

2019-2020 Funded Graduate Student Health Plan Declination Form



Each semester, students enrolled in the Graduate School, degree-seeking, and fully-funded by the University through a qualifying assistantship or fellowship are automatically enrolled in the UK Student Health Plan (SHP) at no cost to the student.

Domestic funded Graduate Students who choose not to be enrolled in UK SHP may submit this completed form to studenthealthplan@uky.edu by the listed deadline. This removes the Domestic Funded Graduate Student from funded health coverage for the designated semester. **Please note that you must decline the SHP each semester that you do not want to be enrolled.**

Fall 2018 Deadline: August 26, 2019
Spring/Summer 2019 Deadline: January 15, 2020

Please Print

Name: _____

UK Student ID number: _____

Email address: _____

Phone number: _____

PLEASE CHOOSE ONLY ONE

- I choose to decline Fall 2019 (Aug 15-Dec 31) funded health coverage.
- I choose to decline Spring/Summer 2020 (Jan 1-Aug 14) funded health coverage.

PLEASE INDICATE WHICH TYPE OF ASSIGNMENT YOU CURRENTLY HAVE

- RA GA TA Fellowship

PLEASE CHECK EACH ITEM CONFIRMING THAT YOU AGREE OR UNDERSTAND

- I confirm that I am not an F-1, J-1 or J-2 visa student.
- I confirm that I have an alternative health insurance plan.
- I understand that the SHP is provided, at no cost, to Funded Graduate students.

My signature below indicates my understanding that I assume full financial responsibility for any medical expenses incurred during the semester marked above. I also understand that I must complete a declination form each semester I wish to decline the Student Health Plan.

Student Signature: _____ **Date:** _____

For SHP Office Use Only:

Date Received: _____ Date Waived in SAP: _____ Completed By: _____