



Accounts Receivable

**ACADEMIC YEAR 2023-2024**

**UNITED HEALTHCARE STUDENT RESOURCES  
HEALTH INSURANCE  
GRADUATE STUDENT PAYROLL DEDUCTION**

I hereby authorize biweekly payroll deductions for the total amount noted below, beginning with my next paycheck, and ending with the pay date of April 26, 2024.

Please check one:              Annual Premium              (   ) \$3,302.00

Half of Annual Premium\*\*              (   ) \$1,651.00

Other Amount              (   ) \_\_\_\_\_ I have calculated this other amount based

on the following: \_\_\_\_\_

\*\* Many graduate assistants in Liberal Arts and Science and Engineering receive 50% of the annual premium paid by their school.

PAYROLL DEDUCTIONS WILL BE CALCULATED AND DISTRIBUTED EVENLY OVER THE PAY PERIODS REMAINING FROM THE TIME OF IMPLEMENTATION, TO AND INCLUDING THE APRIL 26, 2024, PAYROLL.

I UNDERSTAND AND AGREE THAT IF I CEASE EMPLOYMENT WITH TULANE UNIVERSITY, FOR ANY REASON, THE ENTIRE BALANCE REMAINING WILL BE DEDUCTED FROM MY FINAL PAYCHECK.

\_\_\_\_\_  
Print Student Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this form to Accounts Receivable by email, fax or in person.

Thank you.

Office use only.

\_\_\_\_\_ Billed    \_\_\_\_\_ Deduction Credit - I015    \_\_\_\_\_ Copy to Payroll    \_\_\_\_\_ Initiated in Payroll    \_\_\_\_\_ Spring

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