

**DOMESTIC GRADUATE ASSISTANTS/PERMANENT FELLOWS ONLY – 2017-2018**

**THE UNIVERSITY OF ALABAMA®**

**Enrollment Form for Domestic Graduate Assistants (GA, GTA, or GRA) and Fellowship Students (Aug. 2017-July 2018)  
Subsidy for Single Student Health Insurance Coverage with the UnitedHealthcare Insurance Company**

UA STUDENT's CWID # \_\_\_\_\_ UA STUDENT's SOCIAL SECURITY # \_\_\_\_\_

UA STUDENT's NAME (PRIMARY INSURED) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

GENDER \_\_\_ Male \_\_\_ Female      DATE OF BIRTH \_\_\_\_\_      EXPECTED DATE OF GRADUATION \_\_\_\_\_  
Last (Family) Name      First (Given) Name      Middle Initial  
Month Day Year      Month Year

PERMANENT ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**CAMPUS/SCHOOL ATTENDING: THE UNIVERSITY OF ALABAMA (TUSCALOOSA)**

I ELECT to enroll in the Injury & Sickness insurance coverage under The University of Alabama's student health insurance plan with the UnitedHealthcare Insurance Company.

I DECLINE to enroll in this voluntary student health insurance plan.

Attached is a signed authorization allowing the Student Health Center to send my medical records to UnitedHealthcare.

Coverage Dates:  Fall Semester: 8/1/2017- 12/31/2017 is \$586.00  
 Spring/Sumer Semester: 1/1/2018-7/31/2018 is \$811.00

Coverage will be effective on the date that The University of Alabama notifies **UnitedHealthcare Student Resources** that the above graduate assistant or fellowship student completed and signed the above enrollment form and paid any student cost share owed to UA for the effective date of the applicable coverage period unless stated otherwise in the Master Policy.

I confirm by signing below that I will be enrolled in on-campus graduate classes for a minimum of 3 hours during the fall and/or spring semesters covered by this plan.

\_\_\_\_\_  
STUDENT'S SIGNATURE

\_\_\_\_\_  
DATE Signed by Student

By signing, the student acknowledges the following: He/She has carefully read **UnitedHealthcare's** student health insurance brochure and elects to enroll in the coverage as indicated on this enrollment form; He/She also meets the eligibility requirements for this coverage as described in the **UnitedHealthcare** brochure. The University of Alabama will remit the correct single premium for each approved UA graduate assistant or fellowship student to **UnitedHealthcare** for each appropriate semester and the student will pay The University of Alabama his/her cost share, if any, for each approved semester of insurance coverage.

**Section Below to be completed by The University of Alabama:**

The University of Alabama will determine and/or approve the UA student's eligibility for single health coverage and check the appropriate subsidy boxes listed below for UA and the student. **Students with less than 50% do not receive a UA subsidy.**

( ) 100% single premium subsidy for: ( ) 8/1/2017 – 12/31/2017 and ( ) 1/1/2018 – 7/31/2018      ( ) 0% paid by student

( ) 75% single premium subsidy for: ( ) 8/1/2017 – 12/31/2018 and ( ) 1/1/2018 – 7/31/2018      ( ) 25% paid by student

( ) 50% single premium subsidy for: ( ) 8/1/2017 – 12/31/2017 and ( ) 1/1/2018 – 7/31/2018      ( ) 50% paid by student

\_\_\_\_\_  
UA SCHOOL OFFICIAL's Name/Signature      Job Title      Home Dept.      DATE Signed by UA

By The University of Alabama's representative signing, he/she also acknowledges that the above student meets the eligibility requirements and is also eligible for the single premium subsidy for the semester(s) checked on this enrollment form. If it is later determined that the student is not eligible, the single premium subsidy paid by The University of Alabama will be refunded to The University of Alabama by **the United Healthcare Insurance Co.**

*Please return this form to the Student Insurance Office located at UA's Student Health Center or via fax to (205) 348-9571 by 8/31/2017*