

IU GRADUATE APPOINTEES, APPOINTED POSTDOCTORAL FELLOWS, & FELLOWSHIP RECIPIENTS WAIVER REQUEST

IMPORTANT INFORMATION—PLEASE READ BEFORE COMPLETING THIS FORM

Participation in the designated IU-sponsored healthcare program is mandatory for all IU Graduate Appointees, Postdoctoral Fellows, and Fellowship Recipients. Eligible participants will automatically be enrolled in the plan unless a waiver is completed confirming coverage with a comparable plan. Please note that a waiver is required for each academic year, and those who submit a waiver waive all benefits under this program.

WAIVER

I am requesting to waive enrollment the IU-sponsored healthcare program for the 2020-21 Academic Year due to having comparable coverage under another medical plan.

PERSONAL INFORMATION

Name:	University 10-digit ID:	
Department:	Campus:	
Email:		
Please check all that apply:		
<input type="checkbox"/>	I am a Fellowship Recipient	
<input type="checkbox"/>	I am a Graduate Assistant	
<input type="checkbox"/>	I am a Postdoctoral Fellow (i.e. T-32 grant)	
<input type="checkbox"/>	I am an international student with a non-immigrant visa and will contact my International Student Advisor about health insurance requirements.	

AUTHORIZATION/CERTIFICATION

I affirm that the information provided to obtain this waiver is correct to the best of my knowledge. I also acknowledge that the university will discontinue coverage on my behalf for the semesters indicated.

If submitting this form electronically, please be aware that by typing your name in the signature box, you are signing this form electronically. You agree your electronic signature is the legal equivalent of your manual signature on this form. By signing the agreement, you consent to be legally bound by the form's terms and conditions. You further agree that your use of a keyboard, mouse, or other device to type in the provided boxes, to select an item, button, icon or similar act/action in order to provide information required in completing this form is acceptance and agreement as if actually signed by you in writing.

Signature:

Date:

WAIVER DEADLINES:

Fall – September 15

Spring – January 31 or 30 days from date of hire

Late waivers will not be accepted.

Return completed form to IU Human Resources, ATTN: Student Insurance Coordinator, Poplars E165, 400 E 7th Street, Bloomington, IN, 47405; or fax to (812) 855-3409; or scan/email to studenhc@iu.edu.