

University of Massachusetts, Amherst
2009-2010 Post Doctoral/Research Fellow Health Plan
Procedures for Enrollment

Policy Statement:

Post Doctoral/Research Fellows and their spouses and dependent children are eligible for enrollment in a Health Insurance plan sponsored by the University of Massachusetts, Amherst.

Purpose:

To ensure that Post Docs at the University (along with their spouse and dependent children) have timely access to health insurance while pursuing approved research.

Procedures:

Post Docs need to do the following (with assistance from their Department):

1. Complete the top portion of the 2009-2010 Umass Amherst Post Doc Health Insurance Enrollment Form. This can be found at <http://www.umass.edu/research/postdoc/2009-2010UMassAmherstPostDocEnrollmentform.pdf>

NOTE: Only the Post Doc's Employee ID or Campus ID will be accepted. If neither of these is available please contact Melinda LeLacheur (see below). **Do not include Social Security number!**

PI/Department Responsibility:

1. Complete the Funding Department Information:

- **Department Contact** – Name, email and phone of person completing form
- **Department Name** – Department funding the Post Doc.
- **PO #** - Purchase Order number generated by the funding department to pay for this specific premium amount. Departments should make every attempt to generate a PO for the entire enrollment term if it is known. If the Post Doc is paying out of pocket for the policy than leave this area blank.
 - **Vendor** is Gallagher-Koster Insurance Agency, #0000061639.
 - **Object code** is 734140.
- **Speed type and Project #** - Account from which the funds will be drawn to pay the premium. If the Post Doc is paying out of pocket for the policy than leave this area blank.
- **Premium Calculation**
 - **Monthly Premium** – The rates for the 2009-2010 enrollment period are outlined on the Enrollment Form. Coverage for just a spouse or child(ren) must be added to the Post Doc rate.

Examples:
Post Doc and Spouse (\$221+\$550) = \$771
Post Doc and child(ren) (\$221+\$396) = \$617
Post Doc, spouse and child(ren) (\$221+\$550+\$396) = \$1167
 - **Number of Months** – The 2009-2010 Post Doc Insurance Plan begins September 1, 2009 and ends August 31, 2010 (12 months). The Insurance term may be for any number of months within that period but always begins on the first of the month (no partial months).
 - **Total Premium** – Multiply the Monthly Premium by the Number of Months. (If department is funding than this amount must equal the total amount authorized by the PO.
- **Effective Date of Appointment** – In many cases the start of medical coverage will coincide with the effective date of appointment. Coverage must be maintained continuously. Deviations from this should be the exception and noted on the enrollment form.

- **Effective Dates of Policy** – Type in the beginning and ending dates that you want the policy to be for (even if the PO only represents a portion of the total term).
- **PI Signature and Date** – This person must have signature authority for the disbursement of funds from the account listed. If the Post Doc is paying out of pocket for the policy than leave this area blank.
- **Retain the original form for Departmental files.**

Submission of Enrollment Form:

1. If Policy is Department funded than the completed form is to be submitted via fax to Melinda LeLacheur (see below).
2. If Post Doc is paying out of pocket than the completed form must be to Melinda LeLacheur (see below) via mail or hand carry along with a check made payable to the “University of Massachusetts”. This check must cover at least the first month of expenses for all enrolled under the Post Doc’s policy.

Payment:

1. All billing from Gallagher Koster is handled through Melinda LeLacheur (see below). The departments will not see any invoices.
2. All Post Docs paying out of pocket are responsible for submitting payment directly to Melinda LeLacheur (See below) on a timely basis. Payment may be in person or via the mail.

Contact Info:

Melinda LeLacheur, Post Doc Insurance Program Administrator
 University of Massachusetts
 Office of Research Affairs
 Research Administration Building
 70 Butterfield Terrace
 Amherst, MA 01002
 Phone: 413-545-5283
 Fax: 413-577-1728
 Email: melindal@ora.umass.edu

Supporting documentation, forms, and appendices:

1. University of Massachusetts Amherst Post Doc Fellow Insurance Plan Enrollment Form [http://www.umass.edu/research/postdoc/2009-2010 UMass Amherst Post Doc Enrollment form.pdf](http://www.umass.edu/research/postdoc/2009-2010/UMass%20Amherst%20Post%20Doc%20Enrollment%20form.pdf)
2. The Plan Brochure is available at www.gallagherkoster.com. Click on “College and University Students” on the left hand side bar. At the bottom of the page select University of Massachusetts Amherst Post Docs from the drop down menu and click on Brochures Plan Documents on the left for complete details about coverage, limitations, and exclusions.