



Accounts Receivable

**SEMESTER 2020-2021**

**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 2, 2021.

Please check one:            Annual Premium        (   ) \$2,820.00  
                                       Half of Annual Premium\*\*    (   ) \$1,410.00  
                                       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 2, 2021 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.

\_\_\_\_\_ Student ID # \_\_\_\_\_  
 Print Student Name

\_\_\_\_\_ Date \_\_\_\_\_  
 Signature

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

35 McAlister Drive, Suite 103 – Phelps House, 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](mailto:acctrec@tulane.edu)