available at the following link:

<http://www.lbcc.edu/HumanResources/NewEmpBenefit.cfm.cfm>

**As a new employee, you have 31 days from your effective date of hire (first day worked) 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.

A completed enrollment packet includes the following:

- Kaiser Permanente (HMO) or Anthem/Blue Cross Enrollment Form (HMO is CaliforniaCare or PPO is Prudent Buyer)
- DeltaCare (HMO) or Delta Dental (PPO) Enrollment Form
- Health Insurance Declination Form if declining any or all benefit plans
- LBCC Basic Life Insurance Enrollment Form
- Domestic Partner Affidavit if adding a domestic partner

Acceptable verification of dependent relationship includes: birth certificate, adoption records, marriage certificate, and/or domestic partner affidavit.

Optional, voluntary benefit plans and enrollment forms are also available through the link above.

Completed enrollment forms must be returned to the Benefits Office in person to T1026, by interoffice mail to Benefits-G2, by email to [benefits@lbcc.edu](mailto:benefits@lbcc.edu), or by fax to 562/938-4959. If you have any questions, please don't hesitate to call the Benefits Office at (562) 938-4531, or visit the office in person.

Detailed information and resources about all benefits can be found at:

<http://www.lbcc.edu/HumanResources/formsbenefits.cfm>

*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