

**Drexel University**  
**Payroll Deduction Plan for Graduate Student Health Insurance**  
**Academic Year 2021-2022**

**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 2021 - 2022 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 2021 – June 2022) \_\_\_\_\_

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 \_\_\_\_\_