Graduate Student Insurance Acknowledgement

Employee Acknowledgement:

I have read and understand the information provided to me in the document titled *Insurance Enrollment Information for Benefits Eligible Graduate Student Employees*.

I understand that I am eligible for the employer group insurance program and that I am enrolled in a waived status unless I *choose* to enroll in the program. I understand that it is my responsibility to submit the enrollment forms to HR or complete enrollment online through the ERS system if I choose to participate in the benefit plans available to me.

If I miss my initial 30 day enrollment period, I will not be able to enroll in coverage unless I have a "qualifying life event" or during the next annual enrollment period.

Texas State ID _____ Hire Date _____

Name _____

First MI Last

_____ _____

Signature Date

Are you currently participating in health coverage through the State of Texas GBP, UT System, or TAMU System (including coverage as a spouse or dependent child)? ____Yes ____No

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