

**Retiree Health Fund Contribution
Adjunct Faculty**

CO-1323 (Rev. 8/2023)



**HEALTHCARE POLICY &
BENEFIT SERVICES DIVISION**

*Employees- Return to
your agency staff/ HR*

General Information – Adjunct Faculty member qualifying for retiree health benefits

Adjunct faculty members with sufficient service to qualify for retiree health benefits are obligated to contribute to the Retiree Health Fund on the same basis as full-time healthcare-eligible employees, taking into account date of hire, service accruals, and total compensation earned during semesters of healthcare-eligible service.

EMPLOYEE INFORMATION	Last Name	First Name, Middle Initial	Employee Number
	Street Address	City, State, Zip Code	Home Telephone No.
	Date of Hire	Date of Birth	Retirement Date
	Personal E-Mail	Medicare Eligible? <input type="checkbox"/> Yes <input type="checkbox"/> No	Spousal Medicare Eligibility? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Name & Address of Employing Agency	Department ID	Retirement Plan <input type="checkbox"/> SERS <input type="checkbox"/> ARP <input type="checkbox"/> TRS

SERVICE RECORD	Semesters in which member taught at least 9 Credit Hours (May include multiple institutions – Attach separate sheet if necessary)	Compensation subject to Contribution (to be calculated by OSC)	Required Contribution	
			%	Amount
	Fall _____ Spring _____			
	Fall _____ Spring _____			
	Fall _____ Spring _____			
	Fall _____ Spring _____			

AGENCY SECTION	PAYMENT METHOD <input type="checkbox"/> Lump sum, paid on _____ <input type="checkbox"/> Installment of \$_____ per month Installments are not available for ARP members without current Medicare eligibility	INSTALLMENT START DATE / /
		INSTALLMENT END DATE / / (Not to exceed 4 years)

EMPLOYEE ACKNOWLEDGMENT: I understand that payment of the above amount is a condition of my receiving retiree health benefits from the State of Connecticut. I authorize the Office of the State Comptroller to deduct the above installment from my State of Connecticut pension benefit or from the Medicare B reimbursements to which I am entitled until the required contribution is paid in full. If for any reason I am not eligible for either a monthly pension or Medicare reimbursement from the State of Connecticut at the time of retirement, I agree to pay the above amount to the State of Connecticut in full and understand and agree that if I fail to make such payment my retiree health coverage will not take effect until I do so or may be suspended in the event of non-payment.

EMPLOYEE SIGNATURE	DATE
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AGENCY CERTIFICATION: I hereby certify that all the information on this application has been verified and is correct.

AUTHORIZED AGENCY SIGNATURE	TITLE	DATE
AGENCY CONTACT (PRINT NAME)	Agency Contact Telephone	Agency Contact E mail



Agencies: Mail completed form to OSC, 165 Capitol Avenue, Hartford, CT 06106



Instructions for Completing CO-1323

Employee: In collaboration with your agency, list all semesters in which you worked sufficient hours to obtain active health benefits (0.5 FTE). (May include semesters in which your combined service at multiple institutions exceeded 9 credit hours.) Attach a second sheet if necessary. Fill out all remaining portions of the Employee section and indicate whether you (and your spouse, if applicable) are currently eligible for Medicare.

Agency: Mail completed form to OSC, 165 Capitol Avenue, Hartford, CT 06106

OSC: The Healthcare Policy & Benefit Services Division will run a query to determine the compensation on which the Retiree Health Fund contribution will be based. The contribution to the Retiree Health Fund will be calculated using the same rules as are applicable to a full time employee with the same hire date, service accrual and retirement plan membership as the adjunct. **Only those semesters in which the adjunct was eligible for health benefits and would have been required to contribute to the Retiree Health Fund if she/he had been a full-time employee should be counted.**

Code	Percentage	Applicable to
OPEB	3%	Employees required to contribute under SEBAC 2009 (less than 5 years actual service as of 7/1/2012, new hires post-7/1/2009 and post-7/1/2011 rehires)
OPE2	0.5% 7/2013 to 6/2014 2% 7/2014 to 6/2015 3% 7/2015 and after	Healthcare-eligible members of SERS and ARP not required to contribute under SEBAC 2009, excludes post-7/1/2011 rehires
OTRS	1.75%	TRS members required to contribute under SEBAC 2009, this rate effective 10/07/11 (prior to that date TRS members paid 3%) includes post-7/1/2011 rehires
OTR2	0.0% 7/2013 to 6/2014 0.75% 7/2014 to 6/2015 1.75% 7/2015 and after	Healthcare-eligible state employee members of the TRS who are not required to contribute under SEBAC 2009, excludes post-7/1/2011 rehires

Agency: After OSC advises the agency of the required contribution, the agency will make arrangements with the employee for payment of the amount due. Unless the Retiree Health Fund contributions are paid, the adjunct will not be enrolled in retiree health coverage. If payments are not made timely, the adjuncts coverage may be subject to suspension. If there are questions concerning completion of this form, contact the OSC Healthcare Policy & Benefit Services Division at osc.opeb@ct.gov.