The Graduate Student Medical Assistance Fund

Mission Statement:
To prevent extraordinary medical costs from disrupting graduate student education.

The Graduate Student Association (GSA) has become aware of two issues affecting graduate student health care:

- It is imperative to keep our VIVA health insurance premiums and deductibles as low as possible since many students pay for their own insurance and many departments are experiencing fiscal difficulties.
- Some students experience real financial hardship due to medical costs. Durable medical equipment, prescription drugs, and other medically necessary items and procedures are not always insured by VIVA student health insurance.

Thus, the GSA is establishing the Graduate Student Medical Assistance Fund (GSMAF) in order to provide financial assistance to students who have extraordinary medical costs which are not covered by insurance. Funds will be provided by students, faculty, and community members who choose to donate, allowing us to care for our community while keeping our insurance costs low.

Fund applications, administration, disbursement, and fund-raising:
- Student Health Services will review applications for medical necessity.
- The Graduate School will review applications for financial necessity.
- The Graduate School will disburse funds to qualified applicants.
- The Graduate Student Association will oversee fund-raising.
Graduate Student Medical Assistance Fund Charitable Gift Contribution Form

Enclosed is my/our gift of $__________ made payable to The UAB Educational Foundation.

**METHODS OF PAYMENT:**
1. Enclosed is the initial payment of $__________, leaving an outstanding balance of $__________. *(Please make checks payable to The UAB Educational Foundation.)*
Bill me: ☐ Annually ☐ Semi-Annually ☐ Quarterly beginning __________ ☐ Don’t bill me

2. ___ I/we will make a transfer of securities: ___ shares of _______________________.
Estimated date of transfer: __________. *(Our office will contact you about the details.)*

3. If a payroll deduction option can be offered, would you prefer your pledge to be deducted automatically? ____ YES  ____ NO
Employee Number*: _______________ Employee Type — Bi-Weekly: _____ Monthly: _____
$__________ per pay period for _____ months or ____ years.
[If this option becomes available, you will be contacted before deductions begin.]

Permission to Print Name: ___ You may list my/our names as a donor (OR) ___ I/we prefer to remain anonymous. Please print name exactly as you wish to be listed:
_____________________________________________________________________

Contact Information for Gift Acknowledgement:
Name: __________________________
Address: ____________________________________________________________
Home Phone: ____________ Work Phone: ____________ Email: ________________
*This number can be found on your pay stub or through Oracle Self Service

Signature: __________________________________________ Date: ___________

Return pledge form to: Daphne Powell, UAB Development Office,
1530 3rd Avenue South, AB 1228, Birmingham, Alabama 35294-0112.
Call (205) 934-1807 or (205) 996-7028 for more information.

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