

# Postdoctoral Dependent Contribution Worksheet

Covering appointments during the period of January 1, 2020 – December 31, 2020

Please scan and e-mail to [UniversityServices.GBS.PDinsPlan@ajg.com](mailto:UniversityServices.GBS.PDinsPlan@ajg.com)

This worksheet cannot be used to make health coverage elections or waivers – It is an internal worksheet for departmental Business Administrators (BA's) only. Health coverage elections & waivers must be made via the University of Pennsylvania Postdoctoral Insurance Plan website at [upenn.gpa.services](http://upenn.gpa.services). You must also return this form to your departmental BA each time you enroll, waive or change your coverage.

Appointee Printed Name: \_\_\_\_\_ Penn ID #: \_\_\_\_\_

Appointment Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Coverage Effective Date: \_\_\_\_\_

Business Administrator Printed Name \_\_\_\_\_ Department: \_\_\_\_\_

Home Organization: \_\_\_\_\_ Department Phone: \_\_\_\_\_

The University requires that all Postdoctoral appointees (Researchers/Trainees/Fellows) be provided with Postdoc Only health insurance, the entire cost of which is funded by the sponsoring activity or department. You may also elect coverage for your dependents which, if your department or a private sponsor does not cover the additional cost, must be paid through payroll deduction from your stipend. You may waive medical coverage if you already have health insurance from another source and provide proof of insurance.

Federally sponsored activities will fund only Postdoc Only coverage. You may elect coverage for your dependents, and if your department elects to pay the additional premium, the additional cost of coverage for dependents must be supported by a non-federal source of funds. If the grant or department will only pay Postdoc Only coverage and you elect coverage for your dependents, the additional premium can be deducted from your stipend. Some private sponsors will allow funding of health coverage for dependents.

ENROLLMENT  \*WAIVE HEALTH COVERAGE  CHANGE IN HEALTH COVERAGE

\*Waiver: I hereby certify that I have health insurance coverage from \_\_\_\_\_ and waive coverage through the University of Pennsylvania Postdoctoral Insurance Plan. Attached is proof of alternate medical insurance.

\_\_\_\_\_  
Appointee Signature

\_\_\_\_\_  
Business Administrator's Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** The department is not required to pay the difference between the HMO and PPO plans if the Postdoc chooses one of the PPO plans.

**Total Monthly Cost of Benefits from Page Two:** \$ \_\_\_\_\_

Funding Agent (s): (A) Grant Pays \$ \_\_\_\_\_ (B) Department Pays \$ \_\_\_\_\_ \*Appointee Pays \$ \_\_\_\_\_

List CNAC/ORG/BGT/CHK/Fund/OBJ/Pro/C-Ref for A and or B above:

A \_\_\_\_\_ B \_\_\_\_\_

I understand that this worksheet does not constitute a valid health coverage election, and that I must make my elections via the University of Pennsylvania Postdoctoral Insurance Plan website at [upenn.gpa.services](http://upenn.gpa.services). I further understand that my dependent's insurance premiums will be paid as indicated on this worksheet.

\_\_\_\_\_  
Appointee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Administrator Signature

\_\_\_\_\_  
Date

\* The amount paid by the Postdoc/Department must be specific to a fixed premium amount listed on page 2.

**Page Two – Use This Page to Determine the Total Monthly Cost of Benefits**

**Plan Rates and Coverage Level:  
(Check Each Box Corresponding to the Benefit Selected on Your Enrollment Form)**

	<u>Postdoc Only</u>	<u>PD + 1 Dependent</u>	<u>Family</u>
Medical HMO	<input type="checkbox"/> \$599.00	<input type="checkbox"/> \$1,259.00	<input type="checkbox"/> \$1,953.00
Medical PPO	<input type="checkbox"/> \$896.00	<input type="checkbox"/> \$1,877.00	<input type="checkbox"/> \$2,914.00
Dental HMO	<input type="checkbox"/> \$ 19.00	<input type="checkbox"/> \$ 40.00	<input type="checkbox"/> \$ 61.00
Dental PPO	<input type="checkbox"/> \$ 38.00	<input type="checkbox"/> \$ 79.00	<input type="checkbox"/> \$ 122.00
Vision PPO	<input type="checkbox"/> \$ 5.00	<input type="checkbox"/> \$ 9.00	<input type="checkbox"/> \$ 12.00
Life & AD&D Insurance	\$ 5.00	N/A	N/A

\*\*Medical “buy up” HMO→PPO                      \$297.00                      \$618.00                      \$961.00

\*\*Dental “buy up” HMO→PPO                      \$ 19.00                      \$ 39.00                      \$ 61.00

\*\*Options to “buy up” are the additional costs incurred when switching from HMO to PPO coverage and the Postdoc is intended to cover the difference.

**The amounts totaled MUST match a dollar amount above. The dependent costs must either all be charged to the scholar...or all to the department.**

**Monthly Cost of Benefits:**

Medical    \$ \_\_\_\_\_

Dental    \$ \_\_\_\_\_

Vision    \$ \_\_\_\_\_

Life & AD&D                                      \$ \_\_\_\_\_ 4.00 (Automatically enrolled)

**Total Monthly Cost of Benefits**        \$ \_\_\_\_\_ Enter this amount on page one