Scholarship for Health Insurance for Graduate Teaching Assistants, Graduate Research Assistants, Graduate Assistants, and Trainees

Effective date: 9/1/04 Last revised: 07/02/10

Policy Statement

It is important that full-time graduate students at the University of Vermont be covered by basic health insurance, and appropriate that Graduate Assistants, Fellows, and Trainees, who provide teaching and research services on behalf of the University, receive some institutional support for personal health insurance.

General Policy

Graduate students supported as Graduate Teaching Assistants, Graduate Research Assistants, Graduate Assistants, and Predoctoral Fellows or Trainees, by and through UVM, including grants and contracts to the University, are eligible for payment of up to 75% of the basic, UVM annual Single Student Health Insurance premium during the period of the award. The UVM health fee, the remainder of the Single Student premium, and any additional insurance beyond the basic, Single Student coverage will be the responsibility of the student. The annual Single Student premium includes coverage during the summer. To receive the health insurance support, minimum stipend support levels and enrollment requirements must be met.

Specific conditions are the following:

1. Stipend Support Levels: No benefit will be paid for students funded for less than one full semester. Payment levels will be determined by the Graduate Student appointment (hourly wages, extra payment vouchers, work study, and any other miscellaneous payments will not be included).

   a. Students supported for nine months (Fall and Spring) or twelve months (Fall, Spring, and following summer):
      (i) Students whose total Fall and Spring stipend payment, net of any tuition due, matches or exceeds the base Graduate College stipend ($15,200 for FY11) will have 75% of the Single Student insurance premium paid by the University.
      (ii) Students whose stipend payment is one-half of the base Graduate College stipend ($7,600 for FY11) will receive a prorated portion of the Single Student insurance premium paid by the University.
      (iii) Students whose stipend payment is between one-half and the full base Graduate College stipend will receive a prorated portion of 75% of the Single Student insurance premium paid by the University.
b. Students supported for the Fall or Spring semester: Students funded for one semester for half of the above rates will be eligible for half of the prorated insurance support for one semester.

2. The student must be appointed effective no later than September 1 for full year or Fall semester health insurance support, and January 16 for Spring semester support.

3. Enrollment requirement: For any semester during which health insurance support is requested, students must be enrolled for a minimum of six credit hours or for Continuous Registration. Students who have enrolled for all credits required in the degree program but have not completed all degree requirements must register for Continuous Registration (GRAD900).

Procedure

Students must complete the Funded Student Health Insurance Support form, copy attached, and obtain the necessary signature from the Graduate College Office, 330 Waterman Building.
Health Insurance
UVM Scholarship Application for Funded Graduate Students

Student:_____________________________________
(Please print)
ID#:_________________________ Program:_________________________

Funding Information:
Funding Source
(i.e., GRA, GTA) | Amount | Start Date | End Date

_________________ | ______ | ______ | ______ | ______
_________________ | ______ | ______ | ______ | ______
_________________ | ______ | ______ | ______ | ______
_________________ | ______ | ______ | ______ | ______
_________________ | ______ | ______ | ______ | ______

Enrollment Information for Academic Year 20____ - 20____:
I certify that I shall be enrolled for a minimum of six credit hours or for Continuous Registration for each semester for which health insurance support is requested.

Student Signature:_________________________________________

Principal Investigator of Sponsoring Grant or Contract:

________________________________  ______ ____________________
Signature  Name (Please print)

Graduate Program Coordinator:

________________________________  ______ ____________________
Signature  Name (Please print)

Please return to:  Graduate College, 330 Waterman Building

Graduate College Use Only:

Approved Amount: $_____________  Date:__________ By:___________________