Each semester, students enrolled in the Graduate School, degree-seeking, and fully-funded by the University through a qualifying assistantship or fellowship are automatically enrolled in the UK Student Health Plan (SHP) at no cost to the student.

Domestic funded Graduate Students who choose not to become enrolled in UK SHP may submit this completed form to studenthealthplan@uky.edu by the listed deadline. This removes the Domestic Funded Graduate Student from funded health coverage for the designated semester. **Please remember that you must decline the SHP each semester you do not want to be enrolled.**

**Fall 2017 Deadline: August 23, 2017**

**Spring/Summer 2018 Deadline: January 10, 2018**

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**Please Print**

Name: ____________________________________________________________

UK Student ID number: ____________________________________________

Email address: ____________________________________________________

Phone number: ____________________________________________________

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**PLEASE CHOOSE ONE**

- [ ] I choose to decline Fall 2017 (Aug 15-Dec 31) funded health coverage.
- [ ] I choose to decline Spring/Summer 2018 (Jan 1-Aug 14) funded health coverage.

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**PLEASE INDICATE WHICH TYPE OF ASSIGNMENT YOU CURRENTLY HAVE**

- [ ] RA  - [ ] GA  - [ ] TA  - [ ] Fellowship

My signature below indicates my understanding that I assume full financial responsibility for any medical expenses incurred during the semester marked above. I also understand that I must complete a declinations form each semester I wish to decline the Student Health Plan.

Student Signature: __________________________ Date: ________________

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**For SHP Office Use Only:**

Date Received: ______________ Date Waived in SAP: ______________ Completed By: ______________

Notes:

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Updated 08/04/17 CLM