## Drexel University Payroll Deduction Plan for Graduate Student Health Insurance Academic Year 2022-2023

**Instructions**: This form should be used by full-time doctoral students enrolling in the university's Health Insurance Subsidy and has chosen the <u>Drexel sponsored plan</u> to cover any remaining balances

Name:	First	Middle	Last	Student ID		
Street A	Address			Apartment Number		
City			State	Zip Code		
Acaden	nic Departme	ent and College/School:				
Do you	have an ann	ual stipend eligible appoint	ment? Yes N	o		
*Depai	rtmental lett	er or Personnel Action Fo	orm must include st	ipend and the length of appointment.		
Check amount of 2022 - 2023 Dependent:						
Enrolling in the insurance subsidy plan (see plan information on Aetna website for premium)						
Step	1: Locate the	premium amount of your <u>I</u>	Drexel sponsored pla	<u>n</u>		
Step 2: Calculate the differences between the premium dependent plan and the awarded subsidy Amount						
Step 3	3: Divide the	premium from Step 2 by 9	months (October 20	022 – June 2023)		

## Student's Statement:

I authorize Drexel University to deduct the above amount from each of the nine expected paychecks of my current employment. Should I reduce the term of my appointment for whatever reason, I understand that it is my responsibility to notify the Payroll Office at least 30 days before my final paycheck. In this case I authorize Drexel University to deduct any remaining balance from my final paycheck. Finally, I understand that an administrative hold will be placed on my records should I fail to complete payment for the period that I am enrolled in the health plan. Should the processing of this application not be timely and the first payroll deduction is not made as expected, I understand that this deduction will be added to my second paycheck.

Applicant's Signature	Date	
Approved by:		
Graduate College	Signature	Date
Bursar's Office	Signature	Date
Payroll Office	Signature	Date