



## 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](mailto:hrbenefits@sdccd.edu).**

**Please email completed Affidavit form to [hrbenefits@sdccd.edu](mailto:hrbenefits@sdccd.edu).**