



# CALIFORNIA'S VALUED TRUST

Healthcare Benefits for the Education Community

## GROUP REMITTANCE REPORT ADDITIONS ONLY

DISTRICT NAME: _____ FOR THE MONTH OF: _____ COMPLETED BY: _____												
DATE ADD	ADD CODES	SOCIAL SECURITY #	LAST NAME,	FIRST NAME	CLASS CODE	HEALTH PLAN NAME	HEALTH RATE	DENTAL PLAN NAME	DENTAL RATE	VISION PLAN NAME	VISION RATE	LIFE INSURANCE RATE

**NOTE: BE SURE TO INCLUDE A SIGNED ENROLLMENT FORM FOR ALL NEW EMPLOYEES AND/OR DEPENDENTS.**

**ADD CODES**

AA: NEW ADD F/T	EE: RETRO ADD P/T
BB: RETRO ADD F/T	FF: P/T INCREASE IN HRS/CHANGE IN STATUS
CC: RETURNED FROM LOA	GG: OPEN ENROLLMENT
DD: NEW ADD P/T	

**CLASSIFICATION CODES**

01: CERTIFICATED	04: TRUSTEES
02: CLASSIFIED	05: RETIREE
03: MANAGEMENT/CONFIDENTIAL	