

Part-time Faculty Health Insurance Program  
Requirements

The Part-time Faculty Health Insurance program provides an opportunity for eligible part-time faculty members to receive an allowance for the purpose of defraying the costs of comprehensive medical coverage for themselves of their own choosing.

The District shall provide a monthly allowance to qualified part-time faculty members for the purpose of defraying the costs of purchasing comprehensive health insurance for themselves. The amount of the allowance will be determined each semester and be based on the following:

Parameters:

- Plan is required to be a comprehensive medical plan (dental and vision not included)
- Coverage must be in effect the first month of the semester (January/August)
- District is not responsible for STRS impacts for STRS Retirees

Monthly Benefit Amount calculated as follows:

<b>Employee Monthly Cost (Cost for Employee coverage ONLY)</b>	<b>*Monthly Allowance</b>	
\$1 to \$99	\$0	No documentation required
\$100 to \$250	Up to \$250	<b>Must submit required documents</b>
\$251+	Up to \$500	<b>Must submit required documents</b>
Medicare Recipients	Up to \$250	<b>Must submit required documents</b>

\*Total program amount not to exceed \$381,000 for the applicable semester. If total program amount exceeds \$381,000, the allowance amounts will be reduced proportionally for each eligible part-time faculty member.

All required supporting documentation must be submitted each semester to the District Human Resources Office no later than the following dates. No exceptions will be made after the deadline:

FALL – **September 10th by 5 p.m. (PST)**

SPRING – **February 10th by 5 p.m. (PST)**

**ELIGIBILITY** – Part-time faculty must meet the following criteria to be considered for the program (eligibility is reviewed each semester):

- Must be employed for a minimum of 12 LHE in the District in the 12-month period ending at the end of the prior semester (summer session counts toward meeting this requirement).
- Must have been employed in the District for three (3) years immediately preceding the end of the prior semester and worked five (5) semesters during that period (summer session does not count toward meeting this requirement).
- Must work a minimum of three (3) LHE in the District during the semester for which the District contribution is to be made.

**REQUIRED DOCUMENTATION** – Each semester faculty members must submit a complete packet which includes the following three (3) items:

- (1) **Signed application/affidavit** for applicable semester (prior semester forms will not be accepted)
- (2) **Proof of current enrollment**
- (3) **Proof of monthly/yearly premium cost** for a comprehensive medical or health insurance plan

Examples of proof of coverage and documentation of the cost:

- Insurance declaration page reflecting dates of coverage; Medicare premium statement from Social Security Administration; Insurance statement or bill reflecting the separate cost for faculty member only.
- Copy of insurance card front and back reflecting coverage dates.

**Due to SOCCCD working remotely, required documentation must be electronically submitted no later than 5 p.m.**

E-mail complete packet (application/affidavit and supporting documentation) to [hrptfinsurance@socccd.edu](mailto:hrptfinsurance@socccd.edu).

**Please Note:** If coverage in a qualified plan as listed above is terminated, the part-time faculty member is required to notify the District within 10 days of the date of termination. If the policy is terminated, the benefit will cease for the remainder of the semester.