

**THIS FORM IS FOR PREVIEW PURPOSES ONLY AND WILL NOT BE ACCEPTED FOR SUBMISSION.**

**PLEASE INITIATE FORM IN DOCUSIGN**

## FORM GSBS50: STUDENT HEALTH INSURANCE DISBURSEMENT FOR ACADEMIC YEAR 2024-25

### Policy

A graduate student may be compensated for his/her coverage from a private health/hospitalization insurance plan up to the cost of the UMass Chan Student Health Insurance Plan. The disbursement is based on the student's association with the policy - whether the student is the primary person on the policy, or a dependent included on the policy. Disbursement will be no more than the amount of the UMass Chan Student Health Insurance Premium for that academic year and will be considered taxable compensation.

### Submission Dates

This form must be submitted by September 30, 2025. Exceptions are noted below.

MD/PhD Students: If you are graduating in June, this form and required paperwork must be submitted and processed prior to graduation.

PREP Students: If you will not be matriculating into a UMass Chan program, this form and required paperwork must be submitted and processed prior to June 1, 2025.

### Instructions

The student must submit this form along with a Proof of Coverage letter from the organization that provides the student's health insurance. This letter must include the following:

- the name of the student covered and the dates that the student was covered by the insurance
- the cost for single coverage for students listed as Primary\* on the policy or
- the cost for both single coverage and family coverage for students listed as a Dependent\*\* on the policy

\*Primary: The student has purchased the policy and is listed as the primary person on the policy (which may or may not also include dependents.) The student will be reimbursed the cost for single coverage, but not to exceed the current UMass Chan Health Insurance premium.

\*\*Dependent: The student is listed as a dependent on the policy. The student will be reimbursed the difference between the cost for single coverage and the cost of the coverage that includes the student, but not to exceed the current UMass Chan Health Insurance premium. Note: For students listed as Dependents on a policy, "Family Coverage" assumes that the cost includes coverage for both the primary insured person and the insured dependents.

After the form is submitted, an expense report is then prepared on the student's behalf and is processed through payroll. **The disbursement is taxable.**

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**Student Name:**

**PSCS ID:**

- Student has not yet selected a Thesis Advisor or is funded through the Graduate School  
*GSBS Administrator must sign.*
- Student has selected a Thesis Advisor and is funded through that Thesis Advisor  
*Thesis Advisor and Funding Department Administrator must sign.*

## Coverage and Disbursement Information

**Is the student the Primary Insured or a Dependent on the policy?**  Primary  Dependent

### Student is Primary Insured on Policy

	Amount
Single coverage	
UMass Chan Health Insurance Premium	\$5,643.00
Amount of Disbursement	

### Student is Dependent on Policy

*The disbursement basis for a dependent is the amount of family coverage less the amount of single coverage.*

	Amount
Family Coverage	
Single Coverage	-
Disbursement Basis	
UMass Chan Health Insurance Premium	\$5,643.00
Amount of Disbursement	

**Attach Proof of Coverage Letter:**

## Signatures

Role	Name	Signature	Date
Thesis Advisor			
Funding Department Administrator			
GSBS Administrator			

*Distribution: All Signers*