Division of Human Resources
& Organizational Effectiveness

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.

Name of Fellow	Department	
UIN	Email	Phone
Type of Fellowship ☐ Graduate Student Fellow ☐ 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?
Benefit Services
Phone (979) 862-1718
benefits@tamu.edu