

**San Joaquin County
Plan C Benefits Enrollment Form 2020 – 2021**

Complete this form to elect coverage and add eligible dependents to your plan. **If this form is not received by the deadline listed on your letter, you will not be able to enroll until the next annual enrollment in which you qualify.**

Employee Information (enter your information below).

Name:	
Address:	
City, State Zip	
Employee ID:	

Medical Coverage Election

Check the box next to the plan option and coverage level you would like.

Coverage Level	Bi-Weekly Rates
<input type="checkbox"/> Employee Only	\$58.86
<input type="checkbox"/> Employee + 1 Dependent	\$353.13
<input type="checkbox"/> Employee + 2 or more Dependents	\$588.55
<input type="checkbox"/> Opt-Out of Coverage	

Dependent Information

Please use the Dependent Information Box(es) below to list the eligible dependents that you want to enroll and provide the following documentation to enroll your dependent:

- To add a child, you must provide a copy of their birth certificate and social security number.

Dependent Name	Date of Birth	SSN (required for enrollment)	Relationship

Changes After Enrollment:

If you obtain a new dependent or if you or your dependents lose medical coverage, you must request enrollment in the County's plans within 60 days of the date of the event. If you do not request enrollment within 60 days, you or your dependent must wait until the next County enrollment period before you can enroll. It is also the employee's responsibility to delete a dependent from coverage within 60 days of an event that makes the dependent ineligible for benefits. If you enroll/continue to enroll and ineligible dependent, the County will require payment for any ineligible claims costs. Contact the Employee Benefits Office at employeebenefits@sjgov.org or (209) 468-9987 for any information.

Signature: _____ Date: _____ Phone # _____

Return to:
Human Resources
44 N. San Joaquin Street, Suite 330
Stockton, CA 95202
employeebenefits@sjgov.org
Phone: (209) 468-9987
Fax: (209) 468-9734