



**Office of Human Resources & Employee Relations**

---

**Certification of No Other Access to Group Health Insurance**

**For Adjunct Faculty Enrolling in District Health Insurance Program with 50% of the Premium paid by the District (Article IX, 1.2.2.4)**

**Article IX, 1.2.2.4 of the AVC – Federation of Teachers Collective Bargaining Agreement states:**

The adjunct faculty member is responsible for payment of all premiums except that the District will pay 50% of the premium for medical insurance (excluding dental and vision) for adjunct faculty who have no other access to medical insurance *and* who are working at least 6.0 LHE or the equivalent load for non-classroom adjunct faculty (40% of full-time load). [emphasis added].

Per MOU between AVCFT and Antelope Valley College, in the event that an employee and their spouse or recognized domestic partner both work as adjunct faculty, they may become eligible for this benefit through a combination of their teaching load (combined they must equal to at least 6.0 LHE or equivalent load for non-classroom adjunct faculty 40% of full-time load).

DATE: \_\_\_\_\_ ENROLLMENT PERIOD: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

**CERTIFICATION:**

I \_\_\_\_\_ hereby certify that I have no other  
(Please print name clearly)  
access to group health insurance. I further certify that I am working at least 6.0 LHE or the equivalent load for non-classroom adjunct faculty (40% of full-time load).

**ACKNOWLEDGEMENT:**

I understand that the minimum enrollment period is for one Semester. Insurance will begin the 1st day of the month following enrollment and will term on the last day of the month in which the Semester ends. Employees that remain qualified for the immediately following Semester (or intersession) can continue enrollment without a break of coverage. The District will pay no portion of coverage during unqualified breaks. The employee's share of the contribution for health plan premium shall be obtained through payroll deduction.

**SIGNATURES:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer authorized signature: \_\_\_\_\_ Date: \_\_\_\_\_

This form, or equivalent prepared by the District, is to be kept available for audit at the district office. A copy is to be given to the signing faculty member.