



**PART-TIME UNIT MEMBER HEALTH INSURANCE – APPLICATION (FORM 1)**

Qualifying Part-Time Unit Members are eligible to participate in the Part-Time Unit Members Health Insurance Program.

Full Name:			
Address:			
Email:		Phone Number:	

**Eligibility Requirement:**

Eligible Part-Time Unit Members shall be offered the same medical insurance benefits and premiums provided to full-time unit members so long as the part-time unit member meets the following criteria, as defined under the CA Ed Code Section 87861 et seq.

- Unit member has a teaching assignment at the SWC College District that is greater or equal to 40% of a full-time assignment, **OR**
- Unit members may meet the 40% assignment requirement for the Spring semester if their annual load average is equal to or greater than 40%, by combining their Fall and Spring assignments from the current academic year.
- Unit members must enroll within the timelines prescribed by the District on the District provided form.
- **AND** the unit member and their qualified dependents, must **not** be receiving health insurance coverage from another source, either directly or as a spouse, domestic partner, or dependent, in accordance with CA Education Code 87864.
- **AND** the unit member does **not** have full-time employment elsewhere nor is or has retired from another position.

**Required Documentation:**

- Image of the online class schedule from the SWC website. The image must include the part-time Unit Member’s name, number of units, and term. **OR**
- Signed employment agreement. The agreement must include the part-time Unit Member’s name, number of units, and term.
- If adding dependents, please provide dependent eligibility documentation. (Eligibility list is available on the Benefits website)

- Attached is proof of my agreement for the applicable semester.
- Attached is my medical enrollment form.
- Attached is dependent(s) eligibility documentation.

**Application and required documentation must be submitted each semester 30 days from the start of the semester.**

By signing below, I certify all information is true and in compliance with the above requirements.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_