



**1112.1.1f - UNC-CH Graduate Student Health Insurance Program  
Verification of Student Eligibility  
Plan Year \_\_\_\_\_**

*Please print.*

Student Name: \_\_\_\_\_ Person ID (PID) Number: \_\_\_\_\_

Local Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Local Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

- Student Rank: (check one)
- TA - Teaching Assistant
  - RA - Research Assistant
  - F - Fellow or Trainee

Departments: (list departments in which you are employed or from which you are receiving a fellowship or traineeship award)

_____	_____
_____	_____
_____	_____

Work Hours per Week for Plan Year: (estimate) \_\_\_\_\_ Annual Earnings for Plan Year: (estimate)  
\$ \_\_\_\_\_

Annual Fellowship for Plan Year: (estimate) \$ \_\_\_\_\_

In completing this application for enrollment in the UNC-CH Graduate Student Health Insurance Program, I am assuming full responsibility for verifying that I have reviewed the eligibility requirements below and confirm that I meet all of the requirements necessary for eligibility. Unless I have marked out this sentence, I voluntarily give permission to UNC-CH to release my Social Security Number to the insurance carrier for its use in connection with my participation in its health insurance program. Additionally, I authorize that the Campus Health Services may release any pertinent medical information relative to the treatment rendered by the Campus Health Services so that Blue Cross and Blue Shield of North Carolina may reimburse the Campus Health Services for charges incurred for my treatment.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

**1. Eligibility Criteria** - For the plan year, graduate students must meet the following criteria to be eligible for coverage:

- a. The student must be registered as a full-time graduate student in good standing at the University.
- b. The student's service and non-service appointments must be based on academically related endeavors within an academic program/department. The student must be functioning as a Teaching Assistant, Research Assistant, Fellow, or Trainee.
- c. The student must receive compensation for services as a Teaching Assistant or Research Assistant or receive a fellowship or traineeship award during a policy year from an appropriate source of University funds related to their academic appointment(s). Tuition remission, compensation for services as a temporary student employee, or payments received directly from an affiliated foundation or other external entity do not apply to these eligibility criteria.
- d. For plan year **2016 - 2017** the minimum compensation or award should be **\$5,700.00**.

**2. Other Provisions of the Health Insurance Plan** - The following provisions also apply:

- a. The policy year is August 1 through July 31.
- b. Effective Aug. 1, 2014, the GSHIP plan can no longer be offered as an employee-offered plan and thus enrollees will not have access to COBRA upon plan termination. The COBRA benefit will end as of July 31, 2014, for all current COBRA enrollees and those who would have been eligible to sign up for COBRA on the basis of their GSHIP coverage ending within the previous 60 days.
- c. The same sources of funds, which provide financial support to the graduate student, must also pay the proportionate cost of the health insurance premiums with one exception. If the source of funds include Federal Work-Study program funds, the employing department is responsible for the proportionate share of the health insurance premiums. If a graduate student is being paid from an outside source directly and is not being paid by University funds through University payroll, accounts payable or receiving funds through their student account, then they are not eligible for graduate student health insurance.
- d. The program will be managed as a supplemental policy to students currently receiving coverage through Campus Health Services.
- e. Students must first pay the campus health fee, billed per semester at the Office of Student Accounts and University Receivables in order to be eligible for the additional coverage provided under this policy. If the University has another policy that permits the waiver of fees, the student can still be eligible for the insurance policy.
- f. If an eligible student graduates, withdraws from the University, or ceases to perform work in his or her academic program/department before the required compensation level is earned, the insurance coverage will be terminated as authorized by the program(s)/department(s). The student may seek insurance through the Healthcare exchange or through employer-based coverage. If the student is still enrolled, but no longer qualifies for GSHIP, they may qualify to enroll in the UNC system-wide mandatory health insurance plan. This provision does not apply to students who withdraw under the University Medical Withdrawal Process.
- g. When the spring semester has ended, the eligible student continues to be covered under the Graduate Student Health Insurance Program from the period June 1 through July 31 as long as the student will be enrolled in the upcoming fall semester. The student does not have to attend summer session to be covered. However, the student must pay the campus health fee for the summer sessions in order to receive services at Campus Health Services.
- h. When an eligible student graduates, the student must be removed from the insurance program. Students who graduate in December must be removed effective December 31. Students who graduate in May must be removed effective May 31.

- i. If the graduate student is not functioning as a Research Assistant (RA), Teaching Assistant (TA), Fellow or Trainee for either the Fall or Spring semester, and if the program/department documents extenuating circumstances to substantiate the appropriateness to continue insurance coverage for both the Fall and Spring semesters, then an exception for criteria 1b above can be considered.

3. Premium cost:

For plan year **2016-2017**, the premium cost per student for annual coverage under this program is **\$3,399.24 (\$283.27 per Month)**

**Return Form to Departmental Manager**