



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 10 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$589.30 per pay period
FAMILY (3 OR MORE PEOPLE)	\$1,078.37 per pay period

DELTACARE USA DHMO EMPLOYEE 10 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$18.46 per pay period
FAMILY (3 OR MORE PEOPLE)	\$41.61 per pay period

VSP EMPLOYEE 10 MONTH CONTRIBUTIONS	
EE + 1 PERSON	\$6.06 per pay period
FAMILY (3 OR MORE PEOPLE)	\$8.18 per pay period

PLEASE RETURN THIS COMPLETED FORM TO THE GCCCD BENEFITS OFFICE

wendy.corbin@gcccd.edu