



Student Health Benefits

UNIVERSITY OF MINNESOTA

If you have already submitted the Graduate Assistant Health Plan (GAHP) Continuation of Coverage enrollment materials for the 2024-2025 plan year, you may disregard this email.

Dear Plan Member,

Our records indicate you are enrolled in the Graduate Assistant Health Plan (GAHP) Continuation of Coverage. **To maintain coverage, you must re-enroll each academic year.**

If you wish to re-enroll, complete the 2024-2025 [GAHP Continuation of Coverage enrollment form](#) (pdf) and submit it to the Office of Student Health Benefits by **September 26, 2024**. Forms with credit or debit card information cannot be submitted via email. They must be submitted via postal mail or delivered to the office in person. Your first payment will include the cost of coverage for September and October.

If you do not re-enroll, your coverage will end on **August 31, 2024**.

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 or 1-800-232-9017
Fax: 612-626-5183 or 1-800-624-9881
umshbo@umn.edu | www.shb.umn.edu

*Copyright © 2024 Regents of the University of Minnesota, all rights reserved.
The University of Minnesota is an equal opportunity educator and employer.*

This message was sent from:
Office of Student Health Benefits
410 Church St. SE
Minneapolis, MN, 55455
[mass email privacy statement](#)