

**This section must be completed and authorized by the unit or grant-holder responsible for the tuition.**

Appt. Title: GA \_\_\_\_ TA \_\_\_\_

Effective Date \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

**Check one: Standard 10 or 12-month appointment** \_\_\_\_ **Partial appointment** \_\_\_\_

Cr. hours to remit \_\_\_\_\_ *(please note that tuition/ fees will be charged to the salary account)*

Authorized by \_\_\_\_\_ Phone number \_\_\_\_\_  
*(Print)*

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

**This section must be completed and signed by the student.**

Name (please print) \_\_\_\_\_ RUID# \_\_\_\_\_

Email \_\_\_\_\_ School # \_\_\_\_\_

Address \_\_\_\_\_

**DOMESTIC STUDENTS ONLY**  
**FILL OUT THIS SECTION**

**INTERNATIONAL STUDENTS ONLY**  
**FILL OUT THIS SECTION**

This section to be filled out by U.S. citizens and permanent residents only.

This section to be used by International students on Rutgers University F or J visa sponsorship

**In order to request a waiver of student health insurance coverage, please go to [www.universityhealthplans.com](http://www.universityhealthplans.com) and enter your name, insurance provider, RU ID number and policy number (see below).**

**This section to be completed by TA/GAs Only:**

*For TA and GA with full appointments please enter: **SHBP Horizon BC/BS NJ Direct 15 Group # is 90500-TAGA***

- *International TA/GA's with an insurance plan from the University: please submit an exemption request form to the Center for Global Services.*
- *For other insurance, please submit an exemption request form to the Center for Global Services with proof of your other coverage.  
<http://globalservices.rutgers.edu>*

*For TA and GA with partial appointments please enter: **United Healthcare 2013-202826-1***

By signing below, I hereby claim tuition remission and attest that this information is correct. I realize that if I do not waive the student insurance plan at **www.universityhealthplans.com**, I will be responsible to pay the insurance cost for the semester.

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Student's signature \_\_\_\_\_

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Employee ID # \_\_\_\_\_

Employee ID # \_\_\_\_\_  
*(This is NOT your SSN)*

**Please return completed form with the term bill and applicable payment.**  
For additional information regarding remission, visit [www.studentabc.rutgers.edu](http://www.studentabc.rutgers.edu)