

## Health Insurance Subsidy Needs Analysis Form

**Due by 5 p.m. on Friday, 04/15/05.** Please return this form to the Student Involvement Information Desk in Snell Hall/MU East, first floor.

Questions may be addressed to **Matthew Petrosian at 737-8236** or [asosu.external@oregonstate.edu](mailto:asosu.external@oregonstate.edu)  
 To allow ASOSU to determine your eligibility for the Health Insurance Subsidy program, you must fill in this form completely every term you seek assistance. **Failure to provide accurate or complete information will result in your disqualification from this program**

What to include with application:

- Copy of Pay Check Stub
  Financial Papers (Optional)
  Signed Application

\*Documentation provided will be held as confidential and privileged information to be viewed only by the subsidy processing officials.

Name: \_\_\_\_\_ OSU ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Email Address: \_\_\_\_\_

Best way to contact you (circle one): E-Mail      Regular Mail      Phone

1) Applicant is:      Resident      Non-resident

2) Do you currently have health insurance?      Yes      No

If yes, please name the company: \_\_\_\_\_

3) Do you have any dependents covered under your health insurance?      Yes      No

If yes, how many

4) \_\_\_\_\_ I do not receive financial aid.

\_\_\_\_\_ I have enclosed a copy of my financial aid award letter.

5) Total **monthly household** income, including the following:

A. Employment Pay	\$ _____
B. Teaching or Research Appointment Positions (TA or RA)	\$ _____
C. Domestic Partner/Spouses Employment Pay	\$ _____
D. Social Security/Veteran's Educational Benefits	\$ _____
E. Cash Assets/Bank Accounts/Embassy Support/Spousal Support	\$ _____
F. Other non-cash investments or loans (family or personal loans, dividends, trust funds, etc.)	\$ _____
G. Aid to families with dependent children (AFS)	\$ _____

**HOUSEHOLD INCOME**      \$ \_\_\_\_\_ **per month**

**FINANCIAL AID**      \$ \_\_\_\_\_ **per term**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date