

# 2025-2026 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 be enrolled in UK SHP may submit this completed form to [studenthealthplan@uky.edu](mailto:studenthealthplan@uky.edu) by the listed deadline. This removes the Domestic Funded Graduate Student from funded health coverage for the designated semester. **Please note that you must decline the SHP each semester that you do not want to be enrolled.**

**Fall 2025 Deadline: August 30, 2025**

**Spring/Summer 2026 Deadline: January 31, 2026**

Please Print

Name: \_\_\_\_\_

UK Student ID number: \_\_\_\_\_

Email address: \_\_\_\_\_

**PLEASE CHOOSE ONLY ONE**

I choose to decline Fall 2025 (Coverage Dates Aug 15-Dec 31) funded health coverage.

I choose to decline Spring 2026 (Coverage Dates Jan 1-Aug 14) funded health coverage.

**PLEASE INDICATE WHICH TYPE OF ASSIGNMENT YOU CURRENTLY HAVE**

☐ RA    ☐ GA    ☐ TA    ☐ Fellowship

**PLEASE CHECK EACH ITEM CONFIRMING THAT YOU AGREE OR UNDERSTAND**

- ☐ I confirm that I am not an F-1, J-1 or J-2 visa student.
- ☐ I confirm that I have an alternative health insurance plan.
- ☐ I understand that the SHP is provided, at no cost, to Funded Graduate students.

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

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**For SHP Office Use Only:**

Date Received: \_\_\_\_\_ Date Waived in SAP: \_\_\_\_\_ Completed By: \_\_\_\_\_