

**Sample  
AB 211 Health Benefits Certification Form**

This is to certify that I, \_\_\_\_\_, am not currently enrolled in a health benefits plan with individual or dependent coverage and wish to enroll in health benefits under the provisions of AB 211 as negotiated between the CSU and CFA.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**Benefit Office Verification**

Employee Name \_\_\_\_\_

Employee classification: \_\_\_\_\_

CBID: Faculty \_\_\_\_\_

Timebase: \_\_\_\_\_

Length of appointment: \_\_\_\_\_

Eligible \_\_\_\_\_ Ineligible \_\_\_\_\_

\_\_\_\_\_  
Benefit Officer signature

\_\_\_\_\_  
Date