



**Victor Valley Community College District
Human Resources Department**
18422 Bear Valley Road, Victorville, CA 92395
(760) 245-4271 Ext. 2500

**2025-2026 Part-Time Faculty Health Insurance Reimbursement
Pilot Program Eligibility Application**

This application is required to determine your eligibility to participate in the Health Insurance Pilot Program. Applications will be processed in the order received. Email your completed application to Benefits@vvc.edu . **You will be notified by HR if you meet the criteria via your VVC email.**

For questions, send an email to the same address or call Human Resources at (760) 245- 4271 Ext. 2500.

Employee Name: _____ **Date:** _____

1. Do you meet the load requirement of 40% (.40) or more?

Yes **No**

The load of 40% or the equivalent 224 hours worked can include instructional, non-instructional or combined service. An assignment audit will be conducted by Human Resources in the third week of the semester and periodically during the semester.

If the above criteria does not continue to be met the part-time Faculty will not continue to be eligible to participate in the program.

2. Are you covered by a spouse, domestic partner, or any other entity? **Yes** **No**

A Part time faculty whose health insurance is paid by an employer other than Victor Valley College, is not eligible to participate in the program.

3. Are you a retired full-time faculty with retiree medical coverage or Medicare benefits that has returned to part-time employment? **Yes** **No**

Retired Full-Time Faculty with retiree medical or Medicare benefits that have returned to part- time employment are not eligible to participate in program.

For HR staff only:

Approved _____ Denied _____

Date: _____

Reimbursement Process:

Employees will be responsible for obtaining their own medical benefit coverage. Eligible part-time faculty members who obtain their own coverage will be required to provide receipts or other proof of payment for the health insurance. Reimbursement requests must document health insurance premiums paid for the period being sought for reimbursement along with the request for reimbursement form.

- Qualifying Part-time Employees will be reimbursed for a maximum amount of \$4,000 per semester, or 50% of the medical insurance premiums paid for by part-time employees, whichever is greater. Be advised, the reimbursement amount cannot exceed the total cost to the employee. Reimbursement will be paid by check.

Reimbursement for premiums incurred between 9/01/25 - 2/28/26 must be submitted by:

- *March 15, 2026, and shall be paid in April 2026.*

Reimbursement for premiums incurred between 3/01/26 - 8/31/26 must be submitted by:

- *September 15, 2026, and shall be paid in October 2026.*

To receive a reimbursement payment, part-time faculty will need to submit:

- This completed application
- Reimbursement request form
- Receipts or other proof of payment showing monthly premiums paid

I have read and understand the terms and conditions as set forth herein. I declare under penalty of perjury under the laws of the State of California that the information provided by me herein is true and correct to the best of my belief and knowledge.

Employee Signature: _____