

**Drexel University
Graduate Student Health Insurance
Payroll Deduction Plan
Academic Year 2009-2010**

Name: First	Middle	Last	Student ID
Street Address			Apartment Number
City		State	Zip Code

Academic Department: _____

Appointment (check one) – must be for the full academic year: RA TA GA
***Departmental letter or Personnel Action Form must include stipend and the length of appointment.**

Check amount of 2009-2010 premium:

- Enrolling in the insurance subsidy plan or have dependents (see plan information on Aetna website for premium) \$ _____
- UC and CC Blue Plan – \$1,113 UC and CC Gold Plan – \$3,446

Check amount to be deducted from each paycheck (October 2009 to June 2010):

- Enrolling in the insurance subsidy plan or have dependents (divide premium by 9 months) \$ _____
- UC and CC Blue Plan – \$123.67 UC and CC Gold Plan – \$382.89

Student's Statement:

I authorize Drexel University to deduct the above amount from each of the nine expected paychecks of my current employment. Should I reduce the term of my appointment for whatever reason, I understand that it is my responsibility to notify the Payroll Office at least 30 days before my final paycheck. In this case I authorize Drexel University to deduct any remaining balance from my final paycheck. Finally, I understand that an administrative hold will be placed on my records should I fail to complete payment for the period that I am enrolled in the health plan. Should the processing of this application not be timely and the first payroll deduction is not made as expected, I understand that this deduction will be added to my second paycheck.

Applicant's Signature	Date
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Approved by:

Graduate Studies Office	Signature	Date
Bursar's Office	Signature	Date
Payroll Office	Signature	Date