SHORELINE COMMUNITY COLLEGE

Complete & Return Each Quarter

Payroll & Benefit Office 16101 Greenwood Avenue North Shoreline, WA 98133

TO: ASSOCIATE FACULTY

SUBJ: POTENTIAL ELIGIBILITY FOR INSURANCE & RETIREMENT BENEFITS

Associate faculty employees who are employed on a quarter-to-quarter basis become <u>eligible for insurance benefits</u> beginning the second consecutive quarter of half time or more employment at one or more state institutions of higher education. Associate faculty employees may also be <u>eligible for retirement benefits</u>. As required by WAC 182-12-115, this memorandum constitutes notice of your potential rights to insurance coverage.

It is the RESPONSIBILITY of the EMPLOYEE to notify each institution of higher education of prior coverage and/or assignments at other institutions at the beginning of EACH QUARTER. Failure to do so may jeopardize your benefits.

Name:	SID:	_ Dept:
CURRENT QUARTER: I am currently employed at the following state		
Name of Institution		% of Full-time
PREVIOUS QUARTER: I was previously employed at the following sta	ate institutions of higher education:	
Name of Institution		% of Full-time
I have been covered for benefits in the last 18	months at the following Institution:	
I am a member of the following retirement sys	stem (if yes, check which one):	
TIAA/CREF		
Washington State Teachers	Plan I Plan II	
Washington Public Employees Retirement	Plan I Plan II Plan III	
Signature		Date

Return this form to: OFFICE OF PAYROLL & BENEFITS

Administration Bldg 1000, Rm 1015