



Accounts Receivable

ACADEMIC YEAR 2025-2026

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 25, 2025.

Please check one:

Annual Premium	()	\$3,381.00 New Student
Annual Premium	()	\$3,298.00 Returning Student
Half of Annual Premium**	()	\$1,690.50 New Student
Half of Annual Premium**	()	\$1,649.00 Returning Student
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 24, 2026, 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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