

Fellowship/Visiting Scholars 2008/2009 Student Health Insurance Request Form

Departments paying student health insurance premiums for students with a fellowship or visiting scholarship will need to complete the following information and send directly to MSU Human Resources - Benefits Office, 1407 S. Harrison Road, Nisbet Building, East Lansing, MI 48823. Premium rates and important information regarding student health insurance have been provided on the back of this form. Should you have any questions, please contact the Benefits Office at (517) 353-4434 or by e-mail at studentinsurance@hr.msu.edu.

Student Information	
Name (Last Name, First Name)	
Address	
Date of Birth	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
APID# or ZPID#	
Type of Program	<input type="checkbox"/> Fellowship <input type="checkbox"/> Visiting Scholarship
Type of Student	<input type="checkbox"/> Domestic <input type="checkbox"/> International
Department Name(s) Providing Insurance	
Account Numbers(s) being Charged	
Period of Coverage	<input type="checkbox"/> Annual (8/15/08-8/14/09) <input type="checkbox"/> Fall Semester (8/15/08-12/31/08) <input type="checkbox"/> Spring Semester (1/1/09-5/11/09) <input type="checkbox"/> Summer Semester (5/12/09-8/14/09) <input type="checkbox"/> Spring/Summer Semester (1/1/09-8/14/09) <input type="checkbox"/> Weekly for Visiting Scholars Only / / - / /
eJVE Confirmation	An approved eJVE must be processed by the requesting department. The eJVE should state the following information: <input type="checkbox"/> <u>Journal Entry Explanation</u> : Indicate Fellowship or V.S. (whichever is applicable) Health Insurance and the name of student. <input type="checkbox"/> <u>Restricted Data</u> : Enter APID or ZPID <input type="checkbox"/> <u>Premium Credited to</u> : Account #21-3244; Object Code #110 **A copy of the approved eJVE must be accompanied with this form**

*Dependent Information (if applicable)				
Name: (Last Name, First Name)	Relationship	Date of Birth	Social Security #	Gender
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female
				<input type="checkbox"/> Male <input type="checkbox"/> Female

*Enrollment period will be the same as the student.

Print Authorized Name

Authorized Signature

Date

Contact Person

Phone Number

Return forms to:
MSU Human Resources – Benefits Office, 1407 S. Harrison Road, Nisbet Building, East Lansing, MI 48823
Please do not e-mail information due to sensitive data

Important Information to Remember

- **Fellowship** student health insurance requests submitted to the Benefits Office will be enrolled in the Student Health Insurance **Graduate Assistant Enhanced Plan**. Fellowship students *are not eligible* for the **MSU contribution toward dependent coverage**.
- **Visiting Scholar** student health insurance requests submitted to the Benefits Office will be enrolled in the Student Health Insurance **Base Plan**. Visiting Scholar students *are not eligible* for the **MSU contribution toward dependent coverage**.
- If your department is not providing **dependent coverage** for a Fellowship/Visiting Scholar student, the student may elect to voluntarily enroll their dependents in the student health insurance plan. The cost for this coverage would be the responsibility of the student. Forms are available at <http://www.hr.msu.edu/HRsite/Benefits/Students/HealthCov/> or www.chickering.com.
- Students may elect to voluntarily enroll in **Catastrophic coverage**. This would increase their maximum benefit per accident/illness to \$250,000. Coverage must be purchased at the time of initial enrollment for the academic year. The cost for this coverage would be the responsibility of the student. Forms are available at <http://www.hr.msu.edu/HRsite/Benefits/Students/HealthCov/> or www.chickering.com.
- The 2008/2009 coverage period is effective August 15, 2008 through August 14, 2009. If your department would like to provide coverage past August 14, 2009, you will need to complete a 2009/2010 Student Health Insurance Request form. These forms will be available mid-summer, 2009.
- Should you have any questions, please contact the Benefits Office at (517) 353-4434 or by e-mail at studentinsurance@hr.msu.edu.

*2008/2009 Fellowship Student Health Insurance Rates

	Annual	Fall Semester	Spring Semester	Summer Semester	Spring/Summer Semester
Student	\$1,726	\$ 647	\$ 647	\$ 432	\$1,079
Spouse	\$4,927	\$1,848	\$1,848	\$1,232	\$3,079
One Child	\$2,657	\$ 996	\$ 996	\$ 664	\$1,661
All Children	\$3,690	\$1,384	\$1,384	\$ 923	\$2,306

*2008/2009 Visiting Scholar Student Health Insurance Rates

	Annual	Weekly
Student	\$1,390	\$27
Spouse	\$4,008	\$77
One Child	\$2,152	\$41
All Children	\$2,995	\$58

*2008/2009 rates are effective August 15, 2008 through August 14, 2009. New rates will be determined for the 2009/2010 academic year which will be effective August 15, 2009.