Health Care Reform: To comply with the new Health Care Reform legislation, all dependents over the age of 18 and up to age 26 may be eligible for health coverage benefits as of the plan renewal date of July 1, 2011. Full-Time Student Status will no longer be necessary.

Special Open Enrollment: The Special Open Enrollment begins April 18, 2011 and ends May 20, 2011. All changes are effective July 1, 2011.

Eligible Dependents: During this Open Enrollment, you may add any dependents between the age of 18 and up to the age of 26 who have terminated from your plan due to ineligibility due to age or student status.

Exceptions: If your dependent is currently employed you will need to provide the employer's name and phone number, and state if medical coverage is offered. If your dependent is eligible/covered under another employer or another parent, they are ineligible.

The Health Care Reform does NOT apply to spouses or children of adult dependent children.

Important Documents Needed: You must submit the following documents with the attached request to add the dependent:
- Copy of dependent's birth certificate
- Dependent's social security number (SSN)
- Dependent's employer information

Employee Benefits Office:
Serna Center: 5735 47th Avenue, Sacramento, CA 95824
Dates: Monday, April 18, 2011 through Friday, May 20, 2011
Hours: 8:00 a.m. – 5:00 p.m. Monday through Friday
Sacramento City Unified School District  
Request to Add Overage Dependent to Age 26  
(Complete one form for each dependent added)  

Health Care Reform Special Enrollment April 18 – May 20, 2011  
Effective Date of July 1, 2011  

To comply with the new legislation, all dependents over the age of 18 and up to age 26 may be eligible for Health coverage benefits. This change does NOT apply to spouses or children of adult dependent children. Full-Time Student Status is no longer a requirement. If you have dependents you want to add as of the new plan year July 1, 2011, please answer the following questions: 

1. Is your dependent currently covered under another health plan? Yes No  
   Name of Insurance Company: ________________________________  
   Policy Number: ________________________________  

2. If your dependent is employed, does the employer offer medical benefits? Yes No  
   If “Yes”, please provide Name of Employer: ________________________________  
   Phone Number: ________________________________  

If you answered “Yes” to any of the questions above, your dependent is not eligible to be covered under the Health Care Reform Legislation.  

I certify that my dependent qualifies for enrollment as described above for the Special Enrollment under Health Care Reform. The dependent coverage will be effective July 1, 2011. The dependent will be added to my existing medical, dental, vision and life plans and I will pay any additional dependent premium cost for dental and life if this change results in a tier change on those plans.  

Please add my dependent: 

Signature: ________________________________  Date: ________________________________  
Your Name: ________________________________ , ________________________________ SSN: ________________________________  
   (Last)  
   (First)  
Phone: ________________________________  Email: ________________________________  
Your Current District Health Plan (Check One): ________ Kaiser ________ Health Net  
*Dependent Name: ________________________________ SSN: ________________________________ DOB:______ Age:______  

*Please return this form with required copy of birth certificate to Compensation and Benefit Office by 5:00 p.m. on May 20, 2011. Copy of the birth certificate must be attached and social security number must be provided.  

COMPENSATION AND BENEFITS Box 840  
5735 47th Avenue, Sacramento, CA 95824  
P.O. Box 246870, Sacramento, CA 95824-6870  
Benefits: (916) 643-9432 FAX (916) 643-9457