COLLEGE OF MARIN

Department of Human Resources

MAILING ADDRESS
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APPLICATION FOR ELIGIBILITY

MULTIDISTRICT PART-TIME FACULTY HEALTH INSURANCE PROGRAM

Name:	**M00#:**

Reimbursement Semester Requested: _____

All application materials must be submitted to the Benefits office on or before October 1 for the current fall semester and March 1 for the current spring semesters before receiving reimbursement for paid medical insurance premiums.

How will I receive my reimbursement?

Reimbursements are made through an Individual Coverage Health Reimbursement Arrangement (ICHRA) administered by Keenan & Associates (Keenan). The District will determine eligibility and notify Keenan. Keenan will notify Multidistrict Part-time faculty to enroll in an ICHRA. After enrollment, Multidistrict Part-time Faculty submits premium receipts (receipt of premium paid and proof of insurance) to Keenan on a monthly basis. Keenan will review the receipt of the premium and process reimbursement, which will be deposited directly to the Faculty's individual bank account.

Program Participation Eligibility Requirements

1. Member must have individually purchased a health care plan (i.e. through Covered California, not through a group medical plan through an employer);
2. Member must have teaching assignments at two or more California Community College Districts that in total equal or exceed 40% FTE (6 units or more per semester) of the cumulative equivalent of a full-time FTE assignment (15 units);
3. Member does not have a teaching assignment equal to or greater than 40% of a full-time assignment at a single California Community College District that offers part-time faculty benefits.
4. Member is not receiving health insurance from any employer or spouse's employer.

I certify that the following conditions have been met and have provided the supporting documentation:

1. I currently teach a 40% combined load at two or more districts.

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I currently teach at the following districts. (Please list all districts)	

2. No other employer or agency, including another community college district, is paying for my health insurance. I have attached my premium invoice(s) and proof of payment to this form for health insurance coverage that is in effect during the applicable semester.

Next Steps

Attach proof of current assignments taught at other districts (e.g., a signed FTE contract or notice of assignment that includes the member's name, college name, number of units, and term)

Attach proof of insurance with proof of purchase, including the amount of the premium.

Please complete the section below:

Signature: _____

Date: _____

Name: _____

Email Address: _____

Phone: _____

ELIGIBILITY VERIFICATION (To be completed by Human Resources only)

Mark Your Selection with X	Choose one:
	YES. The application for reimbursement is approved. All of the required program criteria have been met. Required a signed FTE contract or notice of assignment that includes the member's name, college name, and number of units or FTE.
	NO. The request for reimbursement is denied. If no, the reason for denial:

Date submitted to KEENAN & ASSOCIATES: _____

HR Staff Member Review: _____ Date Reviewed: _____