



Human Resources Services

Graduate Student Employee
Continuation of Health Insurance (FOR SUMMER ONLY)

First Name: Last Name: SS#: Sex: M[] F[]

Date of Birth:[] Martial Status: Single [] Married [] Martial Status Date: []

Department Name +zip: Department Phone Number:

Email Address: Phone Number:

Visa Type: F1[] J1[] Per[] US [] Title Type: GA/TA[] RA[] Fellow[]

Type of Coverage: Individual [] Individual+1 [] Individual +2 []

I would like to continue my health during the summer months. I realize that extra deductions will be taken out of my payroll check between the months of April, May, June to pay for the continuation of my health insurance during the summer months. My Project Director or Authorized Signatory has certified below that I will be re-appointed in the fall semester in the same title that I currently hold.

If my graduate student title changes, I understand that I must come to the Student Health Center (infirmary) to complete a new health insurance enrollment application.

Employee Signature: Date:

This is to certify that it is my intention to re-appoint the graduate student mentioned above in the same title.

I understand that if the graduate student's title changes then the student must complete a new health insurance enrollment application.

Authorized Name: Department Phone Number:

Please Print

Authorized Signature: Date:

Administrative Use Only

HBA Signature: Date: