FRESNO UNIFIED SCHOOL DISTRICT

2309 Tulare Street   Fresno, CA 93721   (559) 457-3520   Fax No. (559) 457-3760

PART-TIME EMPLOYEES
OPEN ENROLLMENT FORM
EFFECTIVE: JANUARY 1, 2017

1. Employee Information

LAST NAME	FIRST NAME	EMPLOYEE ID OR SSN NUMBER	☐ SINGLE ☐ MARRIED ☐ DOMESTIC PARTNERSHIP ☐ DIVORCED ☐ WIDOWED
MAILING ADDRESS		BIRTHDATE TELEPHONE NO.	☐ MALE ☐ FEMALE
CITY STATE ZIP CODE		DEPT./SITE	

2. FAMILY INFORMATION - LIST DEPENDENTS AND PROVIDE COPIES OF BIRTH/MARRIAGE CERTIFICATES

FIRST NAME	LAST NAME	GENDER	AGE	BIRTHDATE	SOCIAL SECURITY
☐ DOMESTIC PARTNER ☐ SPOUSE		M / F			
☐ SON ☐ DAUGHTER		M / F			
☐ SON ☐ DAUGHTER		M / F			
☐ SON ☐ DAUGHTER		M / F			
☐ SON ☐ DAUGHTER		M / F			
☐ SON ☐ DAUGHTER		M / F			
☐ SON ☐ DAUGHTER		M / F			

3. CHANGE ENROLLMENT AS INDICATED:

UHC Dental Direct

Plan coverage includes:
Office Exam, X-Rays, and
(2) Cleanings Annually

Includes Orthodontic coverage for dependents between ages 10 and 19.
Some procedures may require co-payments.

Rates include family coverage at no additional cost.

10 Month Employee	$ 52.49
12 Month Employee	$ 43.75

☐ Employee Only   ☐ Delete Employee
☐ Add Dependent   ☐ Delete Dependent
☐ Add Family   ☐ Delete Family

Medical Eye Services (MES)

Plan coverage includes: Exam   - Once Every 12 months - $ 5   Co-pay
Lenses - Once Every 12 months (If Rx Changes)
Frames - Once Every 24 months –
(Frames or Contact Lenses)

Rates include family coverage at no additional cost.

10 Month Employee - $ 14.58 / CSEA Member 3 + yrs $ 9.11
12 Month Employee - $ 12.15 / CSEA Member 3 + yrs $ 7.59

☐ Employee Only   ☐ Delete Employee
☐ Add Dependent   ☐ Delete Dependent
☐ Add Family   ☐ Delete Family

Employee Signature_____

Date_____

BENEFITS DEPARTMENT VERIFICATION:
NAME:
EFFECTIVE DATE: