



INSTITUTE FOR  
ADVANCED STUDY

**IAS HEALTH INSURANCE SUBSIDY APPLICATION**  
**ACADEMIC YEAR 2023-2024**

(Return this form and accompanying documentation to Human Resources, F101/102)

**I. MEMBER INFORMATION (Please Print)**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ TERM: I & II \_\_\_ I \_\_\_ II \_\_\_ Long Term \_\_\_  
(more than 1 year)

**II. ELIGIBILITY**

- I have been appointed as a Member for a minimum of three full consecutive months and have no other subsidized health insurance available through another source (which would include but not be limited to a home university, company, funding agency, scholar program, country, spouse's employment or spouse's university affiliation).*
- I am not receiving financial support for the purchase of health insurance through any other organization nor am I eligible for free coverage as a part of any program, or, if coming from another country, I am incurring additional health insurance costs as a result of my membership at the Institute.*
- I have enrolled in one of the two Aetna plans offered through the Institute.*  
**OR**
- I have private coverage purchased through an insurance company that meets minimum guidelines set by the Institute. Please list private insurance company information below:*

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Contract Type (Single, Family, etc.)

\_\_\_\_\_  
Effective Dates of Coverage

\_\_\_\_\_  
Monthly Cost in US\$

**NOTE:** If you have private insurance you must attach a copy of a paid receipt which should specify plan name, period of coverage, type of coverage and cost in US dollars.

**III. MEMBER SIGNATURE**

I have read the eligibility requirements and I attest that I meet the qualifications to request a subsidy from the Institute for Advanced Study. Failure to submit all the required documents will result in non payment of subsidy.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**IV. FOR COMPLETION BY HUMAN RESOURCES OFFICE**

Monthly Subsidy \$ \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_