Dear enrollee,

If you’re enrolled in the Graduate Assistant Health Plan (GAHP) through spring semester, you will automatically remain enrolled through **August 31, 2018** (even if you are graduating at the end of spring semester)—unless you fill out a change form, indicating you would like to cancel coverage.

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. Coverage will be cancelled 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, 2018. 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.

**Continuation of Coverage**
After losing eligibility for the GAHP, you have the option to continue coverage for up to 18 months. Find more information on our [website](#).

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](mailto:umshbo@umn.edu)  
[www.shb.umn.edu](http://www.shb.umn.edu)

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Office of Student Health Benefits  
410 Church St. SE  
Minneapolis, MN, 55455,  
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