

# Adjunct Health Insurance Enrollment

## PSC -CUNY Welfare Fund

61 Broadway 15th Floor  
New York NY 10006

Semester \_\_\_\_\_

20\_\_\_\_

<b>Member</b>			
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

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

<b>Spouse / Domestic Partner Information</b>		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	_____	

<b>Election of Coverage</b>	Check ONE box Below. The Quarterly Premium is listed beside the option.			
	<u>Individual</u>		<u>Family</u>	
<b>Metropolitan New York Area</b>	<input type="checkbox"/> HIP Prime	\$0.00	<input type="checkbox"/> HIP Prime	\$1,762.11
	<input type="checkbox"/> Blue Cross HMO	\$0.00	<input type="checkbox"/> Blue Cross HMO	\$2,187.51
<b>Resident of NJ or CT</b>	<input type="checkbox"/> Blue Cross HMO	\$0.00	<input type="checkbox"/> Blue Cross HMO	\$2,187.51
<i>Outside Service Area --&gt;</i>	<input type="checkbox"/> Blue Cross EPO	\$0.00	<input type="checkbox"/> Blue Cross EPO	\$3,232.05
<b>Mid-Hudson Service Area</b>	<input type="checkbox"/> Blue Cross HMO	\$0.00	<input type="checkbox"/> Blue Cross HMO	\$2,403.18
<b>Albany Service Area</b>	<input type="checkbox"/> Blue Cross HMO	\$0.00	<input type="checkbox"/> Blue Cross HMO	\$2,011.56

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

<b><u>This Section Must be Completed PRIOR to Submitting to the PSC-CUNY Welfare Fund</u></b>		
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