

Name: \_\_\_\_\_ OSU ID#: \_\_\_\_\_ Domestic \_\_\_\_\_

Address: \_\_\_\_\_ International \_\_\_\_\_

Phone: \_\_\_\_\_ Department : \_\_\_\_\_ Office Manager: \_\_\_\_\_

April/May/June Deductions: \_\_\_\_\_ Triple Deduction in May: \_\_\_\_\_

To be eligible for summer coverage, a graduate assistant must have a fall, winter, or spring term appointment of 0.2 FTE and be enrolled in Graduate School as a student the following fall term. **NO ASSISTANTSHIP IS NECESSARY FALL TERM TO QUALIFY.**

**Form is due by March 31, 2015**

**Insurance Enrollment Coverage:**

**Total Premium Cost for  
July, August and September 2015**

- Student Only \$1060.80
- Student + Spouse/Domestic Partner \$2188.44
- Student + Family \$2977.59
- Student +Child(ren) \$1850.10

Health Plan Option ~	Total Cost July, August & September	85% Employer Contribution	Price Per month April/May/June	15% Employee cost For Summer Only
Employee Only	1060.80	889.08	57.24	171.72
Employee & Spouse/Partner	2188.44	1847.57	113.62	340.87
Employee & Family	2977.59	2518.35	153.08	459.24
Employee & Child(ren)	1850.10	1559.98	96.70	290.12

Family members, I would like to cover on my health insurance:

Last name, First name	Gender	Relationship	Date of Birth
Last name, First name	Gender	Relationship	Date of Birth
Last name, First name	Gender	Relationship	Date of Birth

*By signing below, I certify that I understand and agree to the Conditions of Enrollment as outlined in the Collective Bargaining Agreement between the Coalition of Graduate Employees, Article 28-Insurance and have read the back of the form. I agree that my participation in the summer session health insurance program is voluntary. By participating, I understand that the University will contribute 85% of the cost of the 'graduate assistant only' premium, 85% of the costs of the dependent premium and half the administrative fees for summer session coverage. **To participate in the summer health insurance coverage, I must submit this form to University Student Health Services for coverage no later than May 15, 2015 by 4:00 pm.***

*I understand that the University will triple deduct, from my May 2015 salary, my portion of the summer coverage premiums and administrative fees for the months of July, August and September 2015. If I do not have adequate earnings to fully cover my insurance (with or without dependents), I agree to self-pay Student Health Services my cost of the summer premium by June 4, 2015. I understand that failure to do so will result in failure to be enrolled in the 2015 summer session health insurance program. **If I decide to cancel this application, I agree to notify the Student Health Insurance office no later than May 17, 2015.***

There will also be a new option to have one month of the summer premium taken out of each of your paychecks starting in April and ending in June, rather than having a triple deduction out of your May paycheck. This option will be available for those who sign up and we can verify that you have a Spring Assistantship before March 31, 2015. If your assistantship is not showing up for Spring term by that date, and it shows up by May 15, 2015, then we will only have the option of doing the triple deduction.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Graduate Summer Health Insurance Plan at 85%**

**Eligibility Requirement:** Any graduate student with a fall, winter or spring term appointment of .20 FTE and is enrolled as a graduate student in the Graduate School the following fall term. You do not need to have an assistantship fall term to be eligible.

Note: Graduate students who have graduated or are not registered the following fall term are not eligible for this plan.

**Conditions of Enrollment:** The Graduate Summer Health Insurance Plan at 85% was negotiated between the Coalition of Graduate Employees (CGE) and the OSU Human Resources Department to provide insurance coverage for graduate students without an assistantship during summer term at a reduced rate. This plan is a continuation of the same PacificSource insurance (not COBRA). If the graduate assistant elects coverage through the Graduate Summer Health Insurance option, he/she is responsible for paying 15% of the premium for “graduate assistant only” and 85% of the premium for dependents coverage and half of the administrative fees. Departments are required to pay the 85% of the premium for ‘graduate assistant only’ coverage, 85% of the dependent premium and half the administrative fees.

**Enrollment Deadline:** The deadline to submit the enrollment form to the SHS Insurance office is listed on the front of this form.

**Payment Procedure:** The University will triple deduct from the salary the cost of the Summer Health Insurance premiums and administrative fees for the months of July, August and September if the enrollment form is received in the OSU Student Health Insurance office by the published deadline. This deduction will occur during the middle term of your assistantship for the current year in one of the following months: November (fall term), February (winter term) or May (spring term).

**Self-Pay Payment Deadline:** If your salary does not cover the three months of premiums or any extra dependent costs, no deduction will be taken. The graduate assistant will be responsible for paying the premiums in the SHS Insurance office **no later than June 4, 2015 by 4:00pm**. Payment by check or credit card will be accepted.

**FALL Term Re-enrollment in PacificSource insurance:** There has been some confusion on whether or not your PacificSource insurance will continue at the start of a new academic year the following Fall term. The Graduate Summer Health Insurance at 85% plan runs from **July 1 to September 30 only**. **PacificSource insurance terminates all members on September 30<sup>th</sup>**. If you receive a graduate assistantship fall term, you are required to submit a new PacificSource insurance enrollment form to the SHS Insurance Office by October 1<sup>st</sup>. **Open Enrollment for PacificSource insurance is the month of October (or the first month of the any other term).**

**Contact for information:**

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Insurance Coordinator  
OSU Student Health Services  
201 Plageman Bldg., Room 110  
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