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 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