



Student Health Benefits

UNIVERSITY OF MINNESOTA

Hello!

Your account was recently charged the summer premium of \$464.23 for coverage with the Graduate Assistant Health Plan (GAHP) from June 1 through August 31, 2024.

Your summer premium was calculated based on your assistantship(s) held throughout the 2023-2024 academic year. **If you will have a qualifying summer graduate assistantship, please contact our office so that we may recalculate your premium.**

If you choose to cancel your coverage, please complete the [Graduate Assistant Health Plan Enrollment and Change Form](#) and email, fax, or mail it to the Office of Student Health Benefits. 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. 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.

Please contact our office with any further information.

Best Regards,
Office of Student Health Benefits
University of Minnesota
410 Church Street SE, N323
Minneapolis, MN 55455
Phone: 612-624-0627 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
umshbo@umn.edu | www.shb.umn.edu

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