Chaffey Community College District
Student Employment Office

Most items listed below are included in this document for review only and do not need to be printed or submitted to the Student Employment Office. Only print, sign, and submit this Acknowledgement of Documentation sheet (page 1) to verify receipt/review of the documents and forms listed below.*

Acknowledgement of Documentation

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I, the undersigned, affirm that I have **1)** received/reviewed information on procedures and requirements regarding workers' compensation coverage, **2)** received an opportunity to designate a physician as provided in Labor Code, Section 4600 and **3)** received/reviewed the documents as listed above. I understand that I must read and become familiar with these documents and that it is my responsibility to ask for clarification when needed. I understand that participation in the student employment program requires a minimum cumulative GPA of 2.0 and enrollment in 6 or more units during fall and spring semesters.

_____
Student Employee Name (please print)

SIGN HERE

_____ _____
Signature Date

***Exceptions**: To pre-designate a physician for treatment in the event of a work-related injury or illness, you must also print the **Personal Physician Pre-Designation** form (p. 7) and the **Certification of Personal Physician** form (p. 8). Minors (under age 18) must complete the **Certificate of Age** (p. 24-25).

Chaffey College
Office of Human Resources

TO: All Chaffey College Employees and Volunteers

DATE: January 14, 2014

FROM: Susan Hardie, Interim Director, Human Resources & Risk Management

RE: Workers' Compensation Medical Provider Network: EIA MPN

California Law requires your employer to provide and pay for medical treatment if you are injured at work. Chaffey Community College District is pleased to provide this medical care through a Workers' Compensation Medical Provider Network – EIA MPN. A Medical Provider Network (MPN) is a group of health care providers set up by an employer and approved by California's Division of Workers' Compensation to treat workers injured on the job. The enclosed/attached pamphlet contains important information regarding EIA and your workers' compensation medical benefits. Please read it carefully.

Your medical treatment for a work-related injury or illness will be provided through the EIA Medical Provider Network if your injury or illness occurs on or after July 1, 2006. You still have the option of treating with your personal physician (pursuant to Labor Code Section 4600) if you have properly notified Chaffey Community College District of your desire to treat with your personal physician prior to your injury or illness, and your personal physician agrees to treat you for your work-related injury or illness. If your personal physician is a participating provider in EIA then you are automatically covered by the MPN, unless your personal physician was pre-designated. If you already have a work-related injury or illness that occurred prior to the implementation of the EIA Medical Provider Network and your treating physician is or becomes a participating physician in EIA then you are automatically covered, or, alternatively, you may request to have your treatment transferred to an EIA participating physician.

For additional information, please review the enclosed/attached pamphlet. To obtain updates to the attached pamphlet on access standards, out-of-area medical treatment, the specialist referral process, and how to obtain a copy of your medical records, or to obtain a complete copy of the Employee Handbook, you may contact EIA Patient Services Department directly via phone or through the EIA web-site: info@eiampn.csac-eia.org.

Welcome to WellComp

Your employer has elected to provide you with the choice of a broad scope of medical services for work-related injuries and illnesses by implementing a Medical Provider Network (MPN), called WellComp. WellComp delivers quality medical care through your choice of a provider who is part of an exclusive network of healthcare providers, each of whom possess a deep understanding of the California workers' compensation system and the impact their decisions have on you. Your employer has received the approval from the State of California to cover your workers' compensation medical care needs through the WellComp Network. You are automatically covered by the WellComp Network if your date of injury or illness is on or after your employer's MPN implementation date and if you have not properly pre-designated a personal physician prior to your injury or illness.

In the event that you have an injury or illness, you may carry this pamphlet with you to present to your medical service provider for access to care.

This pamphlet is not required to receive medical services

Initial Care

In case of an emergency, you should call 911 or go to the closest emergency room.

In the event that you experience a work-related injury or illness, immediately notify your supervisor and obtain medical authorization from your employer to designate an initial care provider within the network. If you are unable to reach your supervisor or employer, please contact the patient services department at WellComp. For non-emergency services, the MPN must ensure that you are provided an appointment for initial treatment within 3 business days of your employer's or MPN receipt of request for treatment within the MPN.

Access to Medical Care

Subsequent Care

If you still need treatment following your initial evaluation, you may be treated by a physician of your choice, or the initial physician may refer you to a medically and geographically appropriate specialist within the network who can provide the appropriate treatment for your injury or condition. Your employer is required to provide you with at least three physicians of each specialty expected to treat common injuries experienced by injured employees based on your occupation or industry. These physicians will be available within 30 minutes or 15 miles of your workplace or residence and specialists will be available within 60 minutes or 30 miles of your residence or workplace. For a directory of providers, please visit www.WellComp.com or call WellComp Patient Services.

Emergency Care

In an emergency, defined as a medical condition starting with the sudden onset of severe symptoms that without immediate medical attention could place your health in serious jeopardy, go to the nearest healthcare provider regardless of whether they are a WellComp participant. If your injury is work-related, advise your emergency care provider to contact WellComp to arrange for a transfer of your care to a WellComp provider at the medically appropriate time.

Hospital and Specialty Care

Your primary treating provider in the WellComp Network can make all of the necessary arrangements and referrals for specialists, inpatient hospital, outpatient surgery center services, and ancillary care services.

Choosing a Treating Physician

If you still require treatment after your initial evaluation with your employer's designated provider, you may access the WellComp Directory and select an appropriate physician of your choice who can provide the necessary treatment for your condition or illness. For assistance determining physician options, please contact the Medical Access Assistant in the WellComp Patient Services Department or discuss your options with your initial care provider.

Scheduling Appointments

If you are having difficulty scheduling an appointment with your initial provider or subsequent provider, please contact the Medical Access Assistant in the WellComp Patient Services Department or your Claims Examiner.

Changing Primary Treating Physician

If you find it necessary to change your treating physician and it is determined that you require ongoing medical care for your injury or illness, you may select a new physician from the WellComp Directory and schedule an appointment. Once your appointment is scheduled, immediately contact WellComp Patient Services who will then coordinate the transfer of your medical records to your new provider.

Obtaining a Specialist Referral

As long as you continue to require medical treatment for your injury or illness, there are alternatives for obtaining a referral to a specialist:

1. Your primary treating provider in the WellComp Network can make all of the necessary arrangements for referrals to a specialist. This referral will be made within the network or outside of the network if needed.
2. You may select an appropriate specialist by accessing the WellComp Directory.
3. You may contact your Medical Access Assistants in the WellComp Patient Services who can help coordinate necessary arrangements.

If your primary treating provider makes a referral to a type of specialist not included in the network, you may select a specialist from outside the network.

For non-emergency specialist services, the MPN must ensure that you are provided an appointment within 20 business days of your employer's or MPN receipt of a referral to a specialist within the MPN.

Continuity of Care

What if I am being treated by a WellComp doctor and the doctor leaves WellComp?

Your employer has a written "Continuity of Care" Policy that may allow you to continue treatment with your doctor if your doctor is no longer actively participating in WellComp.
If you are being treated for a work-related injury in the WellComp Network and your doctor no longer has a contract with WellComp, your doctor may be allowed to continue to treat you if your injury or illness meets one of the following conditions:

- **(Acute)** A medical condition that includes a sudden onset of symptoms that require prompt care and has a duration of less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues for at least 90 days without full cure or worsens and requires ongoing treatment. You may be allowed to be treated by your current treating doctor for up to one year, until a safe transfer of care can be made.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN contract termination date.

If any of the above conditions exist, WellComp may require your doctor to agree in writing to the same terms he or she agreed to when he or she was a provider in the WellComp Network. If the doctor does not, he or she may not be able to continue to treat you.

If the contract with your doctor was terminated or not renewed by WellComp for reasons relating to medical disciplinary cause or reason, fraud or criminal activity, you will not be allowed to complete treatment with that doctor. For a complete copy of the Continuity of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Transfer of Ongoing Care

What if you are already being treated for a work-related injury before the WellComp Network begins?

Your employer has a "Transfer of Care" policy which describes what will happen if you are currently treating for a work-related injury with a physician who is not a member of the WellComp Network. If your current treating doctor is a member of WellComp, then you may continue to treat with this doctor and your treatment will be under WellComp. If your current treating physician is not a participating physician within WellComp and you have not yet been transferred into the MPN, your physician can make referrals to providers within or outside the MPN. Your current doctor may be allowed to become a member of WellComp.

You will not be transferred to a doctor in WellComp if your injury or illness meets any of the following conditions:

- **(Acute)** The treatment for your injury or illness will be completed in less than 90 days.
- **(Serious or Chronic)** Your injury or illness is one that is serious and continues without full cure or worsens over 90 days. You may be allowed to be treated by your current treating doctor for up to one year from the date of receipt of the notification that you have a serious chronic condition.
- **(Terminal)** You have an incurable illness or irreversible condition that is likely to cause death within one year or less. Treatment will be provided for the duration of the terminal illness.
- **(Pending Surgery)** You already have a surgery or other procedure that has been authorized by your employer or insurer that will occur within 180 days of the MPN effective date.
- For a complete copy of the Transfer of Care policy in English or Spanish, please visit www.WellComp.com or call WellComp Patient Services.

Care Transfer Disputes

Notice of determination, from the employer or claims examiner, shall be sent to the covered employee's address and a copy of the letter shall be sent to the covered employee's primary treating physician. The notification shall be written in English and Spanish and use layperson's terms to the maximum extent possible. If WellComp is going to transfer your care and you disagree, you may ask your treating doctor for a report that addresses whether you are in one of the categories listed above. Your treating physician shall provide a report to you within twenty calendar days of the request. If the treating physician fails to issue the report, then you will be required to select a new provider from within the MPN. If either WellComp or you do not agree with your treating doctor's report, this dispute will be resolved according to Labor Code Section 4062. You must notify WellComp Patient Services Department if you disagree with this report.

If your treating doctor agrees that your condition does not meet one of those listed above, the transfer of care will go forward while you continue to disagree with the decision. If your treating doctor believes that your condition does meet one of those listed above, you may continue to treat with him or her until the dispute is resolved.

Second Opinion, Third Opinion and Independent Medical Review Process:

If you disagree with your doctor or do not like your doctor for any reason, you may always choose another doctor in the MPN.

■ Obtaining Second and Third Opinions

If you disagree with the diagnosis or treatment plan determined by your treating physician or your second opinion physician, and would like a second or third opinion, you must take the following steps:

- ✓ Notify your claims examiner who will provide you with a regional area listing of physicians and/or specialists within the WellComp Network who have the recognized expertise to evaluate or treat your injury or condition.
- ✓ Select a physician or specialist from the list.
- ✓ Within 60 days of receiving the list, schedule an appointment with your selected physician or specialist from the list provided by your claims examiner. Should you fail to schedule an appointment within 60 days, your right to seek another opinion will be waived.
- ✓ Inform your claims examiner of your selection and the appointment date so that we can ensure your medical records can be forwarded in advance of your appointment date. You may also request a copy of your medical records.
- ✓ You will be provided information and a request form regarding the Independent Medical Review (IMR) process at the time you select a third opinion physician. Information about the IMR process can be found in the MPN Employee Handbook.

If the Second/Third opinion doctor feels that your injury is outside of the type of injury he or she normally treats, the doctor's office will notify your employer or insurer. You will get another list of MPN doctors or specialists so you can make another selection.

If the 2nd/3rd opinion doctor agrees with your need for a treatment or test, you may be allowed to receive that recommended treatment or test from a provider inside or outside the MPN, including the 2nd or 3rd opinion physician.

■ Obtaining an Independent Medical Review (IMR)

If you disagree with the diagnosis or treatment plan determined by the third opinion physician, you may file the completed MPN Independent Medical Review Application form with the Administrative Director of the Division of Workers' Compensation. You may contact your claims examiner or the WellComp Patient Services Department for information about the Independent Medical Review process and the form to request an Independent Medical Review.

If the second opinion, third opinion or IMR agrees with your treating doctor, you will need to continue to receive medical treatment with a network physician if MPN contains a physician who can provide the recommended treatment. If the IMR does not agree with your treating network physician, you will be allowed to receive that medical treatment from a provider either inside or outside of the WellComp Network.

Any physician chosen outside of the WellComp Network must be within reasonable geographic area. The treatment or diagnostic test is limited to the recommendation of the MPN/ IMR.

■ Treatment Outside of the Geographic Area

WellComp has providers throughout California. If a situation arises which takes you out of the coverage area, such as temporary work, travel for work, or living temporarily or permanently outside the MPN geographic service area, please contact the WellComp Patient Services Department, your claims examiner, or your primary treating provider, and they will provide you with a selection of at least 3 approved out-of-network providers from whom you can obtain treatment or get second and third opinions from the referred selection of physicians.

Covered Medical Services:

The following is a summary of Workers' Compensation medical services that are available to employees covered by the WellComp Network.

Primary treating and specialty services including consultations and referrals

Examples of primary treating or specialty providers include: general medical practitioners, chiropractors, dentists, orthopedists, surgeons, psychologists, internists, psychiatrists, cardiologists, neurologists.

Inpatient Hospital and Outpatient Surgery Center services

Examples of inpatient hospital and outpatient surgery center providers include: acute hospital services, general nursing care, operating room and related facilities, intensive care unit and services, diagnostic lab or x-ray services, necessary therapies.

Ancillary Care services

Examples of ancillary care providers include: diagnostic lab or x-ray services, physical medicine, occupational therapy, medical and surgical equipment, counseling, nursing, medically appropriate home care, medication.

Emergency services including outpatient and out-of area emergency care

WellComp Managed Care Services ™

WellComp Provider Directory

For more information about the MPN including access to a roster of all treating physicians in the MPN, go to www.WellComp.com where you can search by medical specialty, zip code, physician or provider group. For website assistance or to access a hard copy of the regional area listing and/or an electronic copy of the complete WellComp directory, please contact WellComp (your employer's designated medical provider network administrator):

WellComp Information

For questions about the use of MPN's or complaints The MPN contact is: Gale Chmidling, MPN Manager (800)544-8150

WellComp has individuals available to answer questions, provide website assistance, and generate provider listings. Medical Access Assistants are available to assist with finding an MPN physicians of your choice, including scheduling and confirming physician appointments. Assistants are available 7am to 8pm Pacific Standard Time, Monday through Saturday at the contact information below:

WellComp
Patient Services Department
P.O. Box 59914
Riverside, CA 92517
Toll Free (800) 544-8150
fax: (888) 620-6921 or
e-mail: info@WellComp.com

Rev 12/14

WellComp Managed Care Services ™

Employee Notification

This pamphlet contains important information on accessing the WellComp Medical Provider Network:

- ✓ Find out if you are covered
- ✓ Access medical care
- ✓ Learn about continuity of care
- ✓ Choose your own physician
- ✓ Transfer into the WellComp Network
- ✓ Contact WellComp

MPN Identification Number: 2387

This pamphlet is available in Spanish. For a free copy, please contact WellComp Medical Provider Network.

Este folleto esta disponible en el Español. Para una copia gratis, favor de llamar a WellComp Medical Provider Network

Accesibilidad al Cuidado Médico

Bienvenidos a WellComp

Su empleador ha elegido proveerle a usted con una amplia selección de servicios médicos en casos de lesiones y enfermedades relacionadas con su trabajo, y para ello ha establecido una Red de Proveedores Médicos (MPN por sus siglas en inglés), llamada WellComp. WellComp suministra cuidado médico de calidad a través de su elección de un proveedor médico que esta afiliado a una red exclusiva de proveedores de asistencia sanitaria, donde cada uno posee un profundo entendimiento del sistema del Seguro de Indemnización por Accidentes de Trabajo del estado de California y el impacto que sus decisiones tienen en su persona. Su empleador ha recibido aprobación del Estado de California para cubrir sus necesidades de cuidado médico relacionadas con el Seguro de Indemnización por Accidentes de Trabajo a través de la Red WellComp. Usted está protegido automáticamente por la Red WellComp si la fecha de su lesión o enfermedad es en o después de la fecha del establecimiento de WellComp por parte de su empleador, y si usted no ha pre-designado un doctor personal antes de su lesión o enfermedad.

En caso de que usted tenga una herida o la enfermedad, usted puede llevar este folleto con usted para presentar a su abastecedor de servicio médico para el acceso preocuparse.

No se requiere que este folleto reciba servicios médicos

Cuidado Inicial

En caso de emergencia usted debe llamar al 911 o ir a la sala de emergencia más cercana.

En caso de que sufra una lesión o enfermedad relacionada con su trabajo, notifique inmediatamente a su supervisor y obtenga autorización médica de su empleador para designar un proveedor médico dentro de la Red, para el cuidado inicial. Si usted no puede comunicarse con su supervisor o empleador, por favor comuníquese con el Departamento del Servicio al Paciente de WellComp. Para servicios que no sean de emergencia, el MPN tendra que asegurar que usted es proveido(a) una cita o tratamiento inicial dentro de 3 dias de negocio de que su empleador o el MPN a recibido un pedido de tratamiento dentro del MPN.

Cuidado Subsiguiente

Si usted aún necesita atención después de la evaluación inicial, usted puede ser atendido por un doctor de su agrado, o el doctor inicial puede referirle a usted a un especialista médicamente y geográficamente apropiado dentro de la Red, el cual puede proveer el tratamiento adecuado para su lesión o condición. Su empleador es requerido a proveerle de por lo menos 3 medicos de cada especialidad esperada para tartar leciones experimentadas por empleados lecionados basado en su ocupacion o industria. Estos medicos estaran disponibles dentro de 30 minutos o 15 millas de su lugar de trabajo o residencia y especialistas estaran disponibles dentro de 60 minutos o 30 millas de su lugar de trabajo. Para conseguir un directorio de los proveedores médicos, por favor visite www.WellComp.com o llame al Servicio al Paciente de WellComp.

Cuidado de Emergencia

En una emergencia, definida como una condición médica que se manifiesta de forma imprevista, con síntomas severos, los cuales sin atención médica inmediata pueden poner en sumo riesgo su salud, vaya al proveedor de atención médica más cercano sin importar si participan en la Red de WellComp. Si su lesión está relacionada con su trabajo, pídale al proveedor del cuidado de emergencia, que se comunique con WellComp para preparar la transferencia de su atención médica, a un proveedor de WellComp cuando sea el tiempo médicamente adecuado para hacerlo.

Cuidado Especializado y de Hospital

El proveedor principal de la Red WellComp de su tratamiento, puede hacer todos los arreglos y referencias necesarias para los especialistas, hospitales, centro de cirugía de servicio ambulatorio y servicios de cuidados auxiliares.

Elección de Doctor para el Tratamiento

Si aún necesita tratamiento después de su evaluación inicial con el proveedor designado de su empleador, puede acceder al directorio WellComp y seleccione a un apropiado médico de su elección que puede proporcionar el tratamiento necesario para su condición o enfermedad. Para asistencia en obtener opciones de medicos, favor de contactar al Asistente de Acceso Medico en el Departamento de Servicios al Paciente de WellComp o discutir las opciones con el medico inicial.

Cambiando el Doctor Principal de su Tratamiento

Si usted está teniendo dificultades para programar una cita con su medico inicial o posterior, favor de comunicarse con el Asistente de Acceso Médico en el Departamento de Servicios al Paciente de WellComp o con el ajustador de reclamos que maneja su caso.

Reservación de Citas

Si usted tiene problemas haciendo sus reservaciones de citas con el proveedor inicial o el proveedor subsiguiente, por favor comunicarse con el Departamento de Servicio al Paciente de WellComp.

Obteniendo una Recomendación a un Especialista

Siempre y cuando usted continúe necesitando cuidado médico para su lesión o enfermedad, hay varias alternativas para obtener una recomendación a un especialista:

1. Su proveedor principal en la Red de WellComp puede hacer todos los trámites necesarios para la recomendación a un especialista. Esta recomendación será echa dentro de la Red y si es necesario fuera de la Red.
2. Usted puede seleccionar un especialista adecuado usando el Directorio de WellComp.
3. Usted puede comunicarse con el Asistente de Acceso Medico de WellComp quien le puede ayudar a coordinar arreglos necesarios.

Si su proveedor de tratamiento primario hace un referido a una clase de especialista que no esta incluido dentro la red, usted puede seleccionar un especialista fuera de la red. Para servicios que no sean de emergencia, el MPN tendra que asegurar que usted es proveido(a) una cita dentro de 20 dias de negocio de que su empleador o el MPN a recibido un referido a un especialista dentro del MPN.

Continuidad de su Cuidado

¿Que pasa si estoy siendo tratado por un doctor de Wellcomp y el doctor deja a Wellcomp?

Su empleador ha suscrito una póliza de "Continuidad de Cuidado" que puede permitirle a usted continuar el tratamiento con su doctor, si su doctor no está actualmente participando en WellComp. Si usted está siendo tratado dentro de la Red WellComp por una lesión relacionada con su trabajo y su doctor deja de tener un contrato con WellComp, su doctor puede continuar tratándolo siempre y cuando su lesión o enfermedad satisface una de las siguientes condiciones

- **(Aguda)** Condición médica que incluye síntomas que se manifiestan de forma imprevista y que requieren pronta atención médica, y tiene duracion menos de 90 dias.
- **(Seria o Crónica)** Su herida o enfermedad son el que que es serio y sigue durante al menos 90 días sin la cura llena o empeora y requiere el tratamiento en curso. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año, hasta que una transferencia de cuidado pueda ser efectuada de una manera sana y salva.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía u otro procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).

Si cualquiera de las condiciones antes mencionadas existe, Wellcomp puede requerir que su doctor acepte por escrito los mismos términos que el había aceptado cuando era un proveedor del Red de Wellcomp. Si el doctor no está de acuerdo o no acepta los términos, no podría continuar tratándolo.

Si el contrato con su doctor fue clausurado o no fue renovado por Wellcomp por razones relacionadas con causas de disciplina médica, fraude o actividad criminal, no le será permitido completar el tratamiento con ese doctor. Para obtener una copia completa de la póliza de Continuidad de Cuidado en inglés o en español, por favor visite www.WellComp.com o llame a servicios al paciente de WellComp.

Transferencia del Cuidado Actual y Corriente

¿Qué pasa si usted ya está siendo tratado por una lesión relacionada con su trabajo, antes de comenzar el programa Red de WellComp?

Su empleador tiene una póliza de "Transferencia de Cuidado" que describe lo que pasará si usted esta actualmente siendo tratado por una lesión relacionada con su trabajo, por un doctor que no es miembro de la Red de WellComp. Si su doctor actual del tratamiento es un miembro participante de Wellcomp, entonces usted puede continuar el tratamiento con su doctor y su tratamiento se hará bajo la Red de Wellcomp. Se le puede permitir ser miembro de WellComp a su doctor actual. Si su médico tratante actual no es un médico participante dentro de WellComp, y si aún no ha sido transferido a la red de proveedores medicos, su médico puede hacer remisiones a prestadores dentro o fuera de la red de proveedores medicos. Se le puede permitir a su medico actual convertirse en un miembro de WellComp. Usted no será transferido a un doctor de Wellcomp si su lesión o enfermedad satisface cualquiera de las siguientes condiciones:

- **(Aguda)** El tratamiento de su lesión o enfermedad será completado en menos de 90 días.
- **(Seria o Crónica)** Su lesión o enfermedad es seria y continuará por mas de 90 días sin cura completa o empeorando y requiere tratamiento continuo. Se le puede permitir que siga siendo tratado por el doctor que actualmente lo esta tratando por un período de hasta un año de la fecha de notificacion que usted tiene una condicion seria o cronica.
- **(Terminal)** Usted tiene una enfermedad incurable o condición irreversible que probablemente cause la muerte dentro de un año o menos. Tratamiento medico sera proporcionado por la duracion de la enfermedad terminal.
- **(Cirugía Pendiente)** Usted ya tiene una cirugía o procedimiento autorizado por su empleador o seguro de salud y el cual ocurrirá dentro de los 180 días de la fecha efectiva de la Red de Proveedores Médicos (MPN por sus siglas en inglés).

- Para obtener una copia completa de la poliza de Transferencia de Cuidado en español o en ingles, por favor visite www.WellComp.com o llame a servicios al paciente de WellComp.

Disputas de Cuidado

Anuncio de la determinación, proveniente del empleador, o del ajustador encargado del caso, debera ser enviada a la dirección del empleado y una copia de la carta deberá ser enviada al medico principal del empleado cubierto. La notificación será escrita en inglés y español y los términos del lego de uso en el mayor grado posible. Si Wellcomp va a transferir su cuidado médico y usted no está de acuerdo, usted puede pedirle al doctor que lo está tratando actualmente, un informe o parte médico alegando que su condición pertenece o está dentro de una de las condiciones antes mencionadas. Su doctor que lo esta tratando actualmente si le proveera un informe dentro de veinte dias del calendario de la fecha de solicitacion. Si su doctor que lo esta tratando actualmente no logra emitir el informe, entonces usted sera requerido a selecionar un nuevo proveedor dentro el MPN.

Si Wellcomp o usted no está de acuerdo con el informe del doctor que lo está tratando, esta disputa será resuelta de acuerdo a la Sección 4062 del Código del Trabajo. Usted tiene que notificar al Departamento del Servicio al Paciente de WellComp, si usted no está de acuerdo con el informe o parte médico.

Si el doctor que lo está tratando está de acuerdo de que su condición no pertenece o no está dentro de las condiciones antes mencionadas, se continuará con la transferencia de su cuidado médico, aún cuando usted no está de acuerdo con la decisión.

Si su doctor cree que su condición satisface una de las condiciones antes mencionadas, usted puede continuar el tratamiento con ese doctor hasta que la disputa sea resuelta. Para obtener una copia completa de la póliza de Transferencia de Cuidado, por favor visite www.Wellcomp.com o llame al Servicio al Paciente de Wellcomp.

Proceso para Segunda Opinión, Tercera Opinión y Examen Médico Independiente:

Si usted no está de acuerdo con su doctor o no le gusta su doctor sea cual sea la razón, usted siempre puede elegir otro doctor en el MPN (Red de Proveedores).

■ Obteniendo Segunda y Tercera Opiniones

Si usted no está de acuerdo con el diagnóstico o con el plan de tratamiento de su doctor actual o con el doctor de la segunda opinión, y quisiera una segunda o tercera opinión, usted debe de tomar los siguientes pasos:

- ✓ Notificar al Administrador(a) de su reclamo a quien le proveerá una lista de doctores y/o especialistas en el area regional dentro de la Red de WellComp, quienes tienen pericia reconocida para evaluar o tratar su lesión o condición.
- ✓ Elija un doctor o especialista de la lista.
- ✓ Dentro de los 60 días de recibir la lista, reserve una cita con el doctor o especialista seleccionado de la lista proporcionada a tráves del por Administrador(a) de su reclamo. Si, dentro de los 60 días, decide usted en no confirmar cita, su derecho en buscar otra opinion puede ser renunciado.
- ✓ Informe al Administador(a) de su reclamo de su elección, y de la fecha de su cita, para así asegurarnos de que sus archivos médicos se pueden enviar antes de la fecha de su cita. Usted tambien puede pedir una copia de sus archivos medicos.
- ✓ Usted sera proveido(a) con informacion y un impreso de pedido referente al proceso de Examinacion de Medico Independiente (IMR) en el momento que usted selecciona un medico de tercera opinion. Informacion del proceso del IMR se puede encontrar en el Manual del MPN para el Empleado.

Si el segundo/tercer doctor de opinión siente que su herida es fuera del tipo de herida él o ella normalmente trata, el consultorio del doctor notificará a su patrón o asegurador. Usted conseguirá otra lista de doctores MPN o especialistas entonces usted puede hacer otra selección. Si la 2da/3ra opinion médico está de acuerdo con su necesidad de un tratamiento o algun examen, se le permitira obtener ese tratamiento o examen con un proveedor que este dentro o fuera de la red de proveedors medicos, incluyendo el medico quien proporciono la 2da/3ra opinion.

■ Obteniendo un Examen Médico Independiente (IMR por sus siglas en inglés)

Si usted no esta de acuerdo con el diagnostico o plan de tratamiento decidido por el medico de la tercera opinion, usted podria completer y presentar el impreso de la Aplicacion para Examinacion de MPN Medico Independiente con el Director Administrativo de la Division de Indemnizacion de Trabajadores. Se puede communicar con su Administrador(a) de reclamo, o al Departamento de Servicios para el Paciente de WellComp para informacion sobre la Examinacion de Medico Independiente y el impreso para pedir una Examinacion de Medico Independiente.

Si la segunda opinión, tercera opinión o la revision medica independiente, coincide con el medico que le esta tratando, y la red de proveedores medicos contiene un medico que pueda proporcionar el tratamiento recomendado, usted tendra que continuar su tratamiento con un medico dentro de la red de proveedores medicos. Si la revision medica independiente no está de acuerdo con su médico tratante de la red, se permitirá recibir ese tratamiento médico de un proveedor dentro o fuera de la red de WellComp.
Cualquier médico seleccionado fuera de la red de proveedores medicos WellComp debe estar a una distancia geográfica razonable. El tratamiento o examen de diagnóstico esta limitado a la recomendación provista por el medico dentro de la red de proveedores medicos o por la revision medica independiente.

■ Tratamiento Fuera del Área Geográfica

WellComp tiene proveedores por todo California. Si llega alguna situacion que podria llevarlo fuera del area de cubertura, tales como trabajo temporal, viaje relacionado al trabajo, o vivir temporalmente o constantemente fuera del area de servicios geograficos del MPN, porfavor pongase en contacto con el Departamento de Servicios para Pacientes de WellComp, su examinador de reclamos, su proveedor primario de tratamiento, y ellos le proveeran con una seleccion de por lo menos 3 proveedores aprovados fuera de la red de los que usted pueda obtener tratamiento o recibir segunda o tercera opinions de la seleccion de medicos referidos.

Servicios Médicos Proveídos:

A continuación es un resumen de los servicios médicos del Seguro de Indemnización por Accidentes de Trabajo disponibles para usted por la Red de WellComp.

Tratamiento principal o primario y servicios especiales incluyendo las consultaciones y recomendaciones

E jemplos de proveedores de tratamientos primarios o proveedores de especialización incluyen: doctoresde medicina general, quiroprácticos, dentistas, ortopedistas, cirujanos, psicólogos, psiquiatras, cardiólogos, neurólogos.

Servicios de Hospital, y Centros de Cirugía Ambulatoria

Ejemplos de servicios de proveedores de servicios de hospital, y centros de cirugía ambulatoria incluyen: servicio agudo de hospital, cuidado general de enfermera, salas de operaciones y facilidades relacionadas, unidad de cuidado intensivo y sus servicios, laboratorios para diagnósticos o servicio de rayos-x y los tratamientos de terapias necesarias.

Servicios de Cuidado Complementarios

Ejemplos de proveedores de servicios de cuidado complementarios incluyen: laboratorios para diagnósticos o servicio de rayos-x, medicina física, terapia de ocupación, equipos médicos y de cirugía, consejeros, enfermeras, cuidado médico apropiado en casa, medicación.

Servicios de Emergencia incluye el servicio ambulatorio y servicio fuera del área de la Red.

WellComp Managed Care Services ™

Directorio de Proveedores de WellComp

Para obtener más información acerca de la red de proveedores medicos, incluyendo el acceso a una lista de todos los médicos en la red, vaya a www.WellComp.com donde se puede buscar por especialidad médica, el código postal, grupo médico o proveedor. Para asistencia atraves del internet o para optener acceso a una copia impresa de la lista de proveedores por zona regional y/o una copia electrónica del directorio completo de WellComp, favor de contactarse con WellComp (quien fue asignado por su empleador para administrar la red de proveedores medicos):

Informacion de WellComp

Para preguntas sobre el uso de la red de proveedores medicos o para denuncias, la persona a contactar es: Gale Chmidling, MPN Manager (800) 544-8150.

WellComp tiene personas disponibles para responder a sus preguntas, proporcionar asistencia con el sitio web y para generar listas de proveedores. Asistentes están disponibles para ayudar a encontrar un médico de su elección dentro de la red de proveedores, incluyendo programación y confirmacion de las citas. Los asistentes están disponibles de 7am a 8pm hora del Pacífico, de lunes a sábado. Información de contacto aparece a continuacion:

WellComp
Departamento de Servicios al Paciente
P.O. Box 59914
Riverside, CA 92517
Gratis al (800) 544-8150
fax: (888) 620-6921 o
e-mail: info@WellComp.com

Rev 12/14

WellComp Managed Care Services ™

Notificación al Empleado

Este folleto contiene información importante para el acceso en la Red de Proveedores Médicos WellComp.

- ✓ Entérese si está protegido
- ✓ Acceso a cuidado médico
- ✓ Aprenda acerca de la continuidad de su cuidado
- ✓ Seleccione su propio doctor
- ✓ Transferencia dentro de la Red de WellComp
- ✓ Comunicarse con WellComp

Número de identificación del MPN:

2387

Este folleto está disponible en Ingles. Para una copia gratis, por favor llame la Red de Proveedores Médicos de WellComp.

Pre-designation Of Personal Physician

In the event you sustain an injury or illness related to your employment, you may be treated for such injury/illness by your personal medical doctor (M.D) or doctor of osteopathic medicine (D.O.) or medical group if: You have health care insurance for injuries/illness that are not work related, the doctor is your regular physician, who shall be either a physician who has limited his or her practice of medicine to general practice or who is a board-certified or board-eligible internist, pediatrician, obstetrician-gynecologist, or family practitioner, and has previously directed your medical treatment, and retains your medical records; your "personal physician" may be a medical group if it is a single corporation or partnership composed of licensed doctors of medicine or osteopathy, which operates an integrated multispecialty medical group providing comprehensive medical services predominantly for non-occupational illnesses and injuries; prior to the injury your doctor agrees to treat you for work injuries or illnesses; prior to the injury you provided your employer the following in writing: (1) notice that you want your personal doctor to treat you for a work-related injury/illness, and (2) your personal doctor's name and business address.

You may use this form, a form provided by your employer or provide all the information in writing to notify your employer if you wish to have your personal medical doctor or a doctor osteopathic medicine treat you for a work-related injury/illness and the above requirements are met.

Notice Of Pre-designation Of Personal Physician
Employee: Complete this section

Employer _____

If I have a work-related injury or illness, I choose to be treated by:

_____
(Name of doctor) (M.D., D.O., or medical group)

_____
(street address, city, state, zip)

_____
(telephone number)

Employee Name (please print): _____

Employee's Address: _____

Name of Insurance Company, Plan, or Fund providing health coverage for nonoccupational injuries or illnesses: _____

_____

Employee Signature: _____ Date _____

Note to Employee: Unless you agree in writing, neither your employer or York may contact your personal physician to confirm a pre-designation. If your physician does not sign this form, other documentation that they agreed to be pre-designated prior to the injury will be required. If you agree, your employer or York may contact your personal physician to confirm this pre-designation, sign and date below:

Employee Signature _____

Employee # _____ Date _____

Physician: I agree to this Pre-designation:

Signature: _____ Date _____

(Physician or Designated Employee of the Physician)

The physician is not required to sign this form, however, if the physician or designated employee of the physician or medical group does not sign, other documentation of the physician's agreement to be pre-designated will be required pursuant to Title 8, California Code of Regulations, section 9780.1(a)(3). (Optional DWC Form 9783 July 1, 2014)

Notice Of Personal Chiropractic Or Personal Acupuncturist

If your employer or your employer's insurer does not have a Medical Provider Network (MPN), you may be able to change your treating physician to your personal chiropractor (D.C.) or acupuncturist (LAC.) following a work-related injury/illness. In order to be eligible to make this change, you must give your employer the name and business address of a personal D.C. or LAC. in writing prior to the injury/illness. York generally has the right to select your treating physician within the first 30 days after your employer knows of your injury/illness. After your employer or York has initiated your treatment with another physician during this period, you may then, upon request, have your treatment transferred to your personal D.C. or LAC. You may use this form to notify your employer of your personal D.C. or LAC., or your employer may have their own form. The D.C. or LAC. must be your regular D.C. or LAC. who has directed your treatment and retains your chiropractic records and history. If your employer has an MPN, you may only switch to a D.C. or LAC. within the MPN. A chiropractor cannot be your treating physician after 24 visits. If you still require medical treatment thereafter, you will have to select a physician who is not a chiropractor. This prohibition shall not apply to visits for postsurgical physical medicine visits prescribed by the surgeon, or physician designated by the surgeon, under the postsurgical component of the Division of Workers' Compensation's Medical Treatment Utilization Schedule.

_____
Name of chiropractor or acupuncturist (D.C., LAC.)

_____
(street address, city, state, zip code)

_____
(telephone number)

Employee Name (Please Print): _____

Employee's Address: _____

_____

Employee's Signature: _____

Date: _____

Title 8, California Code of Regulations, section 9783.1
(Optional DWC Form 9783.1 Effective date July 1, 2014)

WHEN A WORK INJURY OCCURS...

- **Quickly seek first aid.**
- **Call 9-1-1 for help immediately if emergency medical care is needed.**
- **Immediately report injuries to your supervisor or employer representative at** COMPANY NURSE ON CALL AT 888-375-0280 WITH SUPERVISOR PRESENT.

Information & Assistance Office: SUSAN HARDIE, DIRECTOR, HUMAN RESOURCES AT 909-652-6531.

Employer MUST complete this information

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The Facts About Workers' Compensation

York Risk Services Group, Inc.
P.O. Box 619079
Roseville, CA 95661
Phone (866) 221-2402
Fax (866) 548-2637

Approved by Division of Workers' Compensation

What is workers' compensation? Its purpose is to insure that an employee who is found to sustain an industrial injury or illness will be provided with benefits to medically cure or relieve them from the effects of the injury/illness, provide temporary compensation when they are medically unable to perform any occupational function, compensation for any residual handicap and/or impairment of bodily function, benefits for dependents if an employee dies as a result of an injury/illness, protection from discrimination by his/her employer because of the injury/illness.

Am I Covered? Nearly every person employed in California is protected by workers' compensation, however there are a few exceptions. People that are self-employed or volunteer workers may not be covered. Similar laws cover federal and maritime workers. York Risk Services Group (York) is your employer's claims administrator. Your employer or York can answer any questions you might have about coverage.

What Does Workers' Compensation Cover? If you have an injury/illness due to your job, it is covered. The cause can be a single event, like a fall or it can be due to repeated exposures, such as hearing loss due to constant loud noise. Injuries ranging from first-aid to serious accidents are covered. Even injuries related to a workplace crime, such as psychological or physical injuries, are covered under workers' compensation. Some injuries that result from voluntary activity, such as off duty social or athletic activities may not be covered. Check with your employer or York if you have questions. Coverage begins the moment you start your job. There is no probationary period or wage rate.

Duty Of The Employee. Immediately notify your employer or York so you can get the medical help that you need without delay. If your injury is greater than a first-aid injury, your supervisor will give you a Claim Form (Form DWC-1) for you to describe where, when and how it happened. To submit a claim, fill out the "Employee" section of the DWC-1. Keep one copy of this form and give the remaining pages to your supervisor. Your employer will fill out the "Employer" section and return a signed and dated copy of the form to you. Your employer will keep a copy of this form and forward another to York. York is in charge of handling your claim and informing you about your eligibility for benefits.

Your claim benefits do not start until your employer knows about your injury, so report and file the DWC-1 as quickly as possible. California law requires your employer to authorize medical treatment within one working day of receipt of your Claim Form. Employers are liable for up to $10,000 in treatment pending a decision by York for a claim to be accepted or rejected. Waiting to report may delay workers' compensation benefits. You may not receive benefits if you fail to file a claim within one year of the date of injury, the date you know the injury was work related, or the date benefits were last provided.

Duty of the Employer: Provide this form to every employee at the time of hire or by the end of their first pay period.

Within one working day, upon knowledge or notice from any source of a work injury/illness greater than first-aid, provide the employee with a Claim Form (DWC-1) and authorize medical treatment and report the claim to York Risk Services Group.

What are the benefits? You may be entitled to various kinds of benefits under California workers' compensation law including:

Medical Care: Medical treatment that is reasonably required to cure or relieve the injured worker from the effects of the injury/illness. There is no deductible or co-payment. These medical benefits may include lab tests, physical therapy, hospital services, medication and treatment by a doctor.

State law limits certain medical services as of January 1, 2004. You should never receive a medical bill. If additional treatment is necessary, York will coordinate medical care that meets applicable treatment guidelines for the injury. The doctor may be a specialist for your specific type of injury, and he or she will be familiar with workers' compensation requirements and will report promptly to York so your benefits can be paid.

The physician with overall responsibility for treating your injury/illness is your primary treating physician (PTP). The PTP decides what kind of medical care you need and if you have work restrictions. If necessary, the PTP will review your job description with you and your employer to define any limitation or restrictions that you may have. This doctor also is responsible for coordinating care between other medical providers and will write reports about any permanent impairment of bodily function(s) or the need for future medical care. Generally, your employer selects the PTP you will see for the first 30 days, but if you want to change doctors for any reason, ask your employer or York. They're as interested as you are in your prompt recovery and return to work and will select a different doctor for you. If your employer has a Medical Provider Network (MPN) you will be directed to treat with a physician within the MPN and different rules apply regarding changing your physician.

You can be treated by your personal physician or medical group immediately if you have health care insurance for injuries or illness that are not work related, and your physician agrees in advance to treat you for any work injuries/illnesses and has previously directed your treatment and retains your medical records and agrees, prior to your injury/illness, to treat you for workplace injuries/illnesses and you gave your employer your physician's name and address in writing before the injury. You may use the form inside of this pamphlet or your employer may have a form for you to use.

If you give the name of your personal chiropractor or acupuncturist, different rules apply, and you may need to see an employer-selected physician first.

Temporary Disability Benefits: If you are not medically able to work for more than three days due to your work-related injury, counting weekends, you have a right to temporary disability (TD) payments to assist substituting your lost wages. After two weeks from reporting the injury, you will receive a check. If your employer has a salary continuation plan, your benefit may be included in your regular paycheck. TD is payable every 14 days until the doctor states you can return to work (Payments won't be made for the first three days, though, unless you're hospitalized as an inpatient or unable to work more than 14 days). The amount of the payments will be two-thirds of your average wage, subject to minimums and maximums set by the state legislature. Although the TD payment will not be the full amount of your regular paycheck, there are no deductions and the payments are tax-free. For injuries occurring on or after January 1, 2008, TD payments are limited to 104 compensable weeks within five years of date of injury. For a few long-term injuries such as chronic lung disease or severe burns, TD payments can last up to 240 weeks within five years from the date of injury. If you reach the maximum TD payment period before you can return to work or before your condition becomes permanent and stationary. See the "Other Benefits" section of this pamphlet for additional in information. A timely filing with Employment Development Department may result in additional State Disability benefits when TD benefits are delayed, denied, or terminated.

Permanent Disability: If your doctor says your injury will always leave you with some permanent impairment of bodily function(s), you may receive permanent disability (PD) payments. The amount depends on the doctor's report, how much of the PD was directly caused by your work, and factors such as your age, occupation, type of injury, and date of injury. State law determines minimum and maximum amounts, and they vary by injury date. If you are entitled to PD, York will send you a letter explaining how the benefit was calculated. If the injury causes PD, the first payment of PD benefits is made within 14 days after the last payment of TD, unless your employer has offered you a position that pays at least 85% of your date of injury wages or if you are returned to a position that pays you 100% of the wages and, compensation paid to you on the date of injury, the PD would be paid after an Award issues.

Supplemental Job Displacement Benefit (SJDB): If you have a permanent whole person impairment, the eligibility for SJDB begins when your employer does not offer regular work, permanent, modified, or alternative work within 60 days of the receipt of a doctor's Medical Maximum Improvement (MMI) report. This is a nontransferable voucher for education-related retraining and/or skill development at state-approved schools, tools, licensing, certification fees and other resources as possible benefits. If you qualify for the supplemental job displacement benefit, York will provide a voucher up to a maximum of $6,000.

Death Benefits: If the injury/illness causes death, payments may be made to your dependents. State law sets these benefits and the total benefit depends on the number of dependents. The payments are made at the same rate as TD payments. In addition, workers' compensation provides a burial allowance.

Discrimination: It a violation of Labor Code Section 132(a) and illegal for your employer to punish or fire you for having a workplace injury/illness, for filing a claim or for testifying in another person's workers' compensation case. If your employer is found guilty of discrimination, you would be entitled to increased benefits, reinstatement and reimbursement for lost wages and benefits.

Other Benefits: Sometimes people confuse workers' compensation with State Disability Insurance (SDI). Workers' compensation covers on-the-job injuries/ illnesses and is paid for by your employer or their insurance. On the other hand, SDI covers off-the-job injuries or sicknesses, and is paid for by deductions from your paycheck. If you are not getting workers' compensation benefits, you may be able to get State Disability benefits. Contact the local office of the State Employment Development Department listed in the government pages of your phone book for more information.

You may be eligible to access the return-to-work fund, for the purposes of making supplemental payments to injured worker's whose PD benefits are disproportionately low in comparison to their earnings loss. If you have questions or think you qualify, contact the Information & Assistance office listed in this pamphlet or visit the DIR website at: www.dir.ca.gov.

If You Still Have Questions...ask your supervisor or employer representative. Or contact York at the number indicated on workers' compensation posters at work and on this brochure. You can also contact the State Division of Workers' Compensation (DWC) and speak with an Information and Assistance Officer. These officers are available to review problems, answer questions and provide additional written information about workers' compensation at no charge. The local office is listed below and posted at your workplace. You can also call 800-736-7401 or visit the DWC website at: http://www.dir.ca.gov/dwc.

WORKERS' COMPENSATION FRAUD IS A FELONY

Anyone who makes or causes to be made any knowingly false or fraudulent material statement for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony. Fines can be up to $150,000 and imprisonment up to five years.

Chaffey College

OPTIONAL: Only print and complete this form if you wish to pre-designate a physician for treatment in the event of a work-related injury or illness.

PERSONAL PHYSICIAN PRE-DESIGNATION

Date employee was provided Pre-Designation form: _____

Employee:_____

Department:_____

Pursuant to Labor Code 4600(d), the definition of "Personal Physician" means:

- ✓ The employee's regular physician and surgeon,
- ✓ Who, prior to the injury, has directed medical treatment of the employee, and
- ✓ Retains the medical records and medical history of the employee.

Name of Physician:_____

Specialty:_____

Address/City/Zip Code:_____

Telephone:_____ Fax #:_____

Employee Name (print):_____

Employee Signature:_____

Date of Request:_____

If this form and the attached Certification is not completed and returned to your Employer prior to an industrial injury, the employee is to seek medical treatment from the Employer-designated medical facility as noted on the posted notices regarding workers' compensation.

Your personal physician is required to adhere to Title 8, California Code of Regulations 9785, the Reporting Duties of the Primary Treating Physician and Labor Code 4610. Your personal physician *must agree* to be your pre-designated physician and that they will accept payment for service in accordance with the California Official Medical Fee Schedule.

Please have your personal physician sign and return this form to your Employer with the attached Certification acknowledging their responsibility as your treating physician should you sustain an industrial injury.

Submit form to the office of Human Resources

Chaffey College

OPTIONAL: Only print and complete this form if you wish to pre-designate a physician for treatment in the event of a work-related injury or illness.

CERTIFICATION OF PERSONAL PHYSICIAN

Date:_____

Name of Physician:_____

Address:_____

City/Zip Code:_____

Name of Employee:_____

This is to certify that _____(employee) is a patient of mine. I have treated him/her for non-work related medical problems and I maintain his/her medical records in my office.

I am willing to take responsibility for following rules required of a Treating Physician, pursuant to California Code of Regulations, Title 8, Section 9785, when treating this employee for work-related injuries or illnesses. I acknowledge all requests for medical care will be governed by Labor Code 4610 outlining mandatory utilization review under the guidelines of the American College of Occupational and Environmental Medicine (ACOEM).

Physician's Signature:_____

Print Name:_____

Date:_____

I decline the request of _____(employee) to be his/her Treating Physician for work-related injuries:

Physician's Signature:_____

Print Name:_____

Date:_____

Submit form to the office of Human Resources

New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.[1]

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution –as well as your employee contribution to employer-offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Danni Gilley at 909-652-6524.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit **HealthCare.gov** for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

[1] An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name	4. Employer Identification Number (EIN)
Chaffey Community College District	95-6000558
5. Employer address	**6. Employer phone number**
5885 Haven Avenue	909-652-6524

7. City	8. State	9. ZIP code
Rancho Cucamonga	CA	91737

10. Who can we contact about employee health coverage at this job?	
Danni Gilley, Human Resources Generalist	
11. Phone number (if different from above)	**12. Email address**
909-652-6524	danni.gilley@chaffey.edu

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees. Eligible employees are:
  - ☑ Some employees. Eligible employees are:
    - Contract permanent employees, full-time and part-time if stated in bargaining unit agreement.
    - Temporary employees who work an average of 30 hours per week in a 12 month look back period.
- With respect to dependents:
  - ☑ We do offer coverage. Eligible dependents are:
    - Spouses
    - Child (natural born child, step child, adopted child, legal guardianship of child)
    - Registered domestic partners with the State of California
  - ☐ We do not offer coverage.

☑ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process. Here's the employer information you'll enter when you visit **HealthCare.gov** to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)
13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?_____ (mm/dd/yyyy) (Continue)
☐ **No** (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* **offered only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?_____
☐ Employer won't offer health coverage
☐ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
a. How much would the employee have to pay in premiums for this plan? $_____
b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Quarterly ☐ Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

THIS POSTER MUST BE DISPLAYED WHERE EMPLOYEES CAN EASILY READ IT

(Poster may be printed on 8 ½" x 11" letter size paper)

HEALTHY WORKPLACES/HEALTHY FAMILIES ACT OF 2014
PAID SICK LEAVE

Entitlement:

- An employee who, on or after July 1, 2015, works in California for 30 or more days within a year from the beginning of employment is entitled to paid sick leave.
- Paid sick leave accrues at the rate of one hour per every 30 hours worked, paid at the employee's regular wage rate. Accrual shall begin on the first day of employment or July 1, 2015, whichever is later.
- Accrued paid sick leave shall carry over to the following year of employment and may be capped at 48 hours or 6 days. However, subject to specified conditions, if an employer has a paid sick leave, paid leave or paid time off policy (PTO) that provides no less than 24 hours or three days of paid leave or paid time off, no accrual or carry over is required if the full amount of leave is received at the beginning of each year in accordance with the policy.

Usage:

- An employee may use accrued paid sick days beginning on the 90th day of employment.
- An employer shall provide paid sick days upon the oral or written request of an employee for themselves or a family member for the diagnosis, care or treatment of an existing health condition or preventive care, or specified purposes for an employee who is a victim of domestic violence, sexual assault, or stalking.
- An employer may limit the use of paid sick days to 24 hours or three days in each year of employment.

Retaliation or discrimination against an employee who requests paid sick days or uses paid sick days or both is prohibited. An employee can file a complaint with the Labor Commissioner against an employer who retaliates or discriminates against the employee.

For additional information you may contact your employer or the local office of the Labor Commissioner. Locate the office by looking at the list of offices on our website http://www.dir.ca.gov/dlse/DistrictOffices.htm using the alphabetical listing of cities, locations, and communities. Staff is available in person and by telephone.

Enroll now for Electronic W2 & Direct Deposit

Benefits of Electronic W2:

- Receive your W2 **earlier** than traditional paper W2s.
- Eliminate the risk that your W2 will be lost, misdirected or delayed during the mail distribution process.
- Access your W2 at your convenience 24-7 from any computer that has internet access. The W2s are stored securely on MyChaffeyView and employees can view, print or re-print at a later date.

To receive your W2 form electronically via MyChaffeyView you must provide consent. Simply log into MyChaffeyView to review the disclosure statement and provide your consent. If you need assistance logging into MyChaffeyView there is a login and password help link on the main MyChaffeyView menu.

Benefits of Direct Deposit:

- Eliminate the worry of having to pick up your check, especially if you're not on campus or out of town.
- If you choose to have your check mailed it stands the chance of getting lost, stolen, destroyed or delayed in the mail.
- The process to replace a check can take up to 3 days.
- With Direct Deposit, your money is electronically transferred into your account and available to you the morning of the release date.
- You have the ability to split your Direct Deposit among different accounts and/or different banks.
- If the release date of your payroll falls on a day when the campus is closed you will have to wait until the next college business day to pick up your check. This may occur during our summer schedule when the campus is closed on Fridays. If your pay date falls on a Friday, you will have to wait until Monday to pick up your check.

Please call the Payroll Department if you need assistance:

April Winkle — Classified Payroll: (909) 652-6029

Tara Schroeder — Certificated Payroll: (909) 652-6037

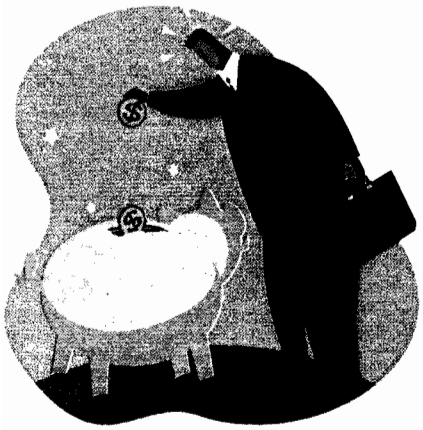
Kim Mascarenas — Administrator, Payroll: (909) 652-6030

CHAFFEY COLLEGE

Chaffey Community College

403(b) Tax Shelter Annuity

Retirement Savings for your Future!



PARTICIPATION ELIGIBILITY

ALL Chaffey employees are eligible to participate in the District's 403(b) Tax Shelter Annuity Plan.

To participate, please complete a salary reduction agreement (SRA) and establish your retirement investment account with one of our approved 403(b) vendors. Since these contributions are deducted from your monthly compensation, please make sure that your deduction **does not** exceed your monthly salary. This especially applies to part-time employees whose hours and salary fluctuate from month to month.

CONTRIBUTION TYPES

- Basic Annual Contribution
- Catch-up Contribution, if worked for more than 15 years with Chaffey *
- Catch-up Contribution, if age 50 and older
- Rollovers, Transfers, and Exchanges are permitted

* Subject to a calculation to determine eligibility

Chaffey Community College

College Contacts:

Director of Accounting
Kim Erickson
Ext. 6021

Classified Payroll
April Winkle
Ext. 6029

Certificated Payroll
Tara Schroeder
Ext. 6037

Payroll Administrator
Kim Mascarenas
Ext. 6030

STATE OF CALIFORNIA DEPARTMENT OF EDUCATION

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR WORK PERMIT–CERTIFICATE OF AGE

CDE B1-1 (Rev. 07-10)

A "STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR WORK PERMIT–CERTIFICATE OF AGE" form (CDE B1-1) shall be completed in accordance with California *Education Code* 49162 and 49163 as notification of intent to employ a minor. This form is also a Certificate of Age pursuant to California *Education Code* 49114.

(Print Information)

Minor's Information

Minor's Name *(First and Last)* | Home Phone

Birth Date | Social Security Number | Grade: Graduated from HS | Age

Home Address | City | Zip Code

School Information

School Name: Chaffey Community College | School Phone: 909-652-6000

School Address: 5885 Haven Avenue | City: Rancho Cucamonga | Zip Code: 91737

To be filled in and signed by employer. (Please review the General Summary of Minors' Work Regulations on reverse.)

Business Name or Agency of Placement: Chaffey Community College | Business Phone: 909-652-6000 | Supervisor's Name

Business Address: 5885 Haven Avenue | City: Rancho Cucamonga | Zip Code: 91737

Describe nature of work to be performed: Employee will perform the supervised work of a student assistant in support of the hiring department for the purpose of on-campus general work experience. The nature of the work is not considered hazardous.

In compliance with California labor laws, this employee is covered by worker's compensation insurance. This business does not discriminate unlawfully on the basis of race, ethnic background, religion, sex, sexual orientation, color, national origin, ancestry, age, physical handicap, or medical condition. I hereby certify that, to the best of my knowledge, the information herein is correct and true.

Employer's Name *(Print First and Last)*: Stephanie Gonzalez | Employer's Signature | Date

To be filled in and signed by parent or legal guardian

This minor is being employed at the place of work described with my full knowledge and consent. I hereby certify that to the best of my knowledge and belief, the information herein is correct and true. I request that a work permit be issued.

Parent or Legal Guardian's Name *(Print First and Last)* | Parent or Legal Guardian's Signature | Date

For authorized work permit issuer use ONLY

Maximum number of hours of employment when school is in session:

Mon | Tue | Wed | Thu | Fri | Sat | Sun | Total

Proof of Minor's Age *(Evidence Type)*

Verifying Authority's Name and Title *(Print)*

Verifying Authority's Signature

Check Permit Type:

- ☐ *Full-time
- ☐ **Workability
- ☐ Restricted
- ☐ General
- ☐ ***Work Experience Education, Vocational Education, or Personal Attendant

*EC 49130 | **Permit Type defined by local school | ***Special Education Grant

Copy–District or County Superintendent; Employer; Parent or Legal Guardian **(Over)**

STATEMENT OF INTENT TO EMPLOY A MINOR AND REQUEST FOR WORK PERMIT—CERTIFICATE OF AGE

CDE B1-1 (Rev. 07-10)

General Summary of Minors' Work Regulations

FLSA-Federal Labor Standards Act, CDE-California Department of Education, *EC*-California *Education Code*, *LC*-California *Labor Code*, *CFR*-California Federal Regulations

- **If federal laws, state laws, and school district policies conflict, the more restrictive law (the one most protective of the minor) prevails. (FLSA)**
- Employers of minors required to attend school must complete a "Statement of Intent to Employ a Minor and Request for Work Permit" (CDE B1-1) for the school attendance for each such minor. (*EC* 49162)
- Employers must retain a "Permit to Employ and Work" (CDE B1-4) for each such minor. (*EC* 49161)
- Work permits (CDE B1-4) must be retained for three years and be available for inspection by sanctioned authorities at all times. (*EC* 49164)
- A work permit (CDE B1-4) must be revoked whenever the issuing authority determines the employment is illegal or is impairing the health or education of the minor. (*EC* 49164)
- A day of rest from work is required in every seven days, and shall not exceed six days in seven. (*LC* 551, 552)

Minors under the age of 18 may not work in environments declared hazardous or dangerous for young workers, examples listed below: (*LC* 1294.1 and 1294.5, 29 *CFR* 570 Subpart E)

1. Explosive exposure
2. Motor vehicle driving/outside helper
3. Roofing
4. Logging and sawmilling
5. Power-driven woodworking machines
6. Radiation exposure
7. Power-driven hoists/forklifts
8. Power-driven metal forming, punching, and shearing machines
9. Power saws and shears
10. Power-driving meat slicing/processing machines

HOURS OF WORK

16 & 17 Year Olds	14 & 15 Year Olds	12 & 13 Year Olds
Must have completed 7th grade to work while school is in session. (*EC* 49112)	Must have completed 7th grade to work while school is in session (*EC* 49112)	Labor laws generally prohibit non-farm employment of children younger than 14. Special rules apply to agricultural work, domestic work, and the entertainment industry. (*LC* 1285–1312)

School In Session

4 hours per day on any schoolday (*EC* 49112; 49116; *LC* 1391) 8 hours on any non-schoolday or on any day preceding a non-schoolday. (*EC* 49112; *LC* 1391) 48 hours per week (*LC* 1391) WEE students & personal attendants may work more than 4 hours on a schoolday, but never more than 8. (*EC* 49116; *LC* 1391, 1392)	3 hours per schoolday outside of school hours (*EC* 49112, 49116; *LC* 1391) 8 hours on any non-schoolday No more than 18 hours per week (*EC* 49116; *LC* 1391) WEE students may work during school hours & up to 23 hours per week. (*EC* 49116; *LC* 1391)	2 hours per schoolday and a maximum of 4 hours per week. (*EC* 49112)

School Not In Session

8 hours per day (*LC* 1391, 1392) 48 hours per week (*LC* 1391)	8 hours per day (*LC* 1391, 1392) 40 hours per week (*LC* 1391)	8 hours per day (*LC* 1391, 1392) 40 hours per week (*LC* 1391)

Spread of Hours

5 a.m.–10 p.m. However, until 12:30 a.m. on any evening preceding a non-schoolday (*LC* 1391) WEE students, with permission, until 12:30 a.m. on any day (*LC* 1391.1) Messengers: 6 a.m.–9 p.m.	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (*LC* 1391)	7 a.m.–7 p.m., except that from June 1 through Labor Day, until 9 p.m. (*LC* 1391)

For more information about child labor laws, contact the U.S. Department of Labor at http://www.dol.gov/, and the State of California Department of Industrial Relations, Division of Labor Standards Enforcement at http://www.dir.ca.gov/DLSE/dlse.html.

Department of the Treasury
Internal Revenue Service

Supplemental Form W-4 Instructions for Nonresident Aliens

Nonresident aliens must follow special instructions when completing Form W-4, Employee's Withholding Allowance Certificate, available at http://www.irs.gov/pub/irs-pdf/fw4.pdf, for compensation paid to such individuals as employees performing dependent personal services in the United States. Compensation for dependent personal services includes amounts paid as wages, salaries, fees, bonuses, commissions, compensatory scholarships, fellowship income, and similar designations for amounts paid to an employee.

Are you a nonresident alien? If so, these special instructions apply to you. Resident aliens should follow the instructions on Form W-4.

If you are an alien individual (that is, an individual who is not a U.S. citizen), specific rules apply to determine if you are a resident alien or a nonresident alien for federal income tax purposes. Generally, you are a resident alien if you meet either the "green card test," discussed at http://www.irs.gov/businesses/small/international/article/0,,id=96314,00.html, or the "substantial presence test," discussed at http://www.irs.gov/businesses/small/international/article/0,,id=96352,00.html, for the calendar year. Any alien individual not meeting either test is generally a nonresident alien. Additionally, a dual-resident alien who applies the so-called "tie-breaker" rules contained within the Resident (or Residence or Fiscal Residence) article of an applicable U.S. income tax treaty in favor of the other Contracting State is treated as a nonresident alien. See Publication 519, U.S. Tax Guide for Aliens, available at http://www.irs.gov/pub/irs-pdf/p519.pdf, for more information on the green card test and the substantial presence test.

What compensation is subject to withholding and requires a Form W-4?

Compensation paid to a nonresident alien for performing personal services as an employee in the United States is subject to graduated withholding. Compensation for personal services also includes amounts paid as a scholarship or fellowship grant to the extent it represents payment for past, present, or future services performed as an employee in the United States. Nonresident aliens must complete Form W-4 using the modified instructions provided later, so that employers can withhold the correct amount of federal income tax from compensation paid for personal services performed in the United States. This Notice modifies the instructions on Form W-4 to take into account the restrictions on a nonresident alien's filing status, the limited number of personal exemptions allowed, and the restriction on claiming the standard deduction.

Are there any exceptions to this withholding?

Yes. Nonresident aliens may be exempt from wage withholding on the following amounts.

- Compensation paid to employees of foreign employers if such pay is not more than $3,000 and the employee is temporarily present in the United States for not more than a total of 90 days during the tax year.
- Compensation paid to regular crew members of a foreign vessel.
- Compensation paid to residents of Canada or Mexico engaged in transportation-related employment.
- Certain compensation paid to residents of American Samoa, Puerto Rico, or the U.S. Virgin Islands.

See Publication 519 to see if you qualify for one of these exemptions.

Nonresident aliens may be exempt from wage withholding on part or all of their compensation for dependent personal services under an income tax treaty. If you are claiming a tax treaty withholding exemption, do not complete Form W-4. Instead, complete Form 8233, Exemption from Withholding on Compensation for Independent (and Certain Dependent) Personal Services of a Nonresident Alien Individual, available at http://www.irs.gov/pub/irs-pdf/f8233.pdf, and give it to each withholding agent from whom amounts will be received. Even if you submit Form 8233, the withholding agent may have to withhold tax from your income because the factors on which the treaty exemption is based may not be determinable until after the close of the tax year. In this case, you must file Form 1040NR, U.S. Nonresident Alien Income Tax Return, available at http://www.irs.gov/pub/irs-pdf/f1040nr.pdf (or Form 1040NR-EZ, U.S. Income Tax Return for Certain Nonresident Aliens With No Dependents, available at http://www.irs.gov/pub/irs-pdf/f1040nre.pdf, if you qualify), to recover any overwithheld tax and to provide the IRS with proof that you are entitled to the treaty exemption. See Form 8233 and Instructions for Form 8233, available at http://www.irs.gov/pub/irs-pdf/i8233.pdf; Publication 901, U.S. Tax Treaties, available at http://www.irs.gov/pub/irs-pdf/p901.pdf; and Publication 519 for further information on treaty benefits.

Am I required to file a U.S. tax return even if I am a nonresident alien?

Yes. Nonresident aliens who perform personal services in the United States are considered to be engaged in a trade or business in the United States and generally are required to file Form 1040NR (or Form 1040NR-EZ). However, if your only U.S. trade or business was the performance of personal services and the amount of compensation is less than the personal exemption amount for the year (listed in Publication 519), then you may not need to file Form 1040NR (or Form 1040NR-EZ). Also, you do need to file Form 1040NR (or Form 1040NR-EZ) to claim a refund of any overwithheld taxes. See the Instructions for Form 1040NR, available at http://www.irs.gov/pub/irs-pdf/i1040nr.pdf; or the Instructions for Form 1040NR-EZ, available at http://www.irs.gov/pub/irs-pdf/i1040nre.pdf, for more information.

Nonresident aliens who are bona fide residents of U.S. possessions should consult Publication 570, Tax Guide for Individuals With Income From U.S. Possessions, available at http://www.irs.gov/pub/irs-pdf/p570.pdf, for information on whether compensation is subject to wage withholding in the United States.

Will my withholding amounts be different from withholding for my U.S. co-workers?

Yes. Nonresident aliens cannot claim the standard deduction. The benefits of the standard deduction are included in the existing wage withholding tables published in Publication 15 (Circular E), Employer's Tax Guide, available at http://www.irs.gov/pub/irs-pdf/p15.pdf.

Because nonresident aliens do not qualify for the standard deduction, employers are instructed to withhold an additional amount from a nonresident alien's wages. For the specific

amounts to be added to wages before application of the wage tables, see Publication 15.

Note. A special rule applies to students and business apprentices from India who are eligible for the benefits of Article 21(2) of the United States-India income tax treaty, because such individuals may be entitled to claim an additional withholding allowance for the standard deduction. See Publication 519 for more information.

What are the special Form W-4 instructions?

Nonresident aliens should pay particular attention to the following lines when completing Form W-4.

Line 2. You are required to enter a social security number (SSN) on line 2 of Form W-4. If you do not have an SSN, you must apply for one on Form SS-5, Application for a Social Security Card, available at *http://www.socialsecurity.gov/online/ss-5.pdf*.

You also may get Form SS-5 from any Social Security Administration (SSA) office.

Note. You cannot enter an individual taxpayer identification number (ITIN) on line 2 of Form W-4.

Line 3. Check the single box regardless of your actual marital status.

Line 5. Generally, you should claim one withholding allowance. However, if you are a resident of Canada, Mexico, or South Korea, a student or business apprentice from India, or a U.S. national, you may be able to claim additional withholding allowances for your spouse and children. See Publication 519 for more information.

If you are completing Form W-4 for more than one withholding agent (for example, you have more than one employer), figure the total number of allowances you are entitled to claim and claim no more than that amount on all Forms W-4 combined. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest-paying job and zero allowances are claimed on the others.

Line 6. Write “nonresident alien” or “NRA” on the dotted line. If you would like to have an additional amount withheld, enter the amount on line 6.

Line 7. Do not claim that you are exempt from withholding on line 7 of Form W-4 (even if you meet both of the conditions listed on that line).

Chaffey College 5885 Haven Avenue, Rancho Cucamonga, CA 91737 ◆ www.chaffey.edu

☐ FALL ☐ SPRING ☐ SUMMER
YEAR: _____

ADMISSIONS AND RECORDS OFFICE
STUDENT UPDATE FORM

*Please Print - Use **Black or Blue** Ink Only (Do not use pencil)*

Chaffey ID # _____ Social Security # _____

Student Name _____
Last First MI

SOCIAL SECURITY NUMBER, NAME and/or DATE OF BIRTH CHANGE

(Must present Social Security card **ALONG WITH** CA driver's license, marriage certificate, birth certificate, or other government issued I.D.)

☐ PLEASE CHANGE MY **SOCIAL SECURITY NUMBER** AS FOLLOWS:

Incorrect Number _____ Correct Number _____

☐ PLEASE CHANGE MY **NAME** AS FOLLOWS:

Previous Name _____
Last First MI

Current Name _____
Last First MI

☐ PLEASE CORRECT MY **DATE OF BIRTH** AS FOLLOWS (MM/DD/YY): Wrong DOB ___/___/___ Correct DOB ___/___/___

PRINCIPLE EDUCATIONAL GOAL

☐ PLEASE CHANGE MY **PRINCIPLE EDUCATIONAL GOAL** TO: (Check applicable box)

- **A** ☐ **Obtain Bachelor's degree after completing Associate degree**
- **B** ☐ **Obtain Bachelor's without completing Associate degree**
- **C** ☐ **Obtain two-year Associate degree without transfer**
- **D** ☐ **Obtain two-year vocational degree without transfer**
- **E** ☐ **Earn vocational certificate without transfer**
- **F** ☐ **Discover/formulate career interests, plans, goals**
- **G** ☐ **Prepare for new career (acquire job skills)**
- **H** ☐ **Advance in current job/career (update job skills)**
- **I** ☐ **Maintain certificate or license (e.g. Nursing)**
- **J** ☐ **Educational development (intellectual, cultural)**
- **K** ☐ **Improve basic skills in English, reading, or math**
- **L** ☐ **Complete credits for high school diploma/GED**
- **M** ☐ **Undecided goal**

☐ OTHER MISCELLANEOUS CHANGES (Please describe):

☐ I DO NOT WANT MY DIRECTORY INFORMATION RELEASED TO ANYONE.

Student Signature_____ **Date** _____

OFFICE USE ONLY

REQUEST SOCIAL SECURITY CARD FOR ALL **NAME AND SOCIAL SECURITY NUMBER CHANGES. ATTACH COPY OF SSN CARD** AND **I.D. CARD TO FORM.**

Processed by/Date: _____

CHANGES COMPLETED (Mark all that apply):

☐ Social Security Number Change ☐ Name Change ☐ Date of Birth Change ☐ Principle Educational Goal Change ☐ FERPA Block ☐ Other Misc. Change

FOR NAME & DOB CHANGES-ONLY

☐ Name Change – Update User ID on DRUS ☐ Date of Birth Change – Update field on PPIN and DRUS

(Revised: 03/20/14)