



MEMORANDUM

TO: Research Foundation Graduate Student Employees

FROM: Sean O'Brien
Research Foundation Benefits Specialist, Human Resources

DATE: March 11, 2024

RE: Graduate Student Employee Health Insurance - Summer Continuation

If you are terminating your employment with the Research Foundation between May 1st and May 31st, 2024, **and will be returning to the Research Foundation payroll in the fall**, you are eligible to continue your health insurance through the summer by having advance deductions come out of your paychecks prior to your termination.

If this applies to you, please have your Principal Investigator sign the attached form. stating that you will be reappointed in the fall and send the completed form to my, attention at **Research Foundation-HR Services, Townsend Hall 205 Hayes Rd South Campus.**

Please note that if you are continuing your employment through the summer, regular bi-weekly deductions will be taken from your paychecks. You will not be required to re-enroll. or take any other action unless there is a break in service.

If you are a graduate student employee terminating prior to May 1, 2024, and you are not returning. in the fall, or those that do not respond to this notice by Friday, April 19th, 2024, your coverage will. continue for an additional 28 days from your termination date and you will receive regular! notification to continue health coverage under COBRA.

If you should have any questions, please do not hesitate to contact me at (716) 645-4485, or email sobrien2@buffalo.edu, or Zachary Jenney at (716) 645-4439 or email zjenney@buffalo.edu .

Research Foundation Request for Summer Continuation of Health Insurance

(Completed by Employee)

Name: _____ Employee ID #: _____

I wish to continue my health insurance through the summer by taking advance deductions prior to my termination. Your Principal Investigator must certify below that you will be, re-appointed in the **fall of 2024**.

EMPLOYEE SIGNATURE: _____

EMPLOYEE PERSON #: _____

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(Completed by Principal Investigator)

This is to certify that it is my intention to reappoint the above-mentioned employee to a Research Foundation appointment in the **fall of 2024**.

Principal Investigator Name: _____

Principal Investigator Signature: _____

Please return this completed form to Sean O'Brien, Research Foundation Human Resource Services, at Townsend Hall 205 Hayes Rd South Campus no later than Friday, April 19, 2024.