



The University of Alabama at Birmingham®

## **GRADUATE STUDENT EMERGENCY MEDICAL ASSISTANCE FUND APPLICATION**

### **ELIGIBILITY:**

Graduate students in good academic standing, currently enrolled for 9 credit hours or full-time student at UAB, unless the student is unable to register for 9 credit hours due to the qualifying medical event are eligible to apply for the Graduate Student Emergency Medical Assistance Fund (GSEMAF). The expense owed by the graduate student must be \$1000 or more in qualifying medical bills after insurance coverage has been applied. Verification must be submitted identifying specific medical expenses (in the form of an official bill). If you have questions regarding your situation, contact Student Health and Wellbeing (205) 934-8465.

### **AWARD LIMITATIONS:**

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

1. An applicant may not receive more than 10% of the total fund balance as of July 31st of the preceding academic year.
2. Only one award may be distributed per qualifying medical event/occurrence.
3. Over the course of their studies, a graduate student will be eligible for one award per two academic years.
4. The award does not cover anything considered cosmetic (services related to hair loss, cosmetic surgeries), weight loss medications, bariatric surgery, and infertility treatments.

Students with needs exceeding these guidelines are encouraged to petition for additional support. These petitions will be considered on a case-by-case basis. All awards are dependent on the availability of funds.

### **SUBMISSION INSTRUCTIONS:**

Submit completed application and all supporting documentation to the UAB Student Health Services secure patient portal via the “Medical Assistance Fund Application” Inbox under “Messages” ([https://studentwellness.uab.edu/login\\_directory.aspx](https://studentwellness.uab.edu/login_directory.aspx)) Ensure you sign the included waiver allowing the Office of the AVP and Student Health Services 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 as an attachment via the Student Health Services portal messages tab.

**SUBMIT COMPLETE APPLICATIONS ONLY**



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**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 an emergency:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_



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**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 Health Services and the office of the AVP, Student Health and Wellbeing 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**

**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



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**GRADUATE STUDENT MEDICAL ASSISTANCE FUND APPLICATION**

**CASE MANAGER/STUDENT ASSISTANCE RECOMMENDATION FORM**

***FOR STUDENT ASSISTANCE AND SUPPORT USE ONLY***

Full Name of Student: \_\_\_\_\_

**Case Manager/Student Assistance and Support 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:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Case Manager/Student Assistance**

\_\_\_\_\_  
**Date**