**Accounts Receivable** 



## **ACADEMIC YEAR 2024-2025**

## 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 nex	t
paycheck, and ending with the pay date of April 25, 2025.	

Please check one:	Annual Premium	(	) \$3,381.00	
	Half of Annual Premium**	(	) \$1,690.50	
	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 25, 2025, 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 I	Receivable by email, fax or in person.
Thank you.	
Office use only.	
Billed Deduction Credit	- IO15 Copy to Payroll Initiated in Payroll Spring
Office: (504)	harles Ave.   327 Gibson Hall   New Orleans, LA 70118 365-5368   Toll Free: (800) 798-7633   Fax: (504) 862-8758 <u>c@tulane.edu</u>   Web: <u>http://studentaccounts.tulane.edu/</u>