

**CITRUS COMMUNITY COLLEGE DISTRICT  
ADJUNCT MEDICAL BENEFITS PROGRAM**

**APPLICATION FOR REIMBURSEMENT**

Reimbursement Semester Requested: \_\_\_\_\_

I certify that all of the following conditions have been met:

1. I have taught at least three full semesters at Citrus College
2. I currently teach a 40% load
3. No other employer or agency is paying for my medical insurance
4. Reimbursement is for employee only

I understand the following provisions of this program:

1. The \$500 maximum reimbursement per semester will be paid to me; it will not be forwarded to any insurance carrier or other 3<sup>rd</sup> party
2. Reimbursements are made on a first-come first-served basis
3. No additional reimbursements are available when the semester's allotment has been exhausted
4. Reimbursements will be issued approximately 10 to 14 days after all documentation has been received and approved by the District
5. The District may request verification of coverage
6. Applications must be submitted prior to June 30<sup>th</sup> of the current academic year for reimbursements covering Fall and Spring semesters only

I have attached my premium invoice(s) to this form for medical coverage that was in effect during the applicable semester.

*Please complete the section below:*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name & Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Approved \_\_\_\_\_ By \_\_\_\_\_

*RM Contact: 626-914-8889*  
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