

## IAS HEALTH INSURANCE SUBSIDY APPLICATION ACADEMIC YEAR 2024-2025

(Return this form and accompanying documentation to Human Resources, Bldg. ARoom 205)

I. MEMBER INFORMATION	N (Please Print)		
LAST NAME:	FIRST NAI	ME:	
SCHOOL:	TERM: 1 &	& II I II Long Term (more than 1 year)	
II. ELIGIBILITY		(	
<ul> <li>and have no other substitute would include be agency, scholar programa filiation).</li> <li>I am not receiving finand other organization nor ecoming from another corresult of my membershipments.</li> <li>I have enrolled in one of OR</li> <li>I have private coverage</li> </ul>	idized health insurance ava ut not be limited to a home m, country, spouse's employ ncial support for the purcha am I eligible for free covera ountry, I am incurring addi p at the Institute. If the two Aetna plans offere purchased through an insu	<u> </u>	
Insurance Company Name	Contract Type	(Single, Family, etc.)	
<b>Effective Dates of Coverage</b>	Monthly Co	ost in US\$	
NOTE: If you have private insurate plan name, period of coverage, types.  III. MEMBER SIGNATURE		of a paid receipt which should specify dollars.	
III. WIEWIDEK SIGNATURE			
• •		et the qualifications to request a subside the required documents will result in no	
SIGNATURE:	DATE:_	DATE:	
IV. FOR COMPLETION BY I	HUMAN RESOURCES OF	FFICE	
Monthly Subsidy \$	Start Date:	End Date	
Approval Signature:	Date:		

<sup>\*</sup>The subsidy is considered taxable ordinary income, and therefore, may be taxable as other income would be.