

## Fellowship/Visiting Scholars 2011/2012 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, Suite 140 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](mailto:studentinsurance@hr.msu.edu).

Student Information	
<b>Name (Last Name, First Name)</b>	
<b>Address</b>	
<b>Date of Birth</b>	
<b>Gender</b>	<input type="checkbox"/> Male <span style="margin-left: 150px;"><input type="checkbox"/> Female</span>
<b>APID# or ZPID#</b>	
<b>Type of Program</b>	<input type="checkbox"/> Fellowship <span style="margin-left: 100px;"><input type="checkbox"/> Visiting Scholarship</span>
<b>Type of Student</b>	<input type="checkbox"/> Domestic <span style="margin-left: 100px;"><input type="checkbox"/> International</span>
<b>Department Name(s) Providing Insurance</b>	
<b>Account Number(s) being Charged</b>	
<b>Period of Coverage</b>	<input type="checkbox"/> Annual (8/15/11-8/14/12) <input type="checkbox"/> Semi-Annual (8/15/11-2/14/12) <input type="checkbox"/> Fall Semester (8/15/11-12/31/11) <input type="checkbox"/> Spring Semester (1/1/12-5/11/12) <input type="checkbox"/> Summer Semester (5/12/12-8/14/12) <input type="checkbox"/> Spring/Summer Semester (1/1/12-8/14/12) <input type="checkbox"/> Semi-Annual (2/15/12-8/14/12) <input type="checkbox"/> Weekly for Visiting Scholars Only _____ - _____
<b>Internal Billing (IB)</b>	An approved IB must be processed by the requesting department. The IB should state the following information: <input type="checkbox"/> <u>Description</u> : Indicate "Student Insurance." <input type="checkbox"/> <u>Explanation</u> : Indicate if the insurance is for a Fellowship or V.S. (whichever is applicable), the name of student, and period of coverage. <input type="checkbox"/> <u>Secured Field</u> : Enter APID or ZPID <input type="checkbox"/> <u>Income to</u> : Account #AT023244; Object Code #4050 <input type="checkbox"/> <u>Expense to</u> : Account #(determined by Dept); Object Code #6532 <b>**A copy of the approved IB must be accompanied with this form**</b>

*Dependent Information (if applicable)			
Name: (Last Name, First Name)	Relationship	Date of Birth	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, Suite 140 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. Enrollment is available online at [www.aetnastudenthealth.com/msudirect.htm](http://www.aetnastudenthealth.com/msudirect.htm).
- The 2011/2012 coverage period is effective August 15, 2011 through August 14, 2012. If your department would like to provide coverage past August 14, 2012, you will need to complete a 2012/2013 Student Health Insurance Request form. These forms will be available mid-summer in 2012.
- Should you have any questions, please contact the Benefits Office at 517-353-4434 or by e-mail at [studentinsurance@hr.msu.edu](mailto:studentinsurance@hr.msu.edu).

### \*2011/2012 Fellowship Student Health Insurance Rates

	Annual	Semi-Annual	Fall Semester	Spring Semester	Summer Semester	Spring/Summer Semester
Student	\$1,853	\$ 927	\$ 696	\$ 696	\$ 463	\$1,157
Spouse	\$5,117	\$2,559	\$1,921	\$1,921	\$1,279	\$3,195
One Child	\$2,802	\$1,401	\$1,052	\$1,052	\$ 701	\$1,750
All Children	\$3,855	\$1,927	\$1,447	\$1,447	\$ 964	\$2,407

### \*2011/2012 Visiting Scholar Student Health Insurance Rates

	Annual	Weekly
Student	\$1,505	\$29
Spouse	\$4,215	\$81
One Child	\$2,294	\$44
All Children	\$3,167	\$61

\*2011/2012 rates are effective August 15, 2011 through August 14, 2012. New rates will be determined for the 2012/2013 academic year which will be effective August 15, 2012.