



SIERRA SANDS UNIFIED SCHOOL DISTRICT
CERTIFICATED (DATA) HEALTH BENEFITS ENROLLMENT FORM 2023-2024



SIERRA SANDS Unified School District

<input type="checkbox"/> Open Enrollment		<input type="checkbox"/> Spouse/Domestic Partner Open Enrollment		Effective Date:	
<input type="checkbox"/> New Hire		<input type="checkbox"/> Status Change		Hire Date:	
<input type="checkbox"/> Qualifying Event:				Event Date:	
EMPLOYEE LAST NAME		FIRST NAME	MI	SOCIAL SECURITY # / EMPLOYEE ID #	
ADDRESS		CITY	ZIP	PHONE #	
GENDER	BIRTHDATE	MARITAL STATUS	LIST SPOUSE/DOMESTIC PARTNER IF COVERED BY A PARTICIPATING SISC DISTRICT		
<input type="checkbox"/> F <input type="checkbox"/> M		<input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE	Name:		
		<input type="checkbox"/> DOMESTIC PARTNER	SSN #:		
PLEASE ENROLL ME IN THE PLAN SELECTED BELOW.				FOR INSURANCE STAFF USE ONLY	
Certificated DATA			Employee Monthly Premium		
X	PLAN	GROUP #	w/o DES	w/ DES	
	100 B \$20	40819A	\$431.87	\$327.58	
	90 A \$20	40095E	\$367.67	\$279.43	
	90-C \$20	40819B	\$280.47	\$214.03	
	80-C \$20	40819C	\$246.47	\$188.53	
	80-E \$20	40819D	\$194.07	\$149.23	
	80-M \$40	40819E	\$(338.33)	\$(250.07)	
NOTE: DES = District Employed Spouse covering each other on a SISC plan.					
Plan changes will be in effect as of 10/1/23. Information must be submitted to the Business Office by 8/4/23 to process before open enrollment closes.					
Employee Signature:					Date: