THE GRADUATE SCHOOL

2123 Lee Building
College Park, MD 20742
(301) 405- 3644
gradschool@umd.edu

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 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)

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

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