

**University of Massachusetts, Amherst  
2011-2012 Post Doctoral Insurance Plan  
Procedures for Enrollment**

**Policy Statement:**

Post Docs 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 2011-2012 Umass Amherst Post Doc Health Insurance Enrollment Form. This can be found at <http://www.umass.edu/research/policy/postdoctoral-benefits>.

**NOTE:** Only the Post Doc's Employee ID will be accepted. If it is not available please contact Melinda LeLacheur (see below). **Do not include Social Security number!**

**PI/Department Responsibility:**

1. Verify eligibility. This plan is only for people holding a Post Doctoral appointment at the University of Massachusetts Amherst. The positions are limited to the following:
  - Post Doctoral Research Associates
  - Senior Post Doctoral Research Associates
2. 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 2011-2012 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:  
 $\text{Post Doc and Spouse } (\$279 + \$695) = \$974$   
 $\text{Post Doc and child(ren)} (\$279 + \$501) = \$780$   
 $\text{Post Doc, spouse and child(ren)} (\$279 + \$695 + \$501) = \$1475$
    - **Number of Months** - The 2011-2012 Post Doc Insurance Plan begins September 1, 2011 and ends August 31, 2012 (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 the 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 (must coincide with the PO).
- **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 the Policy is Department funded than the completed form is to be submitted via fax to Melinda LeLacheur at 7-1728.
2. If the Post Doc is paying out of pocket than the completed form must be sent 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](mailto: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/system/files/2011-2012%20UMASS%20Amherst%20Post%20Doc%20Enrollment%20Form.pdf>
2. The Plan Brochure is available at [www.gallagherkoster.com](http://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.