

Printed Employee Name: _____

Work Place/Region: _____

Schools please select: K-8 OR 9-12



**SOUTHERN CALIFORNIA CONFERENCE
OF SEVENTH-DAY ADVENTISTS
Blue Shield Health Insurance
CHILD(REN) COVERAGE ELECTION
January 1, 2019 - December 31, 2019**

The Southern California Conference gives parents and guardians the option of how eligible children are covered for health care costs when more than one policy may provide coverage. The employee may choose to have the employee's child(ren) under the age of 26 covered under the employee's SCC Blue Shield insurance policy or the spouse's policy. **If you opt out of our eligible child(ren) coverage, you will NOT be able to enroll your child(ren) in the SCC Blue Shield insurance until the next open enrollment period (December, 2019 for coverage effective Jan 1, 2020), unless your child is new to your family by birth, adoption or guardianship or loses his/her current health coverage and is otherwise eligible.**

The employee contribution for one or more eligible child(ren) is **\$62.00 (PPO)** or **\$132.00 (HMO)** per month. **PLEASE REVIEW AND SIGN THE APPROPRIATE BOX BELOW:**

NOTE: Children 26 years of age or older are NOT eligible for SCC coverage.

I choose to cover my eligible child(ren) under the SCC Blue Shield policy. My child(ren) will be covered under the same plan as I choose for myself. The **\$62** (PPO) or **\$132** (HMO) for dependents will be deducted from my paycheck.

Signed

Date

I have a child(ren) that is eligible for coverage under SCC HCAP policy; however I choose to have them covered by insurance provided by my spouse's employer. I will provide satisfactory evidence of coverage for my child(ren).

Signed

Date