



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

Adjunct Faculty Health Insurance Eligibility Form

Employee Name:

Site:

Department:

- I would like to enroll in the District paid employee-only adjunct insurance program.
Please send me the needed enrollment materials.

PLEASE VERIFY YOUR LOAD FROM YOUR MOST RECENT TWO SEMESTERS

Load must average 50% (Summer and Intersession are excluded)	
Current Semester	
Previous Semester	

Please check all the items below that you have an interest in enrolling

- Kaiser Medical, Optum Chiropractic, Optum Acupuncture, Wellness, and Employee Assistance Insurance
- DeltaCare USA DHMO Dental Insurance
- VSP Vision Insurance
- I am also interested in covering my eligible dependents at my own cost (rate schedule below)

KAISER EMPLOYEE 8 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$736.63 per pay period
FAMILY (3 OR MORE PEOPLE)	\$1,347.96 per pay period

DELTACARE USA DHMO EMPLOYEE 8 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$23.08 per pay period
FAMILY (3 OR MORE PEOPLE)	\$52.01 per pay period

VSP EMPLOYEE 8 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$7.58 per pay period
FAMILY (3 OR MORE PEOPLE)	\$10.23 per pay period

PLEASE RETURN THIS COMPLETED FORM TO THE GCCCD BENEFITS OFFICE

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