

**Appointment Verification & Payroll Deduction Authorization for Graduate Assistants
The University of Oklahoma Student Health Plan Year 2007-2008**


This form is required only if the student wishes to pay for the Student Health Plan through a payroll deduction schedule. This option is only available to graduate teaching assistants and research assistants whose appointment runs August through May. Return this completed document to the Office of Human Resources / Student Health Plan - NEL 242 - Phone: (405) 325 - 9196. The University complies with the Privacy Act of 1974, 5 U.S.C. § 552a(b), including updates and exceptions.

NOTE: Departmental authorization is no longer needed to process this form. Effective August 13, 2007.

1 - Student Information		
Last Name:	First Name:	Middle:
OU Employee ID:	Student ID:	Social Security Number:

2 - Payroll Deduction Information - Deduction amount is based upon your plan option from item "A" and item "B".
A) Plan Option (select one): Health Plan: <input type="checkbox"/> Plan I - The \$1 Million Plan <input type="checkbox"/> Plan II - The \$50K Plan Dental Plan: <input type="checkbox"/> Low PPO <input type="checkbox"/> High PPO
B) Coverage is for (select one): <input type="checkbox"/> Student <input type="checkbox"/> Student/Spouse/Child <input type="checkbox"/> Student/Child <input type="checkbox"/> Student/Spouse <input type="checkbox"/> Student/Spouse/Children <input type="checkbox"/> Student/Children

3 - Deduction Amount Table - Select <input checked="" type="checkbox"/> the appropriate amount to be deducted based on item(s) "A" and item "B" above.												
Category	Plan I - The \$1 Million Plan			Plan II - The \$50K Plan			LOW PPO Dental			HIGH PPO Dental		
	<input checked="" type="checkbox"/> Deduct	Monthly	Total Annual	<input checked="" type="checkbox"/> Deduct	Monthly	Total Annual	<input checked="" type="checkbox"/> Deduct	Monthly	Total Annual	<input checked="" type="checkbox"/> Deduct	Monthly	Total Annual
Student	<input type="checkbox"/>	\$ 66.38	\$ 531.00	<input type="checkbox"/>	\$0	\$0	<input type="checkbox"/>	\$33.63	\$269.04	<input type="checkbox"/>	\$41.91	\$335.28
Student/Spouse	<input type="checkbox"/>	\$275.75	\$2206.00	<input type="checkbox"/>	\$151.63	\$1213.00	<input type="checkbox"/>	\$67.25	\$537.96	<input type="checkbox"/>	\$83.82	\$670.56
Student/Spouse/Child	<input type="checkbox"/>	\$374.50	\$2996.00	<input type="checkbox"/>	\$216.88	\$1735.00	N/A	N/A	N/A	N/A	N/A	N/A
Student/Spouse/Children	<input type="checkbox"/>	\$393.25	\$3146.00	<input type="checkbox"/>	\$237.50	\$1900.00	<input type="checkbox"/>	\$94.16	\$753.24	<input type="checkbox"/>	\$117.35	\$938.76
Student/Child	<input type="checkbox"/>	\$165.38	\$1323.00	<input type="checkbox"/>	\$66.50	\$532.00	<input type="checkbox"/>	N/A	N/A	<input type="checkbox"/>	N/A	N/A
Student/Children	<input type="checkbox"/>	\$195.63	\$1565.00	<input type="checkbox"/>	\$88.25	\$706.00	<input type="checkbox"/>	\$67.89	\$543.12	<input type="checkbox"/>	\$84.62	\$676.92

4- Deduction Authorization	
By choosing payroll deduction, I authorize the University of Oklahoma payroll office to withhold the monthly amount indicated above from my salary each month beginning September 2007 through April 2008, or until the total annual amount due has been paid in full.	
	
Student's Signature	Date