



Accounts Receivable

SEMESTER 2021-2022

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

I hereby authorize Bi-Weekly payroll deductions for the total amount noted below, beginning with my next paycheck and ending with the pay date of April 1, 2022.

Please check one: Annual Premium () \$2,926.00

 Half of Annual Premium** () \$1,463.00

 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 1, 2022 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

7029 Freret St., New Orleans, LA 70118

Tel.: 504-865-5368 Toll Free: 1-800-798-7633 Fax: 504-862-8758

<http://studentaccounts.tulane.edu/> Email: acctrec@tulane.edu