

CUNY ADJUNCT HEALTH INSURANCE ENROLLMENT PACKET

1. [Health Benefits Application](#)
2. [Adjunct PSC/CUNY Enrollment Form](#)
3. [Adjunct Recurring Payment Election Form](#)
4. [Adjunct Health Insurance Verification Form](#)
5. [Adjunct Health Insurance Certification Form](#)
6. [Adjunct Monthly Rate Sheet \(*effective July 2021*\)](#)