Drexel University Payroll Deduction Form for

Graduate Student Health Insurance

Academic Year: 2007-08 Name: First Middle Last Student ID Street Address Apartment Number City State ZIP Code Academic Department: Appointment (check one) - must be for the full academic year: \square RA \Box TA \Box GA *Attach copy of offer/appointment letter or Personnel Action Form with salary/stipend mentioned. Check amount of 2007-08 premium (student only): ☐ \$1022 – Blue Plan □ \$2566 – Gold Plan If you have dependents on the plan, please supply your premium cost: \$ Check amount to be deducted each paycheck (Oct-June): □ \$113.56 – Blue Plan □ \$285.12 – Gold Plan If you have dependents on the plan, please supply your monthly deduction (total premium divided by 9 months): \$ 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 my 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 Studies Office Signature Date Bursar's Office Signature Date

Signature

Date

Payroll Office