



**MULTI-DISTRICT PART-TIME FACULTY HEALTH INSURANCE  
APPLICATION FOR REIMBURSEMENT**  
Peralta Community College District

Name:	
PCCD Employee ID:	
Reimbursement Semester:	
Email Address:	
Phone Number:	

I certify that the following conditions have been met:

- 1. I am currently employed by **two or more California Community College Districts** and my **combined teaching load equals or exceeds 40%**.
- 2. I **do not teach 40% or more at any single district**.
- 3. An exception may be made if you work 40% FTE at another District and also have class assignment(s) at Peralta Community College District and don't qualify for medical insurance at the other District.
- 4. I currently have medical insurance through Peralta Community College.
- 5. **No other employer or agency** (excluding California community college districts) is contributing to or paying for my health insurance premium.
- 6. I have completed four (4) Spring and Fall semesters in the immediately preceding four (4) years.
- 7. Districts can reimburse multidistrict part-time faculty who individually purchase health insurance Benefits, up to a proportionate share of the district's most subscribed family coverage plan as long as you are not eligible for medical coverage at other districts.

**Current Teaching Assignments:**

Please list all California Community College Districts where you are currently employed and your FTE (Full-Time Equivalent) percentage at each district.

College/District	FTE %



# MULTI-DISTRICT PART-TIME FACULTY HEALTH INSURANCE APPLICATION FOR REIMBURSEMENT

Peralta Community College District

## Required Documents:

- ☐ Screenshot or official document showing your teaching load for each district
- ☐ If you qualify under #5, then please submit an invoice with proof of payment.

*All documents are required. Incomplete submissions will not be processed.*

## How To Submit Your Application

Submit your completed form with all required documents:

- **Email:** Submit your packet via email at [benefits@peralta.edu](mailto:benefits@peralta.edu).

## Submission Deadlines:

- **Fall semester:** Submit by **November 20**
- **Spring semester:** Submit by **May 20**

*No exceptions will be made to the deadlines*

*Please note that reimbursements will be made via paycheck for part-time faculty enrolled in Peralta's health plans. Reimbursements will be taxable and will be included in your W-2 as taxable.*

*We encourage you to complete and submit the packet at the beginning of the semester being claimed/applied for and before the dates above.*

## Employee Certification & Signature:

By signing below, I certify that I meet the eligibility criteria for this reimbursement.

I understand that submission of false or incomplete information may result in denial of reimbursement and/or disciplinary action.

Employee Signature:	
Date:	

## Need Help or Have Questions?

For assistance with this form, please contact the Benefits Office:

**Email:** [benefits@peralta.edu](mailto:benefits@peralta.edu)

**Phone:** (510) 466-7229