

UNIVERSITY OF LOUISVILLE

Graduate Student Health Enrollment Form

*****FOR G12 PAY GROUP ONLY*****

SUBMIT WITH INITIAL PAYROLL FORMS

Insurance Eligibility

Graduate students who are in graduate assistantships that satisfy the criteria below are eligible to receive graduate student health insurance. The criteria are

- The assistantship is for no more than 20 hours per week;
- The student receives tuition remission;
- The student receives at least \$1,200 stipend per month;
- The individual is a full-time student; and,
- The assistantship title is Graduate Teaching Assistant, Graduate Research Assistant, Graduate Student Assistant, University Fellow, or Resident Housing Assistant.

The premium for the 2007-2008-plan year is \$151.66 per month is paid by the student’s department if the student satisfies the criteria above.

Insurance Program

The Comprehensive Plan sponsored by the University of Louisville is given as a health benefit to those graduate students described above. The plan is administered through the Chickering Group- a member of the ATENA network. .. Through the AETNA network, students are able to use hospitals and services throughout the Unites States including the University of Louisville Hospital, Norton Audubon, Norton Suburban, Norton Southwest, Norton’s Hospital and Jewish Hospital locally. A referral is required from the Student Health Services Office to see a specialist. Brochures are available at the Chickering Group Web site at www.chickering.com. Brochures describing the plan are also available at the Student Health Services Office on either campus. Once enrolled you will receive a health insurance card from Chickering to the address listed below.

Effective Date of Insurance

Insurance will be effective for the month in which the form is received in Human Resources by the first working day. Insurance will be effective the following month for any forms received after the first working day of the month.

GRADUATE STUDENT HEALTH INSURANCE FORM

Instructions:

Please complete the form below in order to receive the insurance benefit as part of your graduate assistantship. If your employment terminates with the University of Louisville for any reason and you wish to continue your health insurance coverage it is **your responsibility** to contact the student insurance advocate at 852-6446 or contact Chickering directly (617-218-8400) for options to continue your insurance.

ALL FIELDS ARE REQUIRED. USE FOR G12 PAY GROUP ONLY

Student's Name _____
First Middle Last

Permanent US Address _____
Street or PO Box

_____ **City State Zip Code**

Social Security Number _____ Date of Birth _____

Student Identification Number _____ EMAIL Address: _____

Department/Unit _____ Employment Start Date (_____) Employment End Date (_____)
Employed _____

Unit Business Manager: _____

Check All Fields That Apply:

____ . 5 FTE ____ Tuition Remission ____ \$1,200 Stipend

____ **Resident Housing Assistant**

____ GTA ____ GRA ____ GSA ____ University Fellow

Signature: _____ Date: _____

Any person who knowingly and with intent to defraud any insurance or other persons files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime. 94-nr12