



STUDENT-ATHLETE AUTHORIZATION FOR VOLUNTARY DEDUCTION

Name of Student-Athlete:	Sport:	Student ID:
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A. Primary Insurance Coverage (Begins 1st of Month Enrolled):

I, _____ hereby authorize Boise State University to deduct from my athletic
 (Print Full Name)
 grant-in-aid, \$ _____, beginning _____ and ending _____ for a period of _____ months
 (Amount/Month) (Date) (Date) (Number)
 totaling \$ _____, to pay for my primary health insurance premiums.
 (Total Amount)

B. International Student-Athletes Only:

I also understand that a one-time per year repatriation fee will be deducted in the amount of \$ _____.
 (Amount)

C. Short-Term Policy (Entering Freshman and Transfers Arriving after the 1st of the Month):

I authorize Boise State University to deduct from my athletic grant-in-aid, \$ _____, beginning _____ and ending
 (Total Amount) (Date)
 _____ to pay for my short-term primary health insurance premiums.
 (Date)

In the event my athletic grant-in-aid is reduced or cut, I understand that I will have to pay Boise State University back for any remaining months of primary health insurance coverage premiums which have already been paid by the University. I also understand that any remaining primary health insurance premiums are my responsibility to pay to the insurance provider directly if I choose to keep my primary health insurance coverage.

Please Note: Insurance premium rates are re-evaluated by the insurance provider each calendar year and are subject to change.

Total Deduction

The total deduction from my athletic grant-in-aid to pay for my primary health insurance will be \$ _____. This will be
 (Total from A, B, C)
 deducted from my monthly stipend check in the amount of \$ _____ for _____ months from _____ to _____.
 (Amount/Month) (Number) (Date) (Date)

By signing below, I authorize Boise State University to make the above deductions.

Signature of Student-Athlete	Date
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Insurance Office

- Deduction in the amount of \$ _____ has been approved.
- Premium has been paid from _____ to _____.
 (Date) (Date)

Signature of Insurance Coordinator	Date
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Compliance

- Deduction has been applied to student-athlete's account.

Signature of Compliance	Date
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