



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 have enrolled dependents, their monthly premiums will also continue to be billed unless you cancel their 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.

Summer Premium

You will receive a University contribution toward summer coverage based on the academic year semesters in which you held a qualifying graduate assistantship. For example, if you held a 50% assistantship during both the fall and spring semesters, you will not owe an additional premium for summer coverage.

Wondering how much you will be billed for summer 2024 coverage? Find out using the Summer Premium Calculator on our [Summer Coverage](#) page.

If you're covered by a graduate fellowship or traineeship, you will be responsible for the entire summer premium, unless the department in which you are employed has submitted funding for your summer coverage. **If your department agrees to pay your summer premium, they must contact the Office of Student Health Benefits before May 31, 2024, to make arrangements if they have not done so already.** Students who do not receive a full contribution for summer coverage will be billed for the balance.

If you are unsure about your eligibility or percentage of appointment time, please contact the department where you are employed.

Please contact our office if you have questions.

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