



Postdoctoral Fellows or Graduate Student Fellows Certification

INSTRUCTIONS This form is used by departments to certify that a postdoctoral fellow or graduate student fellow is eligible to participate in the Texas A&M University System insurance programs.

This form should be completed and returned to Human Resources at the beginning of the fellowship period.

According to Section 1601.1021 of the Texas Insurance Code, postdoctoral fellows and graduate student fellows who meet the following criteria are eligible to participate in select Texas A&M University System insurance programs.

- Postdoctoral fellowships, or
- One or more graduate student fellowships awarded to the individual on a competitive basis that, either singly or in combination, are valued at not less than \$10,000 per year, and
- Is currently receiving a stipend from an applicable fellowship.

Upon receipt of this form, individuals who meet the criteria will receive notification from Human Resources regarding insurance options and instructions for enrollment. An initial 60-day enrollment window based on the fellowship award date will be provided in which the individual may enroll in the insurance programs. The individual may drop the insurance coverage at any time and may re-enroll during the following Annual Enrollment period held in July.

Name of Fellow		Department	
UIN	Email	Phone	
Type of Fellowship <input type="checkbox"/> Graduate Student Fellow <input type="checkbox"/> Postdoctoral Fellow	Fellowship Award Date	Fellowship Expiration Date (if any)	

I certify that the individual above meets the criteria:

For Graduate Student Fellows

Printed Name Signature Date Phone
 Either Department Head OR
 Office of Graduate and Professional Studies for OGAPS administered fellowships

For Postdoctoral Fellows

Printed Name of Either Department Head Signature Date Phone
AND

Printed Name of Division of Research Signature Date Phone

SUBMIT FORM TO:
 Benefit Services
 MS 1255
 benefits@tamu.edu
 Fax (979) 862-3128

NEED HELP?
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