GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

ELIGIBILITY:

All graduate students in good standing with the University of Alabama at Birmingham are eligible for the Graduate Student Medical Assistance Fund (GSMAF). Verification must be submitted identifying specific medical needs (in the form of an official bill). If you have questions regarding your particular situation, contact Student Advocacy, Rights and Conduct (SARC) at (205) 975-9509.

SUBMISSION INSTRUCTIONS:

Submit completed application to the Office of the Assistant Vice President of Student Development, Health and Wellness located in the Learning Resource Center (1714 9th Avenue South), room 310. Ensure that you sign the included waiver allowing the Office of the AVP to review any medical records with outside organizations.

Documentation Needed
1. Applicant completes pages 2-5
2. Enclose the following items related to the request:
   • all medical bills
   • receipts for payments made
   • a copy of insurance card (front and back)
   • Insurance Explanation of Benefits (EOBs)
3. Submit completed application with Office of AVP, Student Development, Health and Wellness (LRC, Rm 310A)

SUBMIT COMPLETE APPLICATIONS ONLY

Helpful Information:

The GSMAC may provide financial support for medical expenses in alignment with the following ramifications:

Up to 100% of amounts under $2000
Up to 75% of amounts of $2000-5000
Up to 50% of amounts over $5000, not to exceed $5000 total
CONFIDENTIAL - This form is for OFFICE USE AND STATISTICAL REPORTING ONLY and may not be disclosed except with specific written consent of the applicant. Confidential information will only be disclosed without written consent if the disclosure of information is necessary to mitigate a risk of danger to the applicant or others or in order to comply with university policy or applicable law. I understand that a copy of my application will be retained for Graduate Student Medical Assistance Fund records.

APPLICANT INFORMATION

Name: ________________________________ Phone #: ________________________________

UAB email: ___________________________ Alternate Phone #: ________________________

Address: ____________________________________________
____________________________________________________
____________________________________________________

Date of Birth: _____/_____/______ Sex: Male Female

School: ____________ Graduate program: ____________ Year/Title: ______

Expected graduation date: ______/_______/_______

Persons to contact in the event of emergency:

Name: ___________________________ Phone #: ___________________________

Name: ___________________________ Phone #: ___________________________
GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

AUTHORIZATION OF RELEASE OF HEALTH INFORMATION

I, ____________________________, hereby authorize ____________________________ to release the following health information:

☐ Medical Bills

☐ Other

If you marked other, please specify: __________________________________________

..........................................................

..........................................................

To: UAB Student Advocacy, Rights and Conduct (SARC) for the purpose of processing this Medical Assistance Fund Application, effective during the duration of this application processing.

Signature ____________________________

Name (Please Print) ____________________________

Date ____________________________
GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

MEDICAL SITUATION DESCRIPTION

Please provide a brief description of your medical situation and its associated cost. Please include copies of any bills related to this situation. *You can attach a typed copy of your explanation if preferred.*

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GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

I HEREBY CERTIFY THAT THE ABOVE INFORMATION AND ALL INFORMATION PRESENTED REGARDING MY REQUEST FOR ASSISTANCE IS CORRECT. I UNDERSTAND THAT ANY DELIBERATE MISREPRESENTATION OR WITHHOLDING OF FACTS WILL BE CONSIDERED FRAUDULENT AND WILL BE GROUNDS FOR DISQUALIFICATION. Initial_____

I UNDERSTAND THAT THE GRADUATE STUDENT MEDICAL ASSISTANCE FUND WILL ACCEPT ONLY ONE APPLICATION PER STUDENT PER 12 MONTH PERIOD. ACCORDINGLY, STUDENTS WITH CHRONIC NEEDS MUST REAPPLY ON AN ANNUAL BASIS. Initial_____

I UNDERSTAND THAT THE GRADUATE STUDENT MEDICAL ASSISTANCE FUND MAY TAKE UP TO 10 BUSINESS DAYS TO PROCESS AN APPLICATION. IF THE PROCESS SHOULD REQUIRE ADDITIONAL TIME, YOU WILL BE CONTACTED WITH A STATUS UPDATE. Initial_____

I UNDERSTAND THAT ANY ASSISTANCE AWARDED TO ME BY THE GRADUATE STUDENT MEDICAL ASSISTANCE FUND IS CONSIDERED TAXABLE INCOME BY THE IRS AND WILL BE REPORTED TO THE IRS AS SUCH. Initial_____

I UNDERSTAND THAT THE GRADUATE STUDENT MEDICAL ASSISTANCE FUND MAY DENY ASSISTANCE TO ANY APPLICANT, WITHOUT EXPLANATION. FURTHERMORE, ALL DECISIONS ARE FINAL AND NO APPEALS WILL BE REVIEWED. Initial_____

I UNDERSTAND THAT THE GRADUATE STUDENT MEDICAL ASSISTANCE FUND DETERMINES AWARD AMOUNTS. Initial_____

______________________________
Applicant Signature

______________________________
Date
GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION

CASE MANAGER/SARC RECOMMENDATION FORM
For SARC Use Only

Full Name of Student: __________________________________________

Case Manager/SARC Information:
Name: __________________________________________________________
Title: ___________________________________________________________
E-mail: __________________________________________________________
Phone: __________________________________________________________

Is the student currently in good standing with the University of Alabama at Birmingham?

Yes   No

Do the student’s records indicate the potential for graduation?

Yes   No

Comments:
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Case Manager/SARC Signature____________________________   Date___________