SANTA ROSA JUNIOR COLLEGE

Human Resources Department

MULTIDISTRICT PART-TIME FACULTY MEDICAL INSURANCE APPLICATION FOR EMPLOYEE MEDICAL PREMIUM REIMBURSEMENT

for the 2025-26 school year

Submit to Santa Rosa Junior College Human Resources
Attn: Christie Colón ccolon@santarosa.edu

Reimbursement Semester Requested (can be one or both):

☐ Fall 2025

☐ Spring 2026

I certify that the following conditions have been met:

1. ☐YES or ☐NO My cumulative load is 40% or greater from any California Community College District.

   If yes, please list all districts and % load at each (add more on another page if necessary):

List all District names below:	% Load for Fall 2025:

List all District names below:	% Load for Spring 2026:

2. ☐TRUE or ☐FALSE No other employer or agency (of mine or my spouse or domestic partner including any businesses owned by me or my spouse or domestic partner) pays for my medical insurance other than a California Community College District.

3. ☐ TRUE or ☐FALSE I don't receive reimbursement for retirement medical benefits or stipends from any source.

4. ☐ TRUE or ☐FALSE I don't receive a payment in lieu of medical benefits from another employer, nor from any employer of my spouse or domestic partner.

5. ☐ YES or ☐ NO I have attached proof of load taught at other California Community College Districts for the _____ semester using the SRJC Verification of Teaching Load Form.

6. ☐ YES or ☐NO I have attached my medical premium invoice(s) and proof of payment for medical insurance coverage that was in effect during the applicable semester.

7. ☐ YES or ☐NO I have attached my proof of medical insurance coverage that was in effect during the applicable semester.

I understand the following provisions of this program:

1. The reimbursement per semester will be paid to me; it will not be forwarded to any insurance carrier or other 3rd party.

   The formula is:

   District's share of reimbursement = (A÷ B)*C

   A = total premium paid by the multidistrict part-time faculty
   B = total number of districts in which the multidistrict part-time faculty works
   C = % of health care cost paid by the district toward the total cost of the premium (but not greater than a proportionate share of the district's most commonly subscribed family coverage plan)

2. SRJC will reimburse the employee after submission and all of the required program criteria have been met and verified.

3. No additional reimbursements are available when the semester's allotment has been exhausted.

4. Reimbursements will typically be issued at least a minimum of 45 days after all documentation has been received and approved by the district.

5. Applications must be submitted by: September 30, 2026

Please complete the section below:

Associate Faculty Name: _____

Associate Faculty Signature: _____

Employee ID#: _____

Date: _____

ELIGIBILITY VERIFICATION (To be completed by Santa Rosa Junior College Human Resources only)

☐ YES. Request for reimbursement is approved. All of the required program criteria have been met and VERIFIED. Required proof of medical plan enrollment, premium payments and teaching load are attached to this form.

☐ NO. Request for reimbursement is denied.

Reason: _____
_____

Total amount approved: $ _____ Date submitted to Finance: _____

HR Staff Member Review: _____ Date: _____