



Members of the Board:

- Beth Albiani
- Nancy Chaires Espinoza
- Carmine S. Forcina
- Chet Madison, Sr.
- Dr. Crystal Martinez-Alire
- Anthony "Tony" Perez
- Bobbie Singh-Allen

Tina Tillman
 Manager
 Compensation and Benefits
 ttillman@egusd.net

Unified School District

9510 Elk Grove-Florin Road, Elk Grove, California 95624

TEL: (916) 686-7778
 FAX: (916) 686-7588

ELK GROVE BENEFIT TRUST HEALTH INSURANCE ELIGIBILITY REQUEST

ELIGIBILITY



You are eligible for medical, dental and vision coverage as a retiree of the Elk Grove Unified School District if you meet the eligibility requirements consistent with the governing collective bargaining agreements and/or District policy for unrepresented employees and eligible District Board members.

Current/existing eligibility requirements are:

Hire/Rehire Date	Completed School Calendar Years	Employment Months
On or after July 1, 2006	15	180
Prior to July 1, 2006	10	120

Qualified service is a benefit eligible position, i.e., a minimum of 50% of an annual full-time position, each school year, whether you took benefits or waived them. The years of benefit eligible service do not have to be consecutive; but if an employee voluntarily leaves and returns outside of the 39 month rehire period, even if he/she has already completed the 10 or 15 year service requirement, he/she must again meet the entire eligibility requirements in place at the time of reemployment for benefit eligibility and the years of service from before the 39 month rehire period will not be counted.

BENEFIT ELIGIBLE STATUS
Bargaining Unit

Minimum Hours per Week for Benefits

EGEA	18.75/20.00
PSWA	18.75
ATU	20.0
AFSCME	20.0
CSEA (prior to 11/1/99)	20.0
CSEA (after 11/1/99)	28.0
Other/Unrepresented	20.0

Please complete the information below to request a current count of health benefited months as an EGUSD Employee

Due to the large volume of benefited employees, employees must be within 2 years of being eligible to service retire from their pension plan before we will calculate this time.

This will be a onetime calculation; we ask you keep on file for your future records.

Confirmations of time are processed by the Benefits Department once a letter of “Intent to Retire” is received and processed by Human Resources.

Please do not submit this request if a Letter of Intent to Retire has already been sent to the Human Resources Department.

The minimum ages are:

PERS is age 50

STRS is age 55(age 50 if a STRS member for 30+ years)

Please complete the request below to receive the total number of months to date as a benefit eligible employee of EGUSD.

My signature below acknowledges I am within 2 years of retirement from my pension plan. I understand that this projection is only a preliminary count of benefited months of health benefit eligibility and does *not* guarantee benefits after retirement; nor, is it my Letter of Intent to retire from EGUSD.

EGBERT Retiree Benefits are administered through EGBERT not EGUSD.

Name: _____ EGUSD ID
_____ DOB _____

Address: _____ City _____ State _____ Zip _____

Signature _____

Complete and Submit to:

EGUSD
Attn: Compensation and Benefits Department
9510 Elk Grove-Florin Rd
Elk Grove CA 95624

*Incomplete forms will be returned to the sender
Please allow 30 days for processing, responses are mailed to the Employee address on file.*

G:/Retiree/Steptoretirementinfo/EGBERTeligibility