Health Insurance Enrollment
Payroll Deduction Authorization Form
Academic Year 2005-2006

I____, hereby authorize the University of Miami to deduct from each payroll check the amount necessary to pay for the cost of my health insurance. I understand that the total health insurance premium through the payroll deduction program for the 2005-2006 academic year beginning August 15, 2005 and ending August 15, 2006 is $1,447 for Domestic and $1,292 for International Graduate Students. The premium will be deducted from my payroll check in equal monthly payments ending in April 2005. **Application deadline: September 1, 2005**

❑ Domestic Graduate Student ❑ International Graduate Student

Assignment: ______________________ Department: ____

Assignment Dates: _____________________ Advisor: ____

Payroll Deductions will be as follows:

Domestic Graduate Students ($1,447 Annual Premium)	**International Graduate Students** ($1,292 Annual Premium)
___ 9 months = $160.77 - Submit prior to 8/15/2005	___ 9 months = $143.55 - Submit prior to 8/15/2005
___ 8 months = $180.88 - Submit prior to 9/15/2005	___ 8 months = $161.50 - Submit prior to 9/15/2005

Please mail the health insurance card to:
(please print)

Last Name ____ First Name ______________________________________

Social security number or Student ID___________________________ Date of Birth____________________ ❑ Male ❑ Female

Address ____

City ____ State ____________________ Zip code __________________

Telephone Home _______________ Telephone Work _______________ E-mail address ____________________________

My signature at the end of this statement certifies that I understand the following:

1. I am responsible to pay for the health insurance premium in full and will contact the Health Center at 305-284-5921, and pay any outstanding balances before terminating my training with the University of Miami.

2. I understand that my insurance policy will **TERMINATE** should my assignment end or I leave the University of Miami prior to full payment of the premium.

3. My signature at the end of this statement certifies my authorization to the University of Miami to DEDUCT the appropriate amount from my payroll check for Health Insurance coverage from August 15, 2005 to August 15, 2006.

THIS ENROLLMENT IS NON-REVOKABLE

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Signature Date

Return the ORIGINAL form to:

REGULAR MAIL
STUDENT HEALTH CENTER
Attention: Jackie Ledon
5513 Merrick Drive
Coral Gables, FL 33146

OR

INTEROFFICE MAIL
STUDENT HEALTH CENTER
Attention: Jackie Ledon
Locator Code: 5310

For further insurance information, brochures, applications, etc. refer to: www.miami.edu/student-health