



Plan C Benefits Enrollment Form 2024 – 2025

For any questions or to submit this form, contact Human Resources Employee Benefits Office at (209) 468-9987.

Email: employeebenefits@sjgov.org. Fax: (209) 468-9734.

Mailing address: 44 N. San Joaquin Street Suite 330, Stockton, CA 95202

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	\$76.27
<input type="checkbox"/> Employee + 1 Child	\$457.61
<input type="checkbox"/> Employee + 2 or more Children	\$762.71
<input type="checkbox"/> Opt-Out of Coverage	

Child(ren) Information

Use the Child(ren) Information Box(es) below to list the eligible child(ren) that you want to enroll and provide the following documentation:

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

Child(ren) Name	Date of Birth	SSN (required for enrollment)	Relationship

Changes After Enrollment:

If you acquire a new child or if you or your children 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 children must wait until the next County enrollment period before you can enroll. It is also the employee's responsibility to delete a child from coverage within 60 days of an event that makes the child ineligible for benefits. If you enroll/continue to enroll an ineligible child, 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 # _____