



POSTDOCTORAL SCHOLAR MEDICAL COVERAGE

Postdoctoral Scholar Information I am a U.S. Citizen/U.S Permanent Resident I am a Foreign National Female Male

Banner ID _____ Date of Birth _____
First Name _____ Middle _____ Last Name _____
Address _____ City _____ State _____ Zip Code _____
College & Program _____ E-mail _____
Campus Phone Number _____ Mail Stop Number _____ Hire Date _____
Supervisor _____ Supervisor E-mail _____

I want to enroll in the Postdoctoral Scholar Health Plan.

I will participate in the East Carolina University Postdoctoral Group Health Plan and will have access to the ECU Student Health Service. I understand that ECU will pay my monthly premium for participation in the ECU Postdoctoral Group Health Plan and will also pay my ECU Student Health Service fee while I am employed as a postdoctoral scholar at ECU. I understand that I may waive both the ECU Postdoctoral Group Health Plan and the Student Health Service by submitting this Enrollment form and selecting the "I will not participate" option.

Eligibility: Postdoctoral scholars must be on an active, postdoctoral assignment of at least .75 FTE paid through the University payroll system. Postdoctoral scholars covered under another medical insurance plan may decline coverage; international Postdoctoral scholars must meet federal requirements in order to decline coverage. (see below)

I do not want to enroll in the Postdoctoral Scholars Health Plan.

I will not participate in the East Carolina University Postdoctoral Group Health Plan nor have access to the ECU Student Health Service. I understand that I may not reverse my decision unless I become ineligible for my current health plan at a future date. If enrolling outside of initial employment due to loss of current coverage, I understand I must enroll in the Postdoctoral plan within 30 days of the expiration of the previous plan. I understand that if I do not have a current health plan, I may not enroll in the ECU Postdoctoral Group Health Plan in the future.

The following applies to Foreign Nationals: I further understand that if I choose not to participate in the ECU Postdoctoral plan, I am required to have insurance that will pay the cost of medical care for accidents, sickness, medical evacuation and repatriation and I certify that I have medical insurance which will cover me and all accompanying family members for the entire period of my stay in the US.

Note: If you are electing coverage, eligible dependents may also enroll in this plan for a fee. Additional information and enrollment forms can be obtained online here .

Employee Signature

Date

Complete and submit form to the Office of Postdoctoral Affairs : lyncht@ecu.edu
