



## Student Health Benefits

UNIVERSITY OF MINNESOTA

Dear Graduate Assistant Health Plan member,

If you're enrolled in the Graduate Assistant Health Plan (GAHP) through the spring semester, you will automatically remain enrolled through **August 31, 2024** (even if you are graduating at the end of the spring semester)—unless you fill out a change form, indicating you would like to cancel coverage.

If you want to cancel your coverage, please complete the [Graduate Assistant Health Plan Enrollment and Change form](#) (pdf) and email, fax, or mail it to the Office of Student Health Benefits. Coverage will be canceled on the last day of the month in which your form is submitted. Cancellation requests must be submitted by May 31 for coverage to end on May 31, 2024. If you are an international student, you may cancel coverage with proof of US-based employer health coverage or verification of your return to your home country for 90 days or more.

Please contact our office if you have questions.

Office of Student Health Benefits  
University of Minnesota  
410 Church Street SE, N323  
Minneapolis, MN 55455  
Phone: 612-624-0627 | Fax: 612-626-5183  
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