



2016 HEALTHCARE SUBSIDY FORM

☐ New Enrollment ☐ Change

SECTION 1: To be completed by Fellow (within 10 days after appointment begins)

Last Name	First Name	
Address		
City	State	Zip
Home Phone	Work Phone	
Department	Date of Hire	

Health Enrollment Elections (please check one):

☐ Yale Health Plan ☐ Aetna Choice POS II ☐ Aetna Smart Care Plan ☐ Legacy Aetna POS II
☐ Employee ☐ Employee + Child(ren) ☐ Employee + Spouse ☐ Family

SECTION 2: To be completed by Department

Departmental Authorization to Subsidize MEDICAL Coverage for Fellows (select one):

OPTION 1 Yale Health Plan Full Cost*:

☐ SINGLE \$552 ☐ EMPLOYEE + CHILD(REN) \$1,049 ☐ EMPLOYEE + SPOUSE \$1,159 ☐ FAMILY \$1,656

OPTION 2 Legacy Aetna Choice POS II Full Cost*:

☐ SINGLE \$822 ☐ EMPLOYEE + CHILD(REN) \$1,562 ☐ EMPLOYEE + SPOUSE \$1,726 ☐ FAMILY \$2,466

OPTION 3 Aetna Choice POS II Full Cost*:

☐ SINGLE \$735 ☐ EMPLOYEE + CHILD(REN) \$1,397 ☐ EMPLOYEE + SPOUSE \$1,544 ☐ FAMILY \$2,205

OPTION 4 Aetna Smart Care Plan Full Cost*:

☐ SINGLE \$610 ☐ EMPLOYEE + CHILD(REN) \$1,179 ☐ EMPLOYEE + SPOUSE \$1,311 ☐ FAMILY \$1,880

OPTION 5 OTHER* (Please select if you elect to subsidize Aetna coverage at the Yale Health Rate or another flat amount)

☐ Flat Monthly Amount of \$ _____

***All rates are subject to increases at the start of the calendar year.**

REMINDER:

The election indicated above is to be charged to the grant.

"PDF Sub" element should be scheduled at the element level in Labor Distribution (LD).

If the element level schedule is not assigned it will be charged to the assignment level schedule.

Any premium difference for the medical coverage elected by the Fellow will be charged directly to the Fellows stipend check.

DEPARTMENT**: _____

SUBSIDY START DATE: _____ SUBSIDY END DATE: _____

Authorized by: (print full name) _____ Tel # _____

Signature: _____ Date: _____

****PLEASE AUTHORIZE AND SUBMIT TO EMPLOYEE SERVICES BY THE 15TH OF THE MONTH
IN WHICH THE POSTDOCTORAL FELLOW'S APPOINTMENT BEGINS.**

Employee Services: Tel (203) 432-5552 Fax (203) 432-5153 Email: employee.services@yale.edu
221 Whitney Avenue, 1st Floor, New Haven, CT 06520

This section to be completed by Employee Services:

Coverage Effective Date: _____ Processed by: _____ Oracle: _____