

Drexel University
Payroll Deduction Plan for Graduate Student Health Insurance
Academic Year 2019-2020

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: _____

Appointment (Check One) – *Must be for the full academic year:* TF RF GA NRSA

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

Check Amount of 2019-2020 Dependent:

Enrolling in the insurance subsidy plan ([see plan information on Aetna 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 2019 – June 2020) _____

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 _____