Drexel University
Payroll Deduction Plan for Graduate Student Health Insurance
Academic Year 2024-2025

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

_____ _____
Name: First Middle Last Student ID

_____ _____
Street Address Apartment Number

_____ _____ _____
City State Zip Code

Academic Department and College/School: _____

Do you have an annual stipend eligible appointment? Yes ____ No _____

***Departmental letter or Personnel Action Form must include stipend and the length of appointment.**

Check amount of 2024 - 2025 Dependent:

Enrolling in the insurance subsidy plan (see plan information on United Healthcare website for premium)

☐Step 1: Locate the premium amount of your Drexel sponsored plan _____

Step 2: Calculate the differences between the premium dependent plan and the awarded subsidy Amount _____

Step 3: Divide the premium from Step 2 by 9 months (October 2024 – June 2025) _____

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