Graduate assistants, post-doctoral associates and their eligible dependents are entitled to continuation coverage for a **maximum period of six (6) months** under the ISU Aetna Student and Scholar Health Insurance Plan if coverage is lost due to any of the following **qualifying events**:

- Death of the post-doctoral associate or graduate assistant covered under This Plan. (This applies only when the post-doctoral associate or graduate assistant has coverage other than single coverage.)
- Termination of employment for reasons other than gross misconduct, or if your work hours are reduced to the point that you are no longer eligible for coverage under the Student and Scholar Health Insurance Plan.
- Divorce or legal separation.
- The post-doctoral associate or graduate assistant covered under this Plan becomes eligible for Medicare.
- Dependent children no longer meet the Plan’s eligibility requirements.

**Please Note:** You or your eligible dependents are responsible for notifying the ISU Student and Scholar Insurance Office of dissolution of marriage, legal separation, or a child losing dependent status by calling **(515) 294-4800**. If Iowa State University does not receive such notice within **60 days** following one of these events, continuation of coverage may not be available.

The ISU Student and Scholar Insurance Office will email you the continuation forms with a letter once notified of your resignation by your department. If you wish to continue your coverage, you must complete this “Continuation Form” and submit it to the ISU SSHIP (Student and Scholar Health Insurance Program) office within **60 days** of the later date:

- You are no longer covered; or
- You are notified of the right to elect continuation coverage.

You will be responsible for paying any premiums for the continuation of this Plan.
The monthly premiums below are for the plan year of August 2013 to July 2014:

- **Single Plan**: $169.00 per month
- **Self and Spouse Plan**: $709.00 per month
- **Self and Child(ren) Plan**: $474.00 per month
- **Self and Family Plan**: $986.00 per month