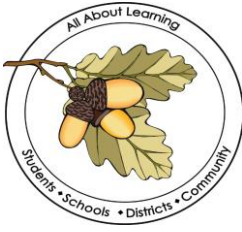


TEHAMA COUNTY DEPARTMENT OF EDUCATION



1135 Lincoln Street • Red Bluff, CA 96080
Phone: (530) 527-5811 Fax: (530) 529-4120

BENEFITS ELECTION FORM

Name (Please print) _____ Date: _____

TCDE offers the following benefits to employees based on employee bargaining unit or employee group. Some restrictions apply. Employees must work a minimum of 20 hours per week in order to participate. The Department's portion of premiums will be pro-rated for employees who work less than full-time*. There is a 30-day enrollment window from hire date to enroll in all benefit plans. Benefits are effective on the first day of the month following the employee's first workday. (*Full-time is equal to 8 hrs./12mos. for classified employees, 182 days or more for certificated employees, 190 days or more for certificated management employees.)

OFFICE USE ONLY

FULL-TIME:

Effective _____

Approved _____

PART-TIME:

Effective _____

Approved _____

FULL-TIME EMPLOYEES:

Required to participate in medical, dental, vision, and life. If you do not enroll in 30 days, deductions will be made for the lowest health plan option until your next opportunity to enroll/change in September.

Yes—As a full-time employee I understand I'm required to participate in:

- Medical
- Dental
- Vision
- Life

PART-TIME EMPLOYEES:

Not required to participate but if you do not elect coverage at this time (within 30 days), you will be required to wait for the open enrollment period in September to sign up for the next plan year which starts October 1.

No--I do not want to participate in any TCDE offered health benefits.

Yes--I choose to participate in the following benefit programs:

- Medical
- Dental
- Vision
- Life

TO ENROLL:

Enrollment forms can be found here:

TCCEO (Certificated) & CSEA (Classified)

Enrollment online at cvtrust.org

Classified Management, Certificated Management & OTU (M/C Other)

Enroll for medical, dental, and vision online at cvtrust.org

Enroll for life insurance via reliance standard form (included in this packet of information)

Employee Signature