



Name: \_\_\_\_\_ OSU ID#: \_\_\_\_\_ Domestic \_\_\_\_\_

Address: \_\_\_\_\_ International \_\_\_\_\_

Phone: \_\_\_\_\_ Department: \_\_\_\_\_ Office Manager: \_\_\_\_\_

### Triple May Premium

The continuation plan includes coverage for July, August and September. To be eligible for summer coverage, a Graduate Fellow must be returning as a student enrolled in the Graduate School the following summer or fall term.

**Form is due by 5:00 pm on May 01, 2018**

**Insurance Plan Type:**

- Student Only
- Student + Spouse/Domestic Partner
- Student + Child(ren)
- Student + Family

**Total Premium Cost for  
July, August and September 2018**

\$1175.49  
\$2429.28  
\$2053.05  
\$3306.60

Health Plan Option ~	Total Cost July, August & September	88% Employer Contribution including 50% admin fees	<b>12% Employee cost including 50% admin fees (to be charged to account)</b>
Employee Only	1175.49	1020.75	<b>154.74</b>
Employee & Spouse/Partner	2429.28	2124.09	<b>305.19</b>
Employee & Child(ren)	2053.05	1793.01	<b>260.04</b>
Employee & Family	3306.60	2896.14	<b>410.46</b>

**Family members, I would like to cover on my health insurance:**

\_\_\_\_\_  
Last name, First name                                  Gender                                  Relationship                                  Date of Birth

\_\_\_\_\_  
Last name, First name                                  Gender                                  Relationship                                  Date of Birth

\_\_\_\_\_  
Last name, First name                                  Gender                                  Relationship                                  Date of Birth

*By signing below, I agree that my participation in the summer session health insurance program is voluntary. I confirm that I have reviewed the terms and conditions on the back of this form. **To participate in the summer insurance continuation coverage, I must submit this form to OSU Student Health Services no later than May 01, 2018 by 5:00 pm.** I understand that the University will triple charge my account in the month of May for my 12% portion of the summer coverage premiums and half of the administrative fees to cover me for the months of July, August and September 2018. I understand that I am fully responsible for paying the charges on my OSU student account and that failure to do so will result in finance charges being charged to my account. **If I decide to cancel this application, I agree to notify the Student Health Insurance office no later than May 01, 2018 by 5:00 pm.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Summer Insurance Continuation Plan Terms and Conditions**

**ELIGIBILITY REQUIREMENT:** Any Graduate Fellow with a fall, winter or spring term fellowship who is enrolled as a graduate student at Oregon State University the following summer or fall term. If you are currently waived out of PacificSource, you will need a qualifying event, such as loss of other coverage, to enroll for the summer insurance.

**Dependent Eligibility:** dependents are **only** eligible if they are already showing active on your current plan. To add dependents outside of open enrollment you must have a qualifying event such as marriage, birth, loss of other group coverage, etc.

**NOTE: If you are graduating spring term, or are not attending the following summer or fall term, then you are NOT eligible for this plan.**

**ENROLLMENT DEADLINE:** The deadline to submit this form is **May 1<sup>st</sup> by 5:00 p.m.**

**PAYMENT PROCEDURE:** The University will triple charge the OSU student account in the month of May for the cost of the Summer Health Insurance premiums and administrative fees for the months of July, August and September. This charge will occur at the end of the month of May. The costs based on plan type are detailed on the first page of this form.

**FALL TERM RE-ENROLLMENT REQUIRED:** The Graduate Fellow Summer Continuation plan runs from **July 1 to September 30 only**. If you receive a graduate fellowship or graduate assistantship during fall term 2018, you are **required** to submit a new PacificSource insurance enrollment form to the SHS Insurance Office by October 1<sup>st</sup>.

Open Enrollment for PacificSource insurance is the month of October, the first month of each academic term (October, January, April or July), or within 30 days of the start of your position).

**Contact for information:**

**Audrey Roberson**

Graduate Insurance Coordinator

OSU Student Health Services

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