



HEALTH INSURANCE REIMBURSEMENT
REQUEST FORM

Please refer to the Graduate School policy for Health Insurance for Fellows for eligibility requirements.
Completed form should be sent to Barbara McElroy-Ferguson, 2123 Lee Building or baf@umd.edu.

REQUIRED INFORMATION:

NAME: Student University ID Number (UID):

DEPARTMENT: TERM: AY Fall Spring/Summer
(Please check one)

TYPE OF FELLOWSHIP: (check one)

University or Dean's Fellowship (full-time, no additional support)

Graduate School Fellowship (full-time, no additional support)

Name of Fellowship

External Fellowship (full-time only, no additional support)

Name of Fellowship

REQUIRED DOCUMENTS TO BE ATTACHED:

- Copy of Insurance Card
Proof of payment clearly showing amount paid
If external fellow, a copy of the fellowship MOU or agreement.

By my signature below, I attest that at the present time, I do not participate in any State of Maryland health insurance plan offered by the University of Maryland as a benefit of employment, nor am I covered by the insurance plan of a spouse or parent.

Signature of Applicant

Date

Director of Graduate Studies

Date

Graduate School Approver

Amount Reimbursed

Date