**Office of the Vice President for Research**

**Box 980568 827-6036 FAX - 828-2051 Email: aebranch@vcu.edu**

Postdoc Dental Insurance Premium Form

**Please provide the following information when submitting your application 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**

**NO 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INSURANCE COVERAGE PERIOD \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(1/1/15 – 12/31/15 – if other, please provide)**

**Signature of Department Administrator \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# PREMIUM RATE TABLE ( dental premium)

# (Circle Coverage Choice)

**Department Individual**

**Access PPO 2015** **Monthly Rate** **Annual Rate Payment Payment**

**Employee-Only $ 17.80 $ 213.60 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Spouse 35.62 427.44 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Child(ren) 34.51 414.12 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

#### Employee-Family 56.99 683.88 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Select Plan 705x 2015**

**Employee-Only $ 16.69 $ 200.28 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Spouse 30.87 370.44 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Child(ren) 36.19 434.28 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

#### Employee-Family 46.05 552.60 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

PLEASE MAIL (POB 980568) OR FAX (8-2051) THIS FORM PLUS APPLICATIONS TO ANDREKIA BRANCH

Office is located in BioTech I Research Park Building, 800 E. Leigh Street, Suite 3000, Room 3046