

IAS HEALTH INSURANCE SUBSIDY APPLICATION
ACADEMIC YEAR 2019-2020

(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: _____