



HEALTH INSURANCE REIMBURSEMENT REQUEST FORM

Knauss Fellowship: Fellows are required to have health insurance as a condition of their fellowship. Funding is provided in the grant award to offset this cost (up to \$11,500). Following the University of Maryland’s Graduate School policy for fellows, Maryland Sea Grant will provide reimbursement for costs for an *individual* policy out of the fellowship award.

REQUIRED INFORMATION

Name: _____ Email: _____

Payment term (period to be reimbursed): _____

REQUIRED DOCUMENTS TO BE ATTACHED:

- Proof of insurance (insurance card, insurance information on invoice, etc.)
- Proof of payment (receipt/paid invoice showing amount paid, with fellow's name, policy number, credit card number, or other evidence of payment for fellow)

By my signature below, I attest that at the present time, I do not participate in any State of Maryland health insurance plan offered by the University of Maryland as a benefit of employment, nor am I covered by the insurance plan of a spouse or parent.

Signature of Fellow

Date

FORM MUST BE RECEIVED WITHIN THREE MONTHS OF PAYMENT TO PROCESS REIMBURSEMENT.