

The City University of New York

*File  
Adjuncts*



Office of the Vice Chancellor for Faculty and Staff Relations

535 East 80 Street, New York, N.Y. 10021  
(212) 794-5341

January 21, 1986

Dear Adjunct Member of The Instructional Staff:

The recently signed contract between the Professional Staff Congress and The City University of New York offers basic individual health care (insurance) coverage for adjunct members of the instructional staff who meet the criteria listed herein. This coverage will be administered by the PSC-CUNY Welfare Fund.

The benefit shall be available only to those adjuncts who are teaching six or more hours (or the equivalent), in the semester and who have taught one or more courses in the same department at the same college for ten consecutive semesters (not including Summer Sessions) and who are not covered by other primary health care insurance provided by or through another source.

An adjunct who has established eligibility for this health benefit shall lose eligibility if in any two out of three academic years the adjunct teaches in only one semester of the year at that college.

It appears that you have already met the service requirements. If you are working a minimum of six credit hours or its equivalent within your department during the spring semester and have no other primary (basic) health coverage, you will be certified by the University to be eligible for this new benefit.

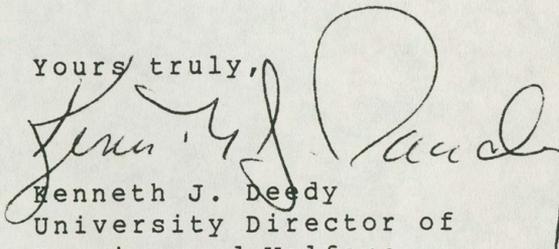
Each eligible person will have an interim choice of fully-paid individual coverage in the Health Insurance Plan of Greater New York HIP/HMO or individual coverage in the Blue Cross-Blue Shield Wraparound policy. The HIP/HMO policy includes riders providing for additional mental health, private duty nursing, and drug coverage. The Blue Cross-Blue Shield policy includes the wraparound feature. Each policy includes a conversion privilege that would enable a participant to continue certain coverages through private payment when eligibility ceases. You are urged to review these clauses carefully as well as the basic benefits described in the enclosed material.

If you will be employed in the same department of your college for the requisite time during the spring semester, and have no primary (basic) health insurance coverage, complete the enclosed CUNY application form along with a completed enrollment form from either Blue Cross-Blue Shield Wraparound or HIP/HMO and return them to the University Pension and Welfare Benefits Office Room 602, 535 E 80 Street, NY 10021.

Coverage will not begin until you have been notified in writing of the inception date by the PSC-CUNY Welfare Fund. If you are purchasing insurance privately or are named on another person's policy, do not cease coverage unless you receive official notification of coverage from the PSC-CUNY Welfare Fund.

If you have a question pertaining to eligibility see the Personnel Officer at your college or call the University Pension and Welfare Benefits Office at 212-794-5341. For information on coverage and benefits, call the PSC-CUNY Welfare Fund at 212-354-5230.

Yours truly,



Kenneth J. Deedy  
University Director of  
Pension and Welfare  
Benefits

KD:cm

Enclosures:

CUNY Application Form  
Blue Cross-Blue Shield Wraparound brochure  
Blue Cross-Blue Shield Wraparound Enrollment Form  
HIP/HMO Brochure  
HIP/HMO Enrollment Form

APPLICATION FORM FOR INDIVIDUAL HEALTH COVERAGE  
FOR ADJUNCT MEMBERS OF THE INSTRUCTIONAL STAFF

Return to: CUNY  
Office of Pension  
& Welfare Benefits  
Room 602  
535 E. 80th Street  
New York, N.Y.  
10021

DATE: \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle

Soc. Sec.# \_\_\_\_\_

College \_\_\_\_\_

Department \_\_\_\_\_

Home Address \_\_\_\_\_

City State ZIP

Home Phone ( ) \_\_\_\_\_

Birthdate \_\_\_\_\_

Name and address of  
full-time employer if any

Marital Status \_\_\_\_\_ (S,M,D)

Dependent Children \_\_\_\_\_ (Number)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Plan selected (check one)

Blue Cross-Blue Shield \_\_\_\_\_  
HIP/HMO \_\_\_\_\_

I attest that I am not currently covered by any primary health plan,  
or that I will terminate any other primary coverage upon  
certification of coverage by the PSC-CUNY Welfare Fund.

\_\_\_\_\_  
Signature

PLEASE COMPLETE AND RETURN ALL FORMS BY RETURN MAIL. Coverage will  
not begin until you are notified by the PSC-CUNY Welfare Fund.

Reviewed by Pension and Welfare Benefits Office  
Office of Faculty and Staff Relations  
The City University of New York