Dedman Eligibility Requirements (You must meet *ALL* requirements to qualify for coverage):

[ ]  I am/will be enrolled in a Dedman College Ph.D. program.

[ ]  I am/will be enrolled in 9 credit hours or a full-time status course in the Fall 2015 AND Spring 2016 semesters.

[ ]  I am within 5 years of my initial Ph.D. program matriculation date (Fall/August 2011 to present/Fall 2015).

[ ]  I will receive at least $10,000 in graduate support, beyond a tuition waiver, for the 2014-2015 academic year (i.e., Research

 Assistantship, Teaching Assistantship, stipend or grant).

Important Notes:

* All graduate students will be required to enroll themselves in the graduate insurance program each semester via Access.smu.edu as prompted by the Memorial Health Center beginning in April 2015 for current students. Your administrative assistant will submit the information below for entry of financial award, which will be cross-checked by the Dedman Dean’s Office and then approved when eligibility has been verified (early August 2015).
* If your parent, spouse, or other entity will cover your health insurance for the duration of the 2015-2016 academic year, please select the “WAIVE” option below. You will need to provide the Memorial Health Center with proof of insurance *each semester* otherwise a fee for the university insurance will be automatically applied to your account by the health center.
* Proof of insurance coverage is required for every student at SMU *each semester*. If you *waive* coverage by Dedman College, a fee will automatically be assessed to your student account by the Memorial Health Center.
* Failure to submit your enrollment information on time may jeopardize support from the Dean’s Office ($1,731/annually or $865.50/semester) and cause the costs to be borne by the student for the 2015-2016 academic year.

**Submit completed form to your department’s administrative assistant.**

First Name (printed) Last Name (printed)

**Your insurance card will be mailed to the home address listed on your student account in Access.smu.edu.**

Gender \_\_\_M \_\_\_F SMU ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (MM/DD/YYYY) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Ph.D. program matriculation date (*indicate semester and year)*

Coverage Period (*indicate “Full Academic Year”, “Fall Semester only”, or “Spring semester only”*).

Check ONE option below, sign, and return to your department administrative assistant.

[ ]  I ***ACCEPT*** the Academic HealthPlan Insurance provided by Dedman College.
*Acceptance of insurance coverage by Dedman College means that you meet the minimum eligibility requirements stated above.*

 **OR**

[ ]  I ***WAIVE*** the Academic HealthPlan Insurance provided by Dedman College.

*Waiver of insurance coverage by Dedman College means that you may meet the minimum eligibility requirements stated above, but have other insurance coverage, or that you do not meet the minimum eligibility requirements and will be responsible for all coverage fees*.

Signature