

ACE PROPOSAL—October 10, 2006

**ARTICLE 102
Associate Member Fringe Benefits**

Delete current 102.1 and substitute the following:

102.1 Associate members may purchase the ~~PMI~~ Associate Faculty Dental plan in accordance with provisions of the plan. ~~on an annual basis.~~

102.2 Associate members may qualify for insurance premium reimbursement in two ways as follows:

- 1. by having re-employment preference, maintaining a .067 load per semester and remaining in re-employment preference status; or**
- 2. by having** have at least a 40% load ~~are eligible for medical benefit premium/medical cost reimbursement as follows~~ if they meet the following qualifications:
 - a.** Associate members who have a load with the West Valley-Mission College District of at least 40% for three consecutive semesters are eligible for one of the programs beginning in the third semester.
 - b.** Subsequent to earning eligibility, if the member's assignment falls below 40%, but is at least 20%, the member shall retain eligibility. If a member's assignment falls below 40% for a second consecutive semester, the member shall lose eligibility and must reestablish eligibility by meeting the original requirement for eligibility. ~~(current contract language)~~

Program Requirements:

- 1.** A completed Request for Reimbursement Form must be submitted to Human Resources by the first Friday in November for the fall semester and by the first Friday in April for the spring semester for the following premiums:
 - A Health Maintenance Organization (HMO), Preferred Provider Organization (PPO) or other insurance health plan of choice that is licensed and registered by either the California Department of Insurance or by the California Department of Corporations at the time a request for reimbursement is submitted.
 - Dental insurance.
 - Vision insurance.
 - **Prescription insurance**
- 2.** A new Request for Reimbursement form must be submitted each semester.

3. **Three weeks prior to the end of the semester proof of insurance payment, along with all canceled checks, cash receipts, money order receipts, or credit card receipts as proof of payment must be submitted to Human Resources.**

5. At the end of each semester, once all of the Request for Reimbursement forms have been submitted and the eligibility of each applicant verified, each eligible applicant shall be notified that they are to receive payments. At the end of each semester, each eligible member shall receive reimbursement **for either (1) the amount of premium representing six months of coverage; or (2) \$1,000, whichever is less.** ~~for costs incurred to a maximum of \$1,000.~~ **If the amount available for reimbursement of paid premiums (\$30,000 per six months) is not sufficient to meet all the submitted claims, each eligible claimant shall receive an equal prorated share of the \$30,000.** ~~However, if the total reimbursements to be made in any semester exceeds \$30,000, then each eligible member shall receive an equal prorated share of the \$30,000.~~

6. **Failure to submit the required proof of enrollment and/or proof of payment will result in employee ineligibility for participation in this reimbursement program for the semester.**

102.3 Retirement Benefits

Associate members shall participate in one of the following retirement plans, depending on the member's individual employment circumstances:

1. STRS (State Teachers Retirement System)
2. APPLE (Accumulation Program for Part-Time Limited Service Employees)
3. PERS (Public Employees Retirement System)

Applications for enrollment in one of these programs must be submitted to Human Resources by the first Friday in October for the Fall semester or by the first Friday in ~~February~~ **March** for the Spring semester.

District

ACE

Date

Date