

**GRADUATE ASSISTANT
HEALTH INSURANCE CERTIFICATION**

One of the requirements for an appointment as a Graduate Assistant is that each student have adequate health/accident insurance coverage in force during the entire period of the appointment. Coverage must be either privately procured or obtained through the University's Group Health Insurance plan. Your signature below attests to your acknowledgement and acceptance of the following statements:

I understand that any medical or dental expenses incurred while holding a Graduate Assistantship are my sole responsibility not that of Illinois State University, the Board of Trustees or their agents or employees. I understand that it is my responsibility to pay any expenses which may not be covered by insurance payments made on my behalf.

I understand that if I register for nine (9) or more credit hours by the 15th day fall/spring I will be automatically assessed for and be included in the student group insurance plan. If I register for six (6) or more hours by the 8th day of summer session, I will automatically be assessed for and be included in the student group insurance plan. If I am registered for fewer hours, or not registered by the deadline, I can apply to purchase student group insurance through my i-Campus portal by the 15th calendar day fall/spring (8th day summer).

If you will not have ISU's insurance, you should review your other policy's coverage to determine its adequacy. In this case, a copy of an insurance card or other verification of insurance coverage **MUST** be attached to this form. The appointing unit will retain the copy or verification along with this form which must be submitted to your university graduate assistant supervisor before the 15th calendar day of the term (8th day summer). If your start date is before or after the start of the regular University semester, this form must be submitted within 15 days of your start date*.

If you are assessed an insurance fee and don't want the ISU Policy, you need to complete a request to cancel and submit evidence of other insurance, in room 230 SSB or phone 438-2515 to accomplish this by mail. Cancellation requests are due by the 15th day of each term (8th day summer).

CHECK ALL THAT APPLY:

I will be covered for the entire period of my graduate assistantship by ISU student insurance because I have (check one):

- (1) enrolled for 9 or more credit hours to be assessed the student health insurance fee (6+ summer)
- (2) paid the fee. I understand Student Insurance will not automatically bill me for this coverage. Instead, I will apply through my i-Campus portal by the 15th calendar day of the term (8th day summer) or 15 days from my start date*. The charge will be posted to my Student Account.
- I am not covered by ISU student insurance and have attached verification of my privately secured policy applicable to my entire period of a Graduate Assistant appointment.
- I have both ISU's student group plan and another policy for maximum protection.

Signature: _____ Date: _____ Print Name: _____

THIS FORM IS TO BE COMPLETED AND RETURNED TO YOUR SUPERVISOR

<u>Term</u>	<u>Coverage Begins</u>	<u>Coverage Ends</u>	<u>Cost</u>
Spring 09	1-08-09	5-17-09	\$161
Summer 09	5-18-09	8-16-09	\$116
Fall 09	8-10-09	1-10-10	\$161
Spring 10	1-07-10	5-16-10	\$161
Summer 10	5-17-10	8-22-10	\$116

If your Assistantship begins before (or lasts beyond) these dates you need coverage for the previous (or following) term.

Note: This signed certification should be retained by the appointing unit for 1 year. An Insurance Certification form must be signed for each new contract.

Doc: graduate assistantship certification form Jan 09