June 1 , 2004

To: Deans, Directors, Department Chairs, Human Resources Facilitators and Business Managers

From: Elmira Mangum, Ph. D., Associate Provost for Finance and Human Resources
        Dennis Press, University Controller
        J. Robert Wirag, Director, Student Health Service

Re: Graduate Student Health Insurance Program - Enrollment for 2004-2005 and Other Issues

        Effective August 15, 1996 the University provided individual health insurance coverage to eligible graduate students under the UNC Student Health Plan and the Blue Cross Blue Shield of North Carolina supplemental plan administered through Hill, Chesson and Associates. The insurance program for graduate students is separate from insurance programs for Clinical Fellows, Postdoctoral Trainees, and Postdoctoral Research Associates. The purpose of this memorandum is to provide information regarding the 2004-2005 enrollment process for the Graduate Student Health Insurance Program as well as other pertinent information. The 2004-2005 policy year is from August 15, 2004 through August 14, 2005. The information in this memorandum pertains to the following:

- **Eligibility Criteria of the Health Insurance Plan**
- **Other Provisions of the Health Insurance Plan**
- **Student Eligibility Verification**
- **On-Line Enrollment Process**
- **Methods of Payments to Graduate Students**
- **Insurance Payment Premium Procedures**

        The information in this memorandum is the result of extensive discussions among academic and administrative departments concerning appropriate procedures and practices for the Graduate Student Health Insurance Program. Your additional comments regarding the efficiency and effectiveness of the procedures and practices are most welcome as efforts to improve the program administration continue.

Eligibility Criteria of the Health Insurance Plan

For the 2004-2005-plan year, graduate students must meet the following criteria to be eligible for coverage:

1. The student must be a registered (for a minimum of 3 credit hours) graduate student in good standing at the University.

2. The student's service and non-service appointments must be based on academically related endeavors within an academic department. The student must be functioning as a **Teaching Assistant, Research Assistant, Fellow, or Trainee**.

3. The student must receive compensation for services as a Teaching Assistant or Research Assistant or receive a fellowship or traineeship award of not less than a total of $2,667 during a policy year from an appropriate source of University funds related to their academic appointment(s). If the student's only income sources are tuition remission, compensation for services as a temporary student employee (being paid on an object code in the 14XX range), or if payments are received directly from an affiliated foundation or other outside sources, the graduate student is not eligible for gradate student health insurance.

Other Provisions of the Health Insurance Plan

The following other provisions of the health insurance plan also apply:

1. The policy year is August 15 through August 14.

2. The same sources of funds, which provide financial support to the graduate student, must also pay the proportionate cost of the health insurance premiums. If a graduate student is being paid from an outside source directly and is not being paid by University funds through UNC payroll or accounts payable, then they are not eligible for graduate student health insurance.

3. The 2004-2005 premium cost per student for annual coverage under the program provided through Blue Cross Blue Shield is $1,302.00 ($108.50 per month).

4. The program will be managed as a supplemental policy to students currently receiving coverage through Student Health Service.

5. Students must first pay the student health fee ($156.00 per semester for FY 2004-2005) at the Cashier's Office in order to be eligible for the additional coverage provided under this policy.

6. If an eligible student graduates, withdraws from the University or ceases to perform work in his or her academic program before the required compensation level of $2,667 has been earned, the insurance coverage will be terminated as authorized by the department(s). The student may continue the coverage through the end of the policy year by paying the premiums from personal funds. This provision does not apply to students who withdraw under the University Medical Withdrawal Process. When an eligible student graduates, the student must be removed from the insurance program. Students who graduate in December must be removed effective January 14. Students who graduate in May must be removed effective June 14.

7. When the spring semester has ended, the eligible student continues to be covered under the Graduate Student Health Insurance Program from the period of May 15 through August 14 as long as the student will be enrolled in the upcoming fall semester. The student does not have to attend summer session to be covered. However, the students must pay the student fees for the summer.

Student Eligibility Verification

A **Verification of Student Eligibility** form is provided as **Attachment II**. The form documents that the graduate students acknowledge responsibility for confirming their eligibility for the health insurance plan. The form should be completed by the student and retained by each department that provides enrollment information for the health insurance plan. **A department should not enroll a graduate student in the Graduate Student Health Insurance Program until they have received the Verification of Student Eligibility form**. Accounting Services does **not** need a copy of this form.

On-Line Enrollment Process

The on-line enrollment process for the Graduate Student Health Insurance Program will be available for the 2004-2005-enrollment as of **July 12, 2004**. The student's home department should enroll the student in the Graduate Student Health Insurance Program. In order for health care services to be provided by the Student Health Service, **the student's home department is encouraged to enroll the students in July after the student has registered. Failure to enroll students early may result in student's having to pay out-of-pocket for healthcare services. Attachment I** is the screen layout for the Enrollment and Change Form in the on-line enrollment system. The on-line enrollment function can be accessed by choosing option 3 from the Electronic Forms System main menu or by selecting Student Health Insurance from the HSL menu. If the on-line enrollment system is not accessible by your department, a photocopy of Attachment I should be used for enrollments. The departmental contact should sign the completed form and mail to Angela Testerman in Accounting Services.

The on-line file of active enrollments for 2003-2004 will be carried forward to 2004-2005 so that the student's name, social security number, address, telephone number, and date of birth will not have to be entered for the new policy year. Also, the enrollment date will display as 08-15-2004 during the initial enrollment period. However, it will be necessary to enter the student's rank code, the department's number and contact person, and the annual award amount for 2004-2005. **Please make every effort to verify the student's address from the enrollment paperwork is the correct address in the enrollment system.**

Attachment I is the screen layout for the Enrollment and Change Form. The data entry instructions below refer to this screen. Although eligible graduate students can be enrolled in the health insurance plan throughout the year, the initial enrollment period will be from **July 12, 2004** through **September 14, 2004**. The effective date of coverage for students enrolled during the initial enrollment period will be August 15, 2004. For students enrolled after September 14, 2004, the effective date of coverage will be the most recent 15th of the month unless a retroactive enrollment is approved. To request a retroactive enrollment, a written justification should be submitted to John Carlson in Accounting Services.

The on-line enrollment screen is used to enter and maintain graduate student health insurance program data. It is keyed on the student's PID. After the PID is entered, demographic information on the student is transferred from the Student Information System (SIS). Students without a valid PID and an appropriate SIS record cannot be enrolled until the SIS record is created. Also included on the enrollment screen are up to 8 lines of departmental data that are salary/award sources for that student. **Placing the cursor on a data field and pressing PF12 can access Field sensitive help**. Fields with help text are listed under each section.

Data Entry - Student Information

1. Enter the PID number of the student in the top right of the screen. Press enter. If the student is already in SIS, some of their demographic data will be retrieved and displayed on the screen. This data can be overwritten, but the changes will only be reflected in this system. When a graduate student is enrolled on the program with a temporary social security number, you must update the enrollment screen, SIS and Payroll when the permanent number is issued. **No modifications made in this screen will be reflected in the Payroll System or SIS.** If there is no SIS record for the student, enrollment cannot proceed until the SIS record is created.

2. If the student was properly enrolled in the insurance program, the previously entered data will appear. This data can be modified if necessary. If the data does not display, begin by entering the student's name, address phone number, e-mail address (if known), and the date of birth. Help on some of the fields (see Field Sensitive Help section below) is available. Press PF key 12 to view the help text, and then press PF key 12 or enter to return to data entry screen.

3. Press the TAB key to move from field to field.

4. Some fields are validated by data type. See validation rules below.

5. All required fields (refer to list below) must be entered and validated before departmental data can be validated.

Required Fields:

Last Name
First Name
Local Address (including city, state and zip)
Local Phone
Date of Birth

Validation Rules:

PID	**Must be 9 digits (0-9).**
State	**Must be a valid 2 character state abbreviation**
Zip code	**Must be 5 digits (0-9).**
Local Phone	**Must be 7 digits (0-9).**
Date of Birth	**A valid date in the form MM-DD-CCYY (ex. 01-31-1974)**

Field Sensitive Help:

Student Name
Zip Code
Local Phone
Date of Birth

<div align="center">Data Entry - Department Information</div>

1. The user will also be required to enter departmental data based on the department that was entered in the electronic routing system initial menu.

2. The user will only be allowed to modify department detail lines that correspond to their current department. Other department lines cannot be modified.

3. Press the TAB key to move from field to field.

4. Enter the information on the unprotected (**NOT** white) line. If more than 4 detail information lines are needed, press PF Key 8 to display lines 5 through 8 on the screen. The next open detail information line will display, with your department number pre-filled.

5. Department number will be pre-filled and protected.

6. Delete Code is to be used to mark as invalid your department's detail line. Use one of the codes listed below or place cursor on the field and press PF key 12 to select from a list. The line will not be deleted from the display, but will be flagged as inactive.

7. Removal code is not required initially, but is to represent the last date that the student will be eligible for the graduate student health insurance. This date must always be the 14th of the month.

8. All required fields must be entered and validated before data can be saved. You will be prompted to save the data after the detail data has been entered. **Enter 'Y' to save at that time. If a 'Y' is not entered to save the data, the student will not be enrolled.**

9. A running total of awards are displayed. It is not modifiable.

10. The enrollment dates begin on the 15th and end on the 14th. The initial enrollment date for the program year is August 15. Students graduating in December are enrolled through January 14. Students graduating in May are enrolled through June 14. Students who graduate must be removed from the insurance program using the ending dates listed above. The effective date of coverage for new enrollees will be the most recent 15th of the month unless a retroactive enrollment is approved by Accounting Services.

Required Fields:
Enrolled Date
Rank
Annual Salary or Award

Validation Rules:

Delete Code	**Enter one of the following (IF applicable)**
	G - STUDENT GRADUATED
	W - STUDENT WITHDREW
	E - ERROR
	X – OTHER (Include explanation when using this delete code)
Department Number	**Must be a valid, active department number and must be valid for the Electronic Forms System**
Enrolled	**A valid date in the form MM-DD-CCYY (ex. 08-15-2001)**
Removed	**A valid date in the form MM-DD-CCYY (ex. 01-14-2002)**
Rank	**Must be 21, 22, 23 or NS (Non-service award)**
	(help text/selection list available)
Annual Salary/Award	**Must be positive numeric or 0**

Field Sensitive Help:

Delete Code	**(selection list available)**
Department Number	**Place cursor on department number on any line (use arrow keys) to see the name of that department**
Rank	**(selection list available)**

Note: Accounting Services (department 2235) will maintain the enrollment database and will have the ability to specify the enrolled in and removed from program dates as well as the removed reason.

Methods of Payments to Graduate Students

The following methods of payments to graduate students continue in effect:

1. Compensation through Payroll Services - An EPA Personnel Action (form PD-7) should be processed for service appointments using standard procedures. Graduate students with a teaching assignment are either paid biweekly (object code 1318) or monthly (object code 1317). The rank code for a Teaching Assistant is 21.

   Graduate students with a research assignment are paid either biweekly (object code 1118) or monthly (object code 1117). The rank code for a Research Assistant is 22.

   Pre-Doctoral Fellow trainees are paid on the monthly payroll and their rank code is 23.

2. Payment through Accounts Payable - Fellowship or traineeship payments for non-service awards to graduate students will continue to be paid through Accounts Payable using the Check Request form. The current procedure for use of the Check Request is explained in Procedure 1 of the Accounts Payable section (APY) of the Business Manual. Procedure 1 indicates that fellowship payments must include specific information in section 5 (Explanation of Charges) of the Check Request form. The following information is required in section 5 of the Check Request form.

   - Description of payment (e.g. fellowship)
   - Non-service award for degree-seeking candidate and field of study
   - Period of award, first and last months of payment, number of payments desired
   - Student's permanent address
   - Indication if student is undergraduate or graduate
   - Indication if student is or is not a US citizen (Non-immigrant Information Form, PR-100, must be attached for non-US citizens)

   The expense object code for the payment for students enrolled in the insurance program should be one of the following:

   6511 - Appropriated Non-Service Scholarships
   6512 - Appropriated Non-Service Fellowships
   6522 - Minority Presence Graduate Grants
   6551 – Teachers Scholarship
   6561 - Minority Medical/Dental Grants
   6571 - Trainee Degree Stipends
   6585 - Incentive Scholarship Native American
   6593 - Other Non-Service Scholarships
   6594 - Other Non-Service Fellowships
   6971 - Science/Engineering Fellowships

Insurance Payment Premium Procedures

Hill, Chesson and Associates bill the University on a monthly basis for the insurance premium costs of the Graduate Student Health Insurance Program. The premium amount of $108.50 per student per month is billed. The University pays the premium from a central clearing account, and a journal entry is processed by Accounting Services to distribute the premium expenses among the departments. The same sources of funds that provide financial support to the graduate student must also pay the proportionate cost of the health insurance premiums. A summary of the funding sources used and the premium payment process follows.

1. Academic Affairs Budget Code
    a. Appropriations and General Receipts Supported - Premium expenses are charged to the departmental account, object 1836 when the payment to the graduate student represents a salary and to object 6596 when the payment to the student represents a fellowship. Budget is automatically transferred from central budget code pool to the departmental account to fund expenses.
    b. Receipt-Supported - Premium expenses are charged to the departmental account, object 1836.

2. Health Affairs Budget Code
    a. Appropriations and General Receipts Supported - Premium expenses are charged to the departmental account, object 1836. Expense is automatically reimbursed from central budget pool to the departmental account to fund expenses.
    b. Receipt-Supported – Premium expenses are charged to the department account, object 1836.

3. Contracts and Grants, Overhead Receipts, other Institutional Trust Funds and Special Funds - Premium expenses are charged to the contract or grant, institutional trust, or special fund account, object 1836 when the payment to the graduate student represents a salary and to object 6596 when the payment to the graduate student represents a fellowship or traineeship.

Premium expenses for a particular month are prorated among each student's salary, fellowship, and traineeship sources of the previous month. For example, the premium expenses for the enrollment month of March 15 through April 14 are posted in March and are prorated based on the student's salary, fellowship, and traineeship sources for the calendar month of February. The initial enrollment information will be available in mid-September and then must be compiled and transmitted to Hill, Chesson and Associates. Therefore, the first premium expense posting for the new plan year will not occur until October and will represent the premiums paid for the 2-month period from August 15, 2004 through October 14, 2004. The student's salary, fellowship, and traineeship sources for the calendar months of August and September will be used to prorate the first premium.

Please notify the following individuals regarding your questions or comments. Thank you for your continued efforts regarding the Graduate Student Health Insurance Program.

Issue	Contact	Phone	Email
Off. Of Sponsored Research	Scott Blackwood	962-4675	scott_blackwood@unc.edu
Process	John Carlson	962-5606	jrcarlso@email.unc.edu
Process	Angela Testerman	962-7793	angela_testerman@unc.edu
Policy	Elmira Mangum	962-1091	elmira_mangum@unc.edu
Student Health Services	J. Robert Wirag	966-6603	wirag@email.unc.edu
On-Line Process (technical)	Tonya Holeman	966-5791	tonya_holeman@unc.edu
	John Stanley	966-5794	john_stanley@unc.edu
Hill, Chesson & Associates	Dan Hill, Dax Hill	967-5900	email@hillchesson.com
	Kimsey Smart		kimsey@hillchesson.com

```
          UNC-CH GRADUATE STUDENT HEALTH INSURANCE PROGRAM    Attachment I
                  ENROLLMENT AND CHANGE FORM


 Name(last)         (first)        (middle)   STUDENT ID      _____

 _____  _____   _        SOC SEC NUM:    _____

 LOCAL ADDRESS:  _____
 CITY:          _____  STATE: __    ZIP: _____

 EMAIL:         _____  LOCAL PHONE:  ___ - ____

 ENROLLED IN PROGRAM EFFECTIVE:  __ __ ____    DATE OF BIRTH: __ __ ____
 REMOVED FROM PROGRAM EFFECTIVE: __ __ ____
 REASON: _____      SEX: _
 DEL                                                        ANNUAL SAL
 CODE DEPT NO  ENROLLED   REMOVED   RANK(1)   DEPT CONTACT      /AWARD
                                                          $ _____
 _   ____    __ __ ____  __ __ ____  __  _____  $ _____
 _   ____    __ __ ____  __ __ ____  __  _____  $ _____
 _   ____    __ __ ____  __ __ ____  __  _____  $ _____
 _   ____    __ __ ____  __ __ ____  __  _____  $ _____
                                                     TOTAL  _____
 057. ENTER ID NUMBER.  PRESS ENTER.
 PF16 SOUNDEX   PF17 DEPT XREF   PF19 ALPHA LIST
```

UNC-CH Graduate Student Health Insurance Program
Verification of Student Eligibility
Plan Year 2004-2005

Please print.   **Attachment II**

Student Name: _____   Person ID (PID) Number: _____

Social Security Number:_____

Local Address:_____

City:_____   State:_____   Zip:_____

Email Address_____   Local Phone Number_____   Date of Birth_____   Sex:____

Student Rank: (check one)   _____ TA - Teaching Assistant
                                                _____ RA - Research Assistant
                                                _____ F - Fellow or Trainee

Departments: (list departments in which you are employed or from which you are receiving a fellowship or traineeship award)

_____   _____

_____   _____

_____   _____

Work Hours per Week for 2004-2005: (estimate) _____   Annual Earnings for 2004-2005: (estimate) $_____
                                                                                         Annual Fellowship for 2004-2005: (estimate) $_____

In completing this application for enrollment in the UNC-CH Graduate Student Health Insurance Program, I am assuming full responsibility for verifying that I have reviewed the eligibility requirements below and confirm that I meet all of the requirements necessary for eligibility. Unless I have marked out this sentence, I voluntarily give permission to UNC-CH to release my Social Security Number to the insurance carrier for its use in connection with my participation in its health insurance program. Additionally, I authorize that the Student Health Service may release any pertinent medical information relative to the treatment rendered by the Student Health Service so that Blue Cross and Blue Shield of North Carolina may reimburse the Student Health Service for charges incurred for my treatment.

_____   ____/____/____
Student's Signature   Date

1. **Eligibility Criteria** - For the 2004-2005 plan year, graduate students must meet the following criteria to be eligible for coverage:
   a. The student must be a registered (for a minimum of 3 credit hours) graduate student in good standing at the University.
   b. The student's service and non-service appointments must be based on academically related endeavors within an academic department. The student must be functioning as a Teaching Assistant, Research Assistant, Fellow, or Trainee.
   c. The student must receive compensation for services as a Teaching Assistant or Research Assistant or receive a fellowship or traineeship award for a total of not less than $2,667 during a policy year from an appropriate source of University funds related to their academic appointment(s). Tuition remission, compensation for services as a temporary student employee, or payments received directly from an affiliated foundation or other external entity do not apply to these eligibility criteria.

2. **Other Provisions of the Health Insurance Plan** - The following provisions also apply:
   a. The policy year is August 15 through August 14.
   b. The same sources of funds, which provide financial support to the graduate student, must also pay the proportionate cost of the health insurance premiums.
   c. The premium cost per student for annual coverage under the program provided through Blue Cross Blue Shield is $1,302.00 ($108.50 per month).

d. The program will be managed as a supplemental policy to students currently receiving coverage through Student Health Service.

e. Students must first pay the student health fee at the Cashiers Office in order to be eligible for the additional coverage provided under this policy.

f. If an eligible student graduates, withdraws from the University, or ceases to perform work in his or her academic program before the required compensation level of $2,667 is earned, the insurance coverage will be terminated as authorized by the department(s). The student may continue the coverage through the end of the policy year by paying the premiums from personal funds. This provision does not apply to students who withdraw under the University Medical Withdrawal Process.

g. When the spring semester has ended, the eligible student continues to be covered under the Graduate Student Health Insurance Program from the period May 15 through August 14 as long as the student will be enrolled in the upcoming fall semester. The student does not have to attend summer session to be covered.

Return Form to Departmental Manager