

**APPENDIX H: APPLICATION FOR HEALTH INSURANCE FUND
FOR PART-TIME FACULTY**

Eligibility to Apply: Membership in the part-time faculty bargaining unit during the term for which assistance is requested. Currently uninsured or self-insured through an individual policy without health benefits from another source. If you have any questions, call the PSU Faculty Association at (503) 224-3090.

Name: _____ Employee ID #: _____

Address (w/ city, state, zip): _____

Telephone: _____ E-mail address: _____

Department: _____

For which quarter are you seeking benefits: _____

What classes or classes are you teaching this quarter: _____

Do you currently have health insurance: _____ If yes, who is your provider: _____

How much are your monthly health insurance costs: _____

I hereby certify that I have no other health insurance available to me either through other employment or through the employment of a family member.

Signature

Date

Please observe the following deadlines. Return this form to the Portland State University Faculty Association, P.O. Box 8434, Portland, OR 97207-8434 by:

December 15 for benefits for Fall quarter.

March 15 for benefits for Winter quarter.

May 15 for benefits for Spring quarter.

July 15 for benefits for Summer quarter.

**** Please note that incomplete forms will be returned. ****