Tufts University | Sackler School of Graduate Biomedical Sciences

Tufts Health Plan Health Insurance Payroll Deduction Form

Sackler School students may select or waive Tufts Health Plan (THP) health insurance, but are required by law to have health insurance coverage while enrolled as students. For students who select THP, the value of THP health insurance premiums is added to students' stipend amount. That same amount is then deducted from paychecks and sent to the vendor. This form allows students to authorize payroll deductions, change the deduction amount, and cancel the payroll deduction. Return this form to the Sackler Dean's Office, Sackler 814.

Name (print) _____
First MI Last

Employee ID # _____ Program_____

SELECT TRANSACTION

☐ **START**: I wish to begin payroll deduction for the cost of THP Health Insurance
Select type of coverage: ☐ Individual ☐ Two Person ☐ Family

Coverage/Deduction Start Date: _____
(mm/dd/year)

☐ **CHANGE**: I wish to change my coverage from:
☐ Individual ☐ Two Person ☐ Family
To:
☐ Individual ☐ Two Person ☐ Family

Effective Date: _____
(mm/dd/year)

☐ **STOP**: I wish to stop my payroll deduction effective _____
(mm/dd/year)

I will terminate my THP insurance coverage on: _____
(mm/dd/year)

If you wish to continue your THP coverage beyond the stop date of your stipend/payroll deductions, contact the Sackler Dean's Office about eligibility and to make premium payments.

I authorize Tufts University to deduct the cost of the THP health insurance from my paycheck on the 1st and the 15th of each month. I understand that Tufts University is not responsible for any errors incurred due to incorrect information that I may have provided. I agree to notify the Sackler Dean's Office if any errors occur.

Signature _____ Date _____

Send the *THP Enrollment and Cancellation Form* to the Student Advisory & Health Administration, Posner Hall 4, 200 Harrison Avenue, Boston, MA 02111.