

DEPARTMENT OF \_\_\_\_\_

University of Utah

**DECLARATION TO ACCEPT OR DECLINE SUBSIDIZED STUDENT HEALTH INSURANCE**  
**\_\_\_\_\_ SEMESTER 20\_\_**

----- ***Decline*** -----

- ☐ I decline health insurance coverage through the Graduate Student Health Plan.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (please print): \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_

----- ***Accept*** -----

- ☐ I wish to enroll in the Graduate Student Health Plan

Please check the appropriate selections below:

- ☐ I want to be covered in an individual student plan

I would like to purchase insurance for (Check any and all options that apply):

- ☐ spouse
- ☐ one child
- ☐ children

I certify that I am a fully matriculated graduate student in good standing with at least a 3.0 GPA and am registered as a full time student for \_\_\_\_\_ Semester 20\_\_. I am appointed as either a TA or RA and am receiving tuition benefit.

I understand that if I fail to meet these requirements I will be required to pay the full cost of my insurance for \_\_\_\_\_ Semester 20\_\_. My signature indicates that I understand and meet these requirements, and accept the coverage.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME (please print): \_\_\_\_\_

STUDENT ID NUMBER: \_\_\_\_\_