***2020 SUMMER HEALTH INSURANCE***

***Continuation Request Form***

## Section I - *REQUIRED* To be completed by Current Student Employee Health Plan (SEHP) Enrollee

All fields are required. Incomplete forms will not be processed.

Name Last 4 digits of SSN#:

Department Phone

Campus E-mail Address

## To the best of my knowledge, I am eligible to be, and expect to be employed in a GSEU Graduate or Teaching Assistantship (GA/TA) during the Fall 2020 semester, and wish to request summer coverage. (If you do not expect to be a GA/TA in Fall 2020, this form should not be submitted.)

Student Signature Date

## Section II – *REQUIRED* To be completed by Department Representative

**Department Representative – Your signature below acknowledges that your department expects to**

**re-appoint the student named above in a GSEU Graduate or Teaching Assistantship during the Fall 2020 semester.** (***Expectation to re-appoint for this purpose does not constitute any commitment to the student.)* If you do not expect this student to be a GA/TA in Fall 2020, then this section should not be completed.**

***Your signature also confirms that the student named above:***

* Is NOT expected to graduate or transfer prior to Fall 2020;
* Has NOT exhausted eligibility for assistantship support prior to Fall 2020;
* Is NOT expected to be appointed in a non-GSEU title (e.g. Lecturer, Research Assistant, RF employment) during the Fall 2020 semester.

Please base your determination on the information available to you at this time. Timely submission of this request by is essential. Only students who are *expected* to return in a GSEU position are eligible to maintain

**April 10th, 2020**

continuous SEHP coverage over the summer. Students NOT eligible for summer continuation coverage in SEHP are eligible for COBRA coverage and will automatically receive a COBRA application from the NYS Department of Civil Service.

Department Representative (Print) Department Representative Signature Date Phone

To accommodate payroll deadlines for summer deductions, this form **must be returned by** You

**APRIL 10th, 2020**.

may submit by mail, fax or email to (please only take **one** action in submitting this form, email is the preferred method):

Hannah Ingoldsby

Office of Human Resources Management – UAB 300

## Fax: (518) 437-4731

**Questions:** **hingoldsby@albany.edu** **or** Phone: (518) 437-4727

Due to current public health concerns, please call or email your administrative or department contact to see what the best way to submit these forms for their review and signature is. Whether you or your department submit the completed form to HR, we prefer to receive the signed forms electronically. **Please continue to monitor your email. If HR closes, it is possible that only scanned and emailed forms will be accepted (pictures of the form are acceptable if they are clear). Updates will be communicated via email.**

# If this form is not received in Human Resources by , your health insurance will

**terminate on June 25th, 2020.**

Retain a copy for your records

**April 10th**