2012 SUMMER HEALTH INSURANCE
Continuation Request

Section I-*REQUIRED* ***To Be Filled Out By Current* Student Employee Health Plan (SEHP) enrollee**

Name _____ Emplid _____

Mailing Address _____ Phone _____

Department _____

To the best of my knowledge, I am eligible to be employed as a GSEU Graduate or Teaching Assistantship for Fall 2012 and request summer coverage.

Student Signature	Date

Section II*-REQUIRED** ***To Be Completed By Department

☐ We *expect* to re-appoint the above-named student in a GSEU Graduate or Teaching Assistantship for Fall 2012. (***Expectation to re-appoint for this purpose does not constitute any commitment to the student.)*** Therefore:

- The student is NOT expected to graduate or transfer prior to Fall 2012
- The student has NOT exhausted eligibility for assistantship support prior to Fall 2012
- The student is NOT expected to be appointed in a non-GSEU title (i.e. lecturer, research assistant -RF) for Fall 2012

☐ We **DO NOT** *expect* to re-appoint the above-named student in a Graduate or Teaching Assistantship for Fall 2012

Please base your determination on the information available to you at this time. Timely submission of this request is essential. Only students who are *expected* to return in a GSEU position are eligible to maintain continuous SEHP coverage over the summer. Students not eligible for summer continuation coverage in SEHP are eligible for COBRA coverage and will automatically receive a COBRA application.

_____ _____

Department Representative (Print) Department Representative Signature

_____ _____

Date Phone

Section III (optional)– To waive summer coverage by enrolled F-1/J-1 International Students Returning to their home country for 3 or more months

Your visa requires you to be covered by health insurance at all times. You may waive summer coverage **ONLY** if returning to your home country for 3 or more months. You must re-enroll for coverage in the fall.

☐ I am returning to my home country for the duration of summer 2012 and therefore wish to cancel my coverage effective June 21, 2012. **I understand that re-enrollment is necessary upon my return.**

Signature_____ **Date**_____

To continue coverage over the summer if eligible,
form **must be returned by APRIL 24, 2012**, via mail or fax, to:

Jennifer Ali
Office of Human Resources Management – UAB 300
Fax: (518) 437-4731
For more information http://hr.albany.edu/content/benefits.asp
Questions: jali@albany.edu **or** Phone: (518) 437-4727

Failure to return this form will result in your health insurance terminating on June 21, 2012.

Retain a copy for your records