

2016/2017 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 (UK SHP) at no cost to the student.

Domestic funded Graduate Students who choose not to become 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 remember, that you must decline the SHP each semester you do not want to be enrolled. Please choose the semester that best fits your needs at this time.**

Fall 2016 Deadline: August 23, 2016

Spring/Summer 2017 Deadline: January 10, 2017

(Please Print)

Name: _____

UK Student ID number: _____

Email address: _____

Phone number: _____

PLEASE CHOOSE ONE

€ I choose to decline Fall 2016 (Aug 15-Dec 31) funded health coverage.

€ I choose to decline Spring/Summer 2017 (Jan 1-Aug 14) funded health coverage.

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 declinations form each semester I wish to decline the Student Health Plan.

Student Signature: _____

Date: _____