

GRADUATE ASSISTANT/FELLOWSHIP RECIPIENT
STUDENT HEALTH INSURANCE DECLINATION FORM
(DOMESTIC STUDENTS ONLY)

Declination Forms should be submitted to the Graduate School Funding Office *prior to the first day of class* for the semester(s) for which you are declining coverage. Once a student's name is submitted for coverage to the insurance company, we are unable to accept declination forms.

Name (Last)	First	MI	Social Security Number		Student ID Number	
Address	City	State	Zip Code	Office Phone Number	Home Phone Number	E-mail Address

I certify that I am declining coverage for University of Kentucky Student Health Insurance provided to Funded Graduate Students for the period(s):

- August 26, 2009 – December 31, 2009 (fall semester)**
- January 1, 2010 – August 25, 2010 (spring/summer semesters)**

I understand that this declination also eliminates spouse and/or dependent(s) eligibility through this plan.

Signature

Date

Please return completed form to: University of Kentucky
Graduate School Funding Office
203 Gillis Building
Lexington, KY 40506-0033
(859) 257-6608
Fax: (859) 323-1928

GS Processing
_____ Date