Office of the Vice President for Research Box 980568 828-3536 FAX - 828-2051 Email: finnerty@vcu.edu Postdoc Association Health Insurance Information Form

Please provide the following information when submitting your application to the Postdoctoral Association for health insurance. Your application WILL NOT be processed until this form is completely filled out. A departmental charge code is required at the time of application submission. Journal Entries will be processed for entire annual premium depending on plan chosen. Those Postdocs paying for supplemental coverage (child, spouse or family) need to make payments by the 16th of each month, check should be made out to: VCU Postdoc Association

APPLICATION WILL BE PROCESSED WITHOUT CHARGE CODE APPLICANT'S NAME APPLICANT'S PHONE # APPLICANT'S E-MAIL DEPARTMENT CHARGE CODE (Mandatory) DEPARTMENT ADMINISTRATOR ADMINISTRATOR PHONE # ADMINISTRATOR E-MAIL DEPARTMENT ADDRESS (BOX DISTRICTION OF THE PROPERTY OF T

FRENTOM RATE TABLE (which includes the dental premium from United Concordia)				
(Circle Coverage Choice)			Department	Individual
PPO 2007-08	Monthly Rate	Annual Rate	Payment	<u>Payment</u>
Employee-Only	\$320.00	\$ 3840.00		
Employee+Child or Children	474.00	5688.00		
Employee-Spouse	707.00	8484.00		
Employee-Family	920.00	11,040.00		
High Option HMO 2007-08				
Employee-Only	\$247.00	\$2964.00		
Employee+Child or Children	368.00	4416.00		
Employee-Spouse	545.00	6540.00		
Employee-Family	710.00	8520.00		
Primary HMO 2007-08				
Employee-Only	\$188.00	\$2256.00		
Employee+Child or Children	281.00	3372.00		
Employee-Spouse	411.00	4932.00		
Employee-Family	540.00	6480.00		