

DEPARTMENT OF _____

University of Utah

DECLARATION TO ACCEPT OR DECLINE SUBSIDIZED STUDENT HEALTH INSURANCE
_____ SEMESTER 201 ____

----- *Decline* -----

I decline health insurance coverage through the Graduate Student Health Plan.

SIGNATURE: _____ DATE: _____

NAME (please print): _____

STUDENT ID NUMBER: _____

----- *Accept* -----

I wish to enroll in the Graduate Student Health Plan

Please check the appropriate boxes below:

I want to be covered in an individual student plan

I would like to purchase insurance for: (Check any and all boxes that apply)

spouse one child children

I certify that I am a fully matriculated graduate student in good standing with at least a 3.0 GPA and am registered for at least 9 credit hours for _____ Semester 201 _____. I am appointed as either a TA or RA and am receiving a full (100%) tuition benefit.

I understand that if I fail to meet these requirements I will be required to pay the full cost of my insurance for _____ Semester 201 ____.

My signature indicates that I understand and meet these requirements, and accept the coverage.

SIGNATURE: _____ DATE: _____

NAME (please print): _____

STUDENT ID NUMBER: _____