



FREMONT UNIFIED SCHOOL DISTRICT
Eligible Employee's Plan Participation Statement
Health, Dental and Vision Plans

Name: _____ Emp. ID: _____

Please complete the following sections, sign and date. If you intend to enroll in or change your existing plan(s), continue to the enrollment form(s). Complete all selected enrollment form(s) and a Section 125 Election form. If you are adding a spouse or dependent(s), please include a marriage certificate and/or birth certificate(s).

Health Plan Election: (If you elect health coverage, you will be enrolled for 12 months)

- I elect to ENROLL in or CONTINUE health coverage through FUSD.
- I elect to WAIVE health coverage through FUSD.

Dental Plan Election: (All 1.0 FTE CSEA, FSMA and FUDTA employees and .875 FTE or more SEIU employees will be enrolled in dental for 12 months)

- I elect to ENROLL in or CONTINUE dental coverage through FUSD.
- I elect to WAIVE dental coverage through FUSD.
(If you are not a 1.0 FTE CSEA, FSMA, FUDTA employee or .875 FTE or more SEIU employee, you may elect to waive dental coverage).

Vision Plan Election: (If you elect vision coverage, you will be enrolled for 12 months)

- I elect to ENROLL in or CONTINUE vision coverage through FUSD.
- I elect to WAIVE vision coverage through FUSD.

Temporary Teachers:

- ✓ All 1.0 FTE temp teachers will be enrolled in dental for 12 months.
- ✓ If a temp teacher elects vision and/or health, you will be enrolled for 12 months.
- ✓ Temp teachers resigning in June and not returning the following year:
 - Health coverage will end effective August 1st.
 - Dental and/or vision coverage will end effective October 1st.
- ✓ Employees that are not returning the following year and would like to continue health coverage beyond August 1st, you may elect to enroll in COBRA.

Employee's Signature: _____ Date: _____