

Adjunct Health Insurance Enrollment

PSC-CUNY Welfare Fund

61 Broadway 15th Floor
New York NY 10006

Semester _____ 20__

Member			
Last Name _____	First Name _____		
Street Address _____			
City _____	State _____	Zip Code _____	
Social Security Number _____			
Marital Status:	<input type="checkbox"/> Single	<input type="checkbox"/> Married / Domestic Partner	If you are married, you must provide information on your spouse, regardless of whether you elect family coverage

Eligibility Qualifications			
College # 1	College Name _____	Department _____	Hours _____
	<input type="checkbox"/> Instructional	<input type="checkbox"/> Non-Instructional	
College # 2	College Name _____	Department _____	Hours _____
	<input type="checkbox"/> Instructional	<input type="checkbox"/> Non-Instructional	

Spouse / Domestic Partner Information		If you are married, you must provide information on your spouse, regardless of whether you elect family coverage
Legal Relationship	<input type="checkbox"/> Spouse <input type="checkbox"/> Domestic Partner	
Name _____	Social Security Number _____	
Spouse's Employer _____		
Spouse's Health Insurance _____		

Election of Coverage	Check ONE box Below. The Quarterly Premium is listed beside the option.			
	<u>Individual</u>		<u>Family</u>	
<u>HIP - Metropolitan New York</u>	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$2,872.95
Empire Blue Cross				
<u>Downstate I</u> Bronx, Brooklyn, SI, Rockland & NJ	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$3,522.48
<u>Downstate II</u> Manhattan, Queens, Nassau & Suffolk	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$3,721.38
<u>Upstate I</u> (Contact Fund Office or pscunywf.org for service area)	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$3,210.36
<u>Upstate II</u> Clinton, Essex & Fulton	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$3,371.07
<u>Mid-Hudson</u> (Contact Fund Office or pscunywf.org for service area)	<input type="checkbox"/>	\$0.00	<input type="checkbox"/>	\$3,648.00
<u>Capital</u> Albany, Rensselaer & Schenectady	<input type="checkbox"/>	\$0.00	Call for rate	<input type="checkbox"/> \$0.00

I hereby certify that immediately prior to the current semester I have taught two or more consecutive semesters as an adjunct at CUNY or have been employed by CUNY in a non-instructional title with 10 or more hours per week in the previous two semesters. I further certify that I am not covered by nor eligible for other primary health insurance from any other source, including but not limited to other employment, my spouse's employment or governmental programs. Furthermore, it is my responsibility to contact the Welfare Fund if my hours fall below the required semester hours, as I will no longer be eligible for health insurance coverage and unless I elect COBRA, I will be responsible for all healthcare costs incurred.

Member's Signature _____ Date _____

<u>This Section Must be Completed PRIOR to Submitting to the PSC-CUNY Welfare Fund</u>		
I hereby attest that the two-semester requirement has been met in accordance with the rules of the PSC-CUNY Welfare Fund and that the hours and employment information is accurate for the semester indicated. The Fund shall be apprised of all relevant changes to the employee's schedule.		
College Personnel Director _____	College #1 _____	Date _____
College Personnel Director _____	College #2 _____	Date _____