



515 Orr Drive Suite 469  
 Tucker Hall Tallahassee, FL 32307 Phone:  
 (850) 599-3505  
 gradstudies@famuedu

## Certification of Eligibility for Graduate Insurance Form

Eligible graduate students (Graduate Assistants, Teaching Assistants, and Research Assistants) who work 0.25 FTE or greater (10 or more hours per week) and complete the required Certification of Eligibility for Graduate Insurance Form within the enrollment period will be considered for health insurance waiver. Graduate students employed as Other Personnel Service (OPS) workers are not eligible for this coverage.

### Application Requirements:

1. Must work 0.25 FTE or more as a Graduate, Teaching, or Research Assistant.
2. Must complete the Certification of Eligibility for Graduate Insurance Form each semester and have a valid contract to cover the period to be eligible for this coverage.
3. The Form must be signed and dated by the student and supervisor.
4. Forms must be typed and submitted via email to [gradstudies@famuedu](mailto:gradstudies@famuedu).

### Application Deadlines:

- **Fall Semester – September 8**
- **Spring Semester – January 20** (Forms for the Spring Semester cover the Summer term)

Incomplete forms will not be considered, and forms will not be accepted after the application deadline. For more information, email: [gradstudies@famuedu](mailto:gradstudies@famuedu) or call 850-599-3505.

Semester(s) of Employment:  Fall  Spring Year: \_\_\_\_\_

Name of Graduate Assistant: <i>(Last, First, MI)</i>	
FAMU Student I.D. #: <i>(SSN# will <u>not</u> be accepted)</i>	Date of Birth: mm/dd/yyyy
FAMU Email:	Telephone Number:
U.S. Citizen:	Gender:
Graduate Discipline:	Degree Seeking:
Expected Date of Graduation: Term: Year:	
Department of Employment:	
Supervisor:	Campus Phone:
Hours contracted for per week:	Current Insurance Status:

I certify that all information I have provided above is accurate and true. I understand that false information will result in the cancellation of the policy.

\_\_\_\_\_  
 Student Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Supervisor Signature

\_\_\_\_\_  
 Date