

**Graduate Employee Student Health Insurance Dependent Premium Support Plan  
Reimbursement Application\***

DATE RECEIVED: _____
<b>FOR OFFICE USE ONLY</b>

**FALL APPLICATION DEADLINE: JANUARY 8<sup>TH</sup>  
SPRING APPLICATION DEADLINE: AUGUST 21<sup>ST</sup>**

**PRINT CLEARLY**

**STUDENT**

**Full Name:** \_\_\_\_\_  
*Last* *First* *M.I.*

**Address** \_\_\_\_\_  
*Street Address* *Apartment/Unit #*

\_\_\_\_\_ *City* *State* *ZIP Code*

**N #**   **N**   \_\_\_\_\_

**Email** \_\_\_\_\_

**PROOF OF PURCHASED DEPENDENT COVERAGE MUST BE ATTACHED \*\***

**Payment Amount** \$ \_\_\_\_\_ **Plan Purchased** \_\_\_\_\_ **Semester** \_\_\_\_\_

\_\_\_\_\_  
**Signature** **Date**

\* Bargaining unit employees who meet the eligibility requirements set forth in the Collective Bargaining Agreement, Article XVIII, Section D, shall be eligible for reimbursement under the Graduate Employee Student Health Insurance Dependent Premium Support Plan for up to 90% of the Basic Plan Dependent Care plan premium rate or Comprehensive Plan Dependent Care plan premium rate, in accordance with the terms of Article XVIII, Section D. For those bargaining unit employees who are doctoral candidates enrolled in the Comprehensive Plan, paid for by NYU, and who purchased dependent care, who also meet the eligibility requirements set forth in the Collective Bargaining Agreement, they will be eligible for reimbursement under the Graduate Employee Student Health Insurance Dependent Premium Support Plan for up to 90% of the Basic Plan Dependent Care plan premium rate, in accordance with the terms of Article XVIII, Section D.

\*\* Email confirmation of dependent enrollment received from Wellfleet

**INSTRUCTIONS**

- **Download, fill out and sign form**
  - **Email completed application and proof of purchased dependent coverage (as attachments) no later than Jan 8 for the Fall Application and August 21 for the Spring Application to [health.uawdependent@nyu.edu](mailto:health.uawdependent@nyu.edu)**
- Or
- **Hand deliver no later than January 8 for the Fall Application and August 21 for the Spring Application to 726 Broadway, suite 346.**

You will receive an automated email response or a stamped receipt. This is your proof of application. Please retain for your records. Your reimbursement is subject to the terms of the Collective Bargaining Agreement between NYU and Local 2110 currently in effect, and will be processed via Payroll subsequent to the January 8 and August 21 deadline.

Inquiries: [health.uawdependent@nyu.edu](mailto:health.uawdependent@nyu.edu) or NYU Student Health Center Insurance department at 212-443-1020