

SACRAMENTO CITY UNIFIED CITY SCHOOL DISTRICT
RISK MANAGEMENT DEPARTMENT
EMPLOYEE BENEFITS OFFICE

Certificate of Understanding
Eligibility for Substitute-Paid Insurance Benefits
Benefits Package
_____ School Year

◆SCTA Union, Article 12 – Compensation; Subsection 12.2.4.8 (July 1, 2001 – June 30, 2004)

Substitute Teachers receiving Daily Rate (CDR)

Substitute teachers who have advanced to the highest substitute pay rate and who teach or start a class for which there is no regular teacher providing lesson plans at any time during the school year and are in the position for at least thirty (30) calendar days shall be entitled to employee-paid health, dental and vision benefits subject to open enrollment requirements. Substitutes must remit the complete premiums payment to the District at a time specified by the District: payroll deductions for premiums payment is prohibited.

Substitute teachers may enroll in a benefit package within 30 days of reaching the highest substitute pay rate or CDR Assignment.

OR

Enroll during Open Enrollment, September of every year, with an effective date of November 1.

I understand that payments must be submitted to the Employee Benefits Office by the first of each month; either by check or money order, **cash will not be accepted**. I understand that No statements will be sent. If account is delinquent after 30 days my account will terminated without notice. A COBRA letter will be sent and I may enroll in COBRA or wait until the next open enrollment period.

I have reviewed the attached benefits information and premium amounts. I understand that premiums listed are twelve month rates and that premiums are due during July and August for continuous coverage.

I understand that I must be in a CDR position and in the position for at least thirty (30) calendar days. I understand that if I do not met the minimum eligibility, terminated, or resign; a COBRA letter will be mailed allowing continuation of coverage for an additional 18 months.

I have read and understand the above information.

Marianne Clemmens

Employee Signature

Marianne Clemmens,
Director, Risk Management Department

Print Name or SS#