

**Annual Health Insurance Premium Reimbursement Application 2007-2008**

***Applications must be submitted by August 29, 2008***

Part-time faculty members who have fully paid for their own health insurance with personal funds anytime during the current academic year (Fall 2007 thru Summer 2008) are eligible for partial reimbursement of paid premiums.

Reimbursements from an annual fund established by the College will be disbursed about six weeks after the application deadline. The actual amount of an individual's reimbursement will be a percentage of the fund, proportional to the total BCCC income earned by the part-time faculty member.

You must attach copies of the following to establish eligibility: (DO NOT SEND ORIGINALS)

- (1) **proof of health insurance (copy of your card)**
- (2) **proof of payment of your medical insurance for the period covered (copy of canceled checks or statement need to be included for auditors))**

*\*Incomplete applications will be returned and remain subject to the established due date.*

<b>Name:</b>	
<b>Street:</b>	
<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>	<b>E-Mail</b>
<b>Name of Insurer</b>	<b>Policy Number</b>

**Total Number of Credits Taught** \_\_\_\_\_ **Social Security Number** \_\_\_\_\_

I certify that I taught part-time at Bucks County Community College during the current academic year (2007-2008).  
 I further certify that premiums for my health insurance were fully paid for with my personal funds.

**Signature**

**Date**

**Return the form and attachments to:** Bucks County Community College  
 AFT Local 2238 - Penn 414  
 275 Swamp Road  
 Newtown, PA 18940

**ATTN: Tom O'Keefe, Treasurer**

Received

Eligible