

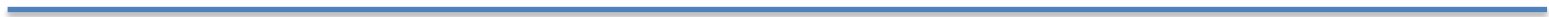
RIALTO UNIFIED SCHOOL DISTRICT

Risk Management / Employee Benefits

HEALTH BENEFITS ENROLLMENT ACTIVE EMPLOYEES

Employee Number	Last Name	First Name	M.I.	Social Security Number
Street Address	City	State	Zip Code	Phone NumP67 g4(61671.76 Ti

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ENROLLMENT INSTRUCTIONS

COMPLETE THIS FORM. PLEASE LIST ALL YOUR ELIGIBLE DEPENDENTS YOU WISH TO HAVE ADDED. IF NECESSARY, ATTACH AN ADDITIONAL SHEET OF PAPER TO THIS FORM.

You will need the following documentation for EACH eligible dependent you are enrolling:

x Social Security Number or ITIN

- o Newborns: Social Security Number must be provided within 90 days of birth.

x For Spouse or Domestic Partner: Marriage Certificate / State-Certified Certificate of Domestic Partnership

- o If your Spouse or Domestic Partner is a District Employee, please check the box on the form and provide employee number if known.

x For Eligible Dependent Children (under age 26 / non-active military)

- o Newborns: A Letter of Verification from the hospital is acceptable to enroll your child. A copy of the Birth Certificate must be provided within 90 days of birth.
- o Natural children – Certificate of Birth
- o Stepchildren – Certificate of Birth and a copy of your Certificate of Marriage to the birth parent.
- o Guardianship/Adopted Children: Copy of court documentation verifying the legal custody of the child(ren).
- o Disabled Dependent: For dependents exceeding age 26, but eligibility is due to a disability. The dependent must meet the disability standards of the benefit plan in which they are enrolled. A letter from the primary care provider (PCP) should be submitted to remain on benefit plans.

If a document is from a country outside the U.S. and is written in a foreign language, the official document must