Accounts Receivable

ACADEMIC YEAR 2022-2023

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 March 31, 2023.

Please check one: Annual Premium ( ) $3,063.00

Half of Annual Premium** ( ) $1,531.50

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 MARCH 31, 2023 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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Ver. 20220711