

IAS HEALTH INSURANCE SUBSIDY APPLICATION ACADEMIC YEAR 2025-2026

(Return this form and accompanying documentation to Human Resources, Bldg. A, Room 205)

I MEMDED INECDMATION	N (Plage Print)		
I. MEMBER INFORMATION	v (Flease Frint)		
LAST NAME:	FIRST NAME:		
SCHOOL:	TERM: I &	TERM: I & II I II Long Term (more than 1 year)	
II. ELIGIBILITY			
 and have no other substance (which would include be agency, scholar programa filiation). I am not receiving finance other organization nor a coming from another corresult of my membershipments. I have enrolled in one of OR I have private coverage 	idized health insurance avail ut not be limited to a home in m, country, spouse's employ ncial support for the purcha am I eligible for free covera ountry, I am incurring addit in at the Institute. If the two Aetna plans offere purchased through an insu	<u> </u>	
Insurance Company Name	Contract Type	(Single, Family, etc.)	
Effective Dates of Coverage	Monthly Co	st in US\$	
NOTE: If you have private insurable plan name, period of coverage, ty		of a paid receipt which should specify dollars.	
III. MEMBER SIGNATURE			
		et the qualifications to request a subsidy the required documents will result in nor	
SIGNATURE:	DATE:_	DATE:	
IV. FOR COMPLETION BY I	HUMAN RESOURCES OI	FFICE	
Monthly Subsidy \$	Start Date:	End Date	
Approval Signature:	Date:		

*The subsidy is considered taxable ordinary income, and therefore, may be taxable as other income would be.