

**2019 SUMMER HEALTH INSURANCE CONTINUATION ENROLLMENT FORM
FOR GSEU SEHP ENROLLEES**

Section I: To Be Filled Out By Employee:

Name (please print)	_____	Last 4 digits of SS#	_____
Address	_____	Phone	_____
		Email	_____
Department	_____		

****Please note: Six (6) extra premium deductions must be taken, two each from your last three full paychecks of the spring semester - May 1, May 15, and May 29, 2019, to pay for the summer coverage. And, if these premium deductions do not occur and you do not return to an assistantship position in the fall, there is a possibility your insurance may be retroactively cancelled back to June 26, 2019****

Signature _____ Date _____

Section II: To Be Filled Out By Department:

- It is expected** that the above-named graduate student will be re-employed in the fall 2019 semester in a qualified Graduate or Teaching Assistantship. (An expectation of re-employment is not a guarantee of re-employment.)
- It is NOT expected** that the above-named graduate student will be re-employed in a qualified Graduate or Teaching Assistantship for the fall 2019 semester **OR** student is graduating May 2019.

_____	_____
Department Representative Signature	Department Representative (Print)

Date	

Section III – For J1 & F-1 International Students ONLY:

I understand that if I am eligible for summer coverage, I may waive my coverage **ONLY** if I am returning to my home country for the **entire summer**. (Continuing students in the United States or traveling to third country are required to retain their insurance coverage.) **A copy of your airline ticket with your home country destination and return to the United States will be required in order for you to cancel coverage for the summer.**

- I will return to my home country for the duration of the summer of 2019. Further, I understand that re-enrollment is necessary upon my return to campus.
- I will graduate May 2019 and provided a new mailing address above.

Complete and return this form **NO LATER THAN FRIDAY, APRIL 12, 2019 by 12 p.m.**
to: Karen Kocan, Human Resources, AD242

****If form is submitted after April 12th deadline, the six (6) summer deductions will be taken from a fewer number of checks resulting in a larger deduction.**

Failure to submit this form will result in your health insurance terminating on June 26, 2019.