**Office of the Vice President for Research**

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

Postdoc Medical 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 (does not include the dental premium)

# (Circle Coverage Choice)

**Department Individual**

**PPO (KC 25) 2015** **Monthly Rate** **Annual Rate Payment Payment**

**Employee-Only $ 390.21 $ 4,682.52 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Child(ren) 568.14 6,817.68 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Spouse 873.30 10,479.60 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

#### Employee-Family 1,114.83 13,377.96 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**High Option HMO (HK 25 POS) 2015**

**Employee-Only $ 336.98 $ 4,043.76 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Child(ren) 490.66 5,887.92 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Spouse 754.16 9,049.92 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

#### Employee-Family 962.76 11,553.12 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

**Primary HMO (HK Val Advantage) 2015**

**Employee-Only $ 318.22 $ 3,818.64 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Child(ren) 463.33 5,559.96 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

**Employee-Spouse 712.17 8,546.04 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_**

#### Employee-Family 909.15 10,909.80 \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

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