



Health Insurance Payment/Reimbursement Request

Awardee Type:

- Retention (only eligible if SF cannot provide health insurance)
 Recruitment

EMAIL COMPLETED/SIGNED FORM TO:

smart@nps.edu

Due on or before 1 October

Policy Statement: All Participants are required to procure and *continuously* maintain health insurance until commencement of Phase 2. Participants must ensure that the coverage extends throughout the summer months and that coverage continues while completing internships at the SF's geographic location. The health insurance funding benefit is for the Participant only and does not extend to family members or dependants. Please complete this form and send it to the SMART Program Office (SPO) with your health insurance proof of enrollment, insurance rate sheet, and proof of payment for at least one month of insurance. **All documentation must be received at the SPO on or before 1 October. There are no exceptions or extensions to this deadline under any circumstances. If a Participant fails to timely submit the form, the Participant will forfeit this benefit for the *entire* award year.**

Recruitment Participants - ASEE will pay the invoiced amount or reimburse the Participant for the cost of the basic, single student health insurance plan from their approved academic institutions per award year (August through July). Alternatively, Participants may receive a reimbursement of up to \$1,200 per award year (August through July) toward the cost of procuring health insurance from a source other than their academic institution. Once all documentation has been received and processed by the SPO, ASEE will directly pay the invoiced amount to the academic institution or issue a reimbursement, if applicable.

Retention Participants - Retention Participants generally continue to receive health insurance through their SF and the federal employee benefit system. If a Retention Participant is unable to continue to receive health insurance through the SF, he/she may be eligible to receive health insurance funding in accordance with the Recruitment Participant health insurance policy set forth in Section 7.5.1.

SECTION 1 – Participant Information

Name (LAST, First, MI):	Cohort Year:
Phone:	Email:
Sponsoring Service:	Sponsoring Facility:
Facility POC Name:	Facility POC Email:

SECTION 2 – Health Insurance Plan Information

Please check one of the following options:

- I have selected the basic health insurance offered by my university. I paid this portion of my student account and submit this form for reimbursement.
- I have selected the basic health insurance offered by my university. This amount is added to my tuition bill/ASEE has been invoiced and I do not need reimbursement. I submit this form to request ASEE to pay this portion.
- I will be using a non-university insurance provider for the 2010-2011 program year. I am aware that I am responsible for opting out of my school's health insurance plan. I also understand the SMART Program will only reimburse up to \$1,200 per program year.

Reimbursement Amount Requested: \$ _____

ASEE is to expect invoice amount of \$ _____

SECTION 3 – Statement of

By signing this form, I certify that this report is true and accurate to the best of my knowledge.

If Seeking Payment/Reimbursement, Please Check:

- I have attached Insurance Rate Sheets (if your health insurance policy has a brochure, please only send the cover page and the page which includes the yearly rates).
- I have attached Proof of Payment (this can be in the form of a receipt or a transaction line on a student or personal account for at least one month of payment).

Participant Signature:

Date:

-----DO NOT WRITE BELOW THIS DOTTED LINE / SMART PROGRAM OFFICE USE ONLY-----

SECTION 4 – SMART Program Office Review

Reimbursement Amount Approved: \$ _____	ASEE Approved to pay invoice amount of \$ _____
SMART Staff Name:	SMART Staff Signature:
	Date: