



Summer Session Insurance Opt-Out: Graduate Assistants

Last Name	First Name	University ID number

*Completing this form will cancel your enrollment in Summer Session insurance coverage through the PacificSource Graduate Student Employee health plan, and will initiate a refund of any pre-paid summer premium payments.

***NOTICE – IF YOU ARE GRADUATING DURING THE ACADEMIC YEAR (FALL-SPRING TERM), YOU ARE REQUIRED TO OPT-OUT OF SUMMER COVERAGE BY MAY 1ST AT 4:00 PM. (please select box 3).**

Reason for Declining (check one):

- I do not have a summer term Graduate Assistant appointment and I want to decline the insurance coverage offered to me through OSU
- I am covered by another health insurance plan during the summer term **AND** I do not have a summer term Graduate Assistant appointment.
(If you have another insurance plan, and you WILL have a Graduate Assistant appointment during summer term, then you must complete the full Waiver Application to cancel summer insurance)
- I am graduating prior to summer term and am not eligible for summer insurance.
- I will not return either summer or fall term as a student in the Graduate School

By signing below, I acknowledge that I have been offered PacificSource Health Insurance by Oregon State University. I voluntarily choose not to enroll myself and my dependents on the summer session plan at this time. I recognize that due to graduation I am not eligible for summer coverage. I understand that the next opportunity to enroll will be during the fall term open enrollment period, should I qualify for coverage by holding an eligible position. I understand that the summer prepaid health premiums will be refunded and that I will not have coverage with PacificSource during the summer months: July, August, and September. **I understand that this form must be submitted no later than May 1st at 4pm to opt-out.**

Signature	Date

For Office Use Only	
Form Processed Date	Date Employee Notified