

Summer Session 2019 Insurance Opt-Out: Graduate Assistants

Name (Last, First)			OSU ID number
Street Address			Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip code	Date of Birth / /
Email Address	Phone number		Department
Citizenship <input type="checkbox"/> International Student – I attend OSU on a student visa <input type="checkbox"/> Domestic Student – I am a U.S. citizen or legal resident of the United States (including green cards)			

Reason for Declining (check one):

- I am covered by another health insurance plan during the summer term **AND** I do not have a summer term Graduate Assistant appointment
(If you have another insurance plan, and you WILL have a Graduate Assistant appointment during summer term, then you must complete the full Waiver Application to cancel summer insurance)
- I am graduating prior to summer term and am not eligible for summer insurance
- I will not return either summer or fall term as a student in the Graduate School
- Other reason for declining:

By signing below I acknowledge that I have been offered PacificSource Health Insurance by Oregon State University. I voluntarily choose not to enroll myself and my dependents on the summer session plan at this time, or recognize that due to graduation I am not eligible for summer coverage. I understand that the next opportunity to enroll will be during the fall term open enrollment period, should I qualify for coverage by holding a Graduate Assistantship or Graduate Fellowship. I understand that the summer prepaid health premiums will be refunded and that I will not have coverage with PacificSource during the summer months: July, August and September. I understand that this form must be submitted no later than **Wednesday, May 01, 2019** in order to opt-out.

Signature

Date