



GROSSMONT-CUYAMACA
COMMUNITY COLLEGE DISTRICT

Adjunct Faculty Health Insurance Eligibility Form

Employee Name: _____

Site: _____

Department: _____

I would like to enroll in the District paid part-time faculty 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 no additional cost.

PLEASE RETURN THIS COMPLETED FORM TO THE GCCCD BENEFITS OFFICE

wendy.corbin@gcccd.edu with a cc to Janet.Snelling@gcccd.edu