

2017/2018 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 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.**

Fall 2017 Deadline: August 23, 2017
Spring/Summer 2018 Deadline: January 10, 2018

Please Print

Name: _____

UK Student ID number: _____

Email address: _____

Phone number: _____

PLEASE CHOOSE ONE

- I choose to decline Fall 2017 (Aug 15-Dec 31) funded health coverage.

- I choose to decline Spring/Summer 2018 (Jan 1-Aug 14) funded health coverage.

PLEASE INDICATE WHICH TYPE OF ASSIGNMENT YOU CURRENTLY HAVE

RA GA TA Fellowship

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: _____

For SHP Office Use Only:

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

Notes: