



Guide to Completing the YCCD Part-Time Faculty Healthcare Reimbursement Request Form

Purpose of the Form

This form is used to request reimbursement for eligible health insurance premiums purchased by YCCD part-time faculty, in accordance with Education Code sections 87860–87868, the YCCD–YCAFT Memorandum of Understanding, and the Part-Time Community College Faculty Health Insurance Program. Reimbursement requests must include proof of payment and proof of coverage and be submitted by the stated deadlines.

Before You Start

- Your YCCD Employee ID (7-digit format: e.g., 0123456)
- Details of your health insurance provider
- 12-month out-of-pocket premium cost
- Proof of premium payments (receipts, statements)
- Proof of coverage (insurance card, policy documents)
- If teaching at multiple districts: completed Multi-District Load Verification Form for each district

Step-by-Step Instructions

1. Employee Information

Enter your first and last name, email, and your 8-digit YCCD Employee ID.

2. Semester for Reimbursement

Select the semester for which you are requesting reimbursement, ensuring it matches your coverage period.

3. Eligibility Confirmation

Review the eligibility requirements, including the 40% workload requirement, coverage start date, and Medicare/retiree medical restrictions.

4. Reimbursement Request Type

Select either 'Multiple Districts' or 'YCCD Only'. If multiple districts, indicate YCCD college(s) taught at and attach Multi-District Load Verification Form(s).

5. Reimbursement Requirements

Coverage must be self-purchased, meet or exceed the TCSIG Premier Plan benefits, and not be employer-sponsored. Reimbursement is for up to six months per academic year.



6. Upload Documentation

Attach proof of premium payments, proof of coverage, and if applicable, Multi-District Load Verification forms.

7. Reimbursement Request Details

Provide your health insurance provider name and 12-month out-of-pocket premium cost.

8. Certification

Confirm that the expenses have not been reimbursed elsewhere and acknowledge potential disqualification for false information.

9. Signature & Date

Sign (typed or drawn) and date the form.

10. Submission

Review all information for accuracy and click Submit. A confirmation email will be sent.

Reimbursement Deadlines

For 2024–2025 reimbursement:

- Submit all forms by September 30, 2025
- Reimbursement will be included in November 10, 2025, payroll

For 2025–2026 reimbursement:

- *Fall 2025 reimbursement*
 - Form submission: December 31, 2025, no later than January 15, 2026
 - Confirmation of acceptance: No later than February 15, 2026
 - Payment: No later than March 10, 2026, payroll
- *Spring 2026 reimbursement*
 - Form submission: June 30, 2026, no later than July 15, 2026
 - Confirmation of acceptance: No later than August 15, 2026
 - Payment: No later than September 10, 2026, payroll

Questions or Assistance

Email The Office of People & Culture at: yccdhr@goyccd.onmicrosoft.com