



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, 1.3.1)

Article IX, 1.3.1 of the AVC – Federation of Teachers Collective Bargaining Agreement states:

The District will pay 50% of the Premium of any of the health insurance programs for adjunct faculty who have no other access to group health 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 six (6) months and 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.