

2025-2026 Existing Member Change Form
For CURRENTLY enrolled Kaiser and Blue Shield Members

TO BE COMPLETED AND SIGNED BY EMPLOYEE:

District Name: SONOMA COUNTY OFFICE OF EDUCATION

Effective date of change: October 1, 2025

Employee Name (Please print): _____

Signature: _____ Date: _____

PLAN CHANGES

INDICATE YOUR CURRENT MEDICAL INSURANCE CARRIER HERE

(PLEASE NOTE: All plan options listed below may not be available based on your bargaining unit plan selections)

KAISER: \$10 High Pkg1 \$20 High Pkg2 \$500 MID Option HDHP/H.S.A.

BLUE SHIELD: 100% Plan B 90% Plan E 80% Plan G 2-Tier HSA \$5,000

WABE (Waiver of Anchor Bronze)

INDICATE YOUR NEW PLAN SELECTION HERE:

Additional forms and backup documents may be required.

(PLEASE NOTE: All plan options listed below may not be available based on your bargaining unit plan selections)

KAISER:

- | | |
|---|---|
| <input type="checkbox"/> \$10 OV Kaiser High Pkg1 | <input type="checkbox"/> \$500 Kaiser MID Option |
| <input type="checkbox"/> \$20 OV Kaiser High Pkg2 | <input type="checkbox"/> HDHP/H.S.A - Kaiser High Deductible with HSA |

BLUE SHIELD:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> 100% Plan B | <input type="checkbox"/> 2-Tier HSA \$5,000 |
| <input type="checkbox"/> 90% Plan E | <input type="checkbox"/> WABE (Waiver of Anchor Bronze) |
| <input type="checkbox"/> 80% Plan G | <i>**Must Sign & date Declination of Coverage
for Full Time Employees Electing the WABE
Coverage form</i> |

ELIGIBILITY CHANGES

Please check here AND complete a SISC Membership Change Form

- Change my name, address or phone number (Social Security Card may be required)
- Add an eligible dependent (Federal Tax Return (adding spouse) and/or Birth Certificates (adding Children) are required)
- Delete a current dependent (Certificate of Coverage or proof of qualifying event may be required)

TERMINATE COVERAGE

Please check here and sign above.

- I wish to terminate medical coverage for myself and my currently enrolled dependents (must be less than a .75 FTE Employee). Kaiser Blue Shield

****Please note: ALL Full Time employees are required to maintain subscriber coverage through one of the plans above. If you are a Full Time employee, you are ineligible to elect coverage termination for yourself.**