



## Student Health Benefits

UNIVERSITY OF MINNESOTA

Hello!

Your account was recently charged the summer premium of \$1,237.94 for coverage with the Graduate Assistant Health Plan from June 1 through August 31, 2024.

Please be aware that while you're covered by a graduate fellowship or department fellowship, you will be responsible for the summer premium, unless the department of the school in which you are employed has submitted funding for your summer coverage. Students who do not receive a full contribution for summer coverage will be billed for the balance via their Student Account Receivable.

At this time, your department has only submitted funding through June 30, 2024. You may contact your department and inquire about additional funding. If your department is willing to submit funding, a [Department Authorization Form](#) must be completed and returned to our office by June 15, 2024.

**If you will have a qualifying summer graduate assistantship, please respond to this email as soon as possible 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 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](mailto:umshbo@umn.edu) | [www.shb.umn.edu](http://www.shb.umn.edu)

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