



AFFIDAVIT OF NO OTHER SOURCE OF INSURANCE

I, _____ (print name), hereby swear under the penalty of perjury that I am not eligible for any other insurance benefits by virtue of a spouse, domestic partner, or other employment and that the following facts are true as stated:

I currently reside at: _____
My phone number is: _____
My date of birth is: _____
My employee ID is: _____

I certify that the foregoing statements made by me are true.

_____, _____ day of _____ 20_____
Signature

Print Name

Please contact the Human Resources Benefits Office if you have any questions at 619-388-6587 or email hrbenefits@sdccd.edu.

Please email completed Affidavit form to hrbenefits@sdccd.edu.