

# LOS RIOS COMMUNITY COLLEGE DISTRICT ACKNOWLEDGEMENT FORM

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## Acceptance of COBRA Initial Notification Receipt

I acknowledge receipt, by hand delivery on the date indicated below, of my initial COBRA notification. This notification outlines my potential rights and obligations and covered family member's (if any) rights and obligations under the Federal COBRA law. I understand that my covered spouse/domestic partner and/or dependents (if any) will be sent separate initial COBRA notification through the U.S. Postal Service as required by Federal law. A copy of this receipt has been provided to me for my personal records.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

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## Enrollment Procedures for Newly Acquired Dependents

I understand that it is my responsibility to enroll newborn children, adopted children, a new spouse/domestic partner and other dependent children and that completed medical and/or dental enrollment documents must be received by the Employee Benefits Department **within 31 calendar days of birth, adoption, or marriage or completion of domestic partner affidavit.** I understand that if I do not enroll newly acquired dependents within the 31 calendar day enrollment period, I may enroll them during the district's annual open enrollment period.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Eligibility Information

I understand that if I enroll in a District medical and/or dental plan and (1) misrepresent eligibility information about myself or a dependent, or (2) fail to notify the Employee Benefits Department of a change in family status (e.g., divorce, dependent losing eligibility), I may be liable for the medical/dental claims costs paid on behalf of me and on behalf of others covered by me and that I may lose my rights to future medical and/or dental plan coverage.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## UNUM Voluntary Life Insurance

I understand that it is my responsibility to enroll in supplemental voluntary life insurance during my first 31 days of employment if I wish to take advantage of the Guarantee Issue (GI) coverage amount (up to \$250,000 for myself and \$30,000 for my spouse or Domestic Partner) I understand that if I do not enroll, my next opportunity to enroll will be during a future Open Enrollment period and that the coverage amount will be subject to the Underwriting approval process.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## Enrollment Period

I understand that to enroll myself and dependents, enrollment forms for medical, dental and vision plans, Dependent Care Assistance Plan (DCAP) and Flexible Spending Account (FSA) must be received in the Employee Benefits Department within 31 days of my hire date. I further understand that if the appropriate enrollment forms are not received by the Employee Benefits Department within 31 days of my hire date, I will have to wait until the next available open enrollment period to enroll myself and eligible dependents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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