

Graduate Associates, Fellows and Trainees

University Health Insurance Subsidy Waiver

Due to a state law effective July 1999, no state money can be used to pay for non-therapeutic (elective) abortions. Individuals who hold eligible Graduate Associate (GAA, GRA and GTA), Fellow and Trainee appointments who are eligible for the University Health Insurance Subsidy may waive the university-provided premium contribution if they choose to keep elective abortion benefits under the Comprehensive Student Health Insurance Plan. Once waived, the premium contribution will not apply to the Student Fee Statement and the full premium amount will be deducted from the GA, Fellow or Trainee monthly stipend on the paycheck. Once signed, this waiver is irrevocable for the academic plan year (autumn through summer terms).

SECTION 1: PERSONAL INFORMATION					
Full Name: First	M.I. Las	st	OSU Employee ID	OSU Employee ID#	
Home Mailing Address: Street	City		State	Zip	
Email Address			Daytime Phone Number		
SECTION 2: ELECTION OF WAIVER					
I am waiving the University Health Insur Autumn Spring	ance Subsidy for Gradu	ate Associate, Fellow	and Trainee appointments beg	inning:	
I understand that this waiver will remain	in effect for the remain	der of the academic p	olan year.		
SECTION 3: AUTHORIZATION					
I have read the above statements and u for the terms selected above and under			rsity Health Insurance Subsidy		
Signature of Applicant		Date			

Return completed form by the deadline listed below to:

Student Health Insurance, 1100 Lincoln Tower, 1800 Cannon Drive, Columbus, OH 43210-1249