Graduate Student Health Insurance Enrollment Form AY 2013-2014

Submit to Department Administrative Assistant by July 1, 2013
Enrollments will *NOT* be accepted after August 1, 2013
No exceptions will be made

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 2013 AND Spring 2014 semesters.
- ☐ I am within 5 years of my initial matriculation date (Fall/August 2009 to present/Fall 2013).
- ☐ I will receive at least $10,000 in graduate support, beyond a tuition waiver, for the 2013-2014 academic year (i.e., Research Assistantship, Teaching Assistantship, stipend or grant).

- If your parent, spouse, or other entity will cover your health insurance for the duration of the 2013-2014 Academic Year, please select the "WAIVE" option below.
- Please note that proof of insurance coverage is **required** for every student at SMU each semester. If you choose to *waive* coverage by Dedman College due to enrollment in other insurance coverage or if you do not meet the minimum eligibility requirements, a fee will be assessed to your student account. If applicable, contact the SMU Memorial Health Center for information on how to provide your insurance coverage to have the student fee removed.

First Name (printed) Last Name (printed)

Your insurance card will be mailed to you utilizing your current mailing address in Access.smu.edu. PLEASE MAKE SURE YOUR ADDRESS IS CURRENT AND LOCAL in Access.smu.edu to avoid delays in receiving your insurance card.

Gender ☐M ☐F SMU ID Number _____ Date of Birth (MM/DD/YYYY) _____

Department

Coverage Period (*please indicate "Full Academic Year", "Fall Semester only", or "Spring semester only"*). **This cannot be changed after the August 1, 2013 enrollment deadline.**

DO NOT ATTEMPT TO REGISTER ONLINE.
Submit this form to your department administrative assistant.

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

☐ I wish to ***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 wish to ***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

THIS FORM IS FOR DEPARTMENT USE ONLY
The Department is required to keep these forms on file for the duration of the 2013-2014 academic year.

NOTE: The SMU Memorial Student Health Center sends out e-mail requests to WAIVE or ELECT student health insurance via Access.smu.edu multiple times each semester. Please read those e-mail messages carefully:

- If you are eligible and *ACCEPT* the Dedman College coverage, complete this form, return it to your department administrative assistant, and *WAIVE* the insurance via Access.smu.edu when prompted.
- If you *ELECT* the insurance via Access.smu.edu your student account will be charged for the premium each semester.
- If you ***ignore*** the Memorial Health Center's messages without verifying your health insurance enrollment status and coverage, you will be held responsible for any fees assessed to your student account.