

Health Insurance Responsibility Acknowledgement

By signing below, I acknowledge that I have received the GSBS Tuition and Fee Schedule and that I have been informed in writing that all matriculated students are required to have health insurance. For students who do not have their own health insurance, UMDNJ offers a plan by Aetna Life Insurance Company.

The annual premium for the Aetna Health Insurance is \$2,241. **This premium is automatically charged to the account of all full time matriculated students each Fall semester upon registration.** For students who do not require the insurance, **the waiver form must be completed on-line at University Health Plans website (www.universityhealthplans.com) prior to the stated waiver deadline.** Students not submitting a waiver by the deadline will be enrolled in the Aetna Health Insurance plan and will be responsible for payment of annual premium. **The on-line waiver must be completed EACH FALL SEMESTER for students opting not to be enrolled in the Aetna insurance.**

** For full time Ph.D. students, as part of your fellowship package, your health insurance premium will be paid by GSBS, your department, or your mentor, depending upon your year in the program.

Fees are subject to change without prior notice

PLEASE NOTE THAT THIS FORM IS NOT THE WAIVER.

Student's Name (print)

Student's Signature

Date

**This form must be returned prior to your registration.
Registration will not be accepted without a signed acknowledgement form**