

## Insurance Verification Form for U.S. citizens and permanent residents

Please, **print out, complete and then e-mail a scanned copy of this form** to: [osip@getty.edu](mailto:osip@getty.edu)

If you have any questions do not hesitate to contact Daniela Ferrari, OSIP Supervisor, via email at [dferrari@getty.edu](mailto:dferrari@getty.edu) or via phone at: 001-310-440-6123.

Scholar/Fellow Name: \_\_\_\_\_

### Please check all that applies:

- I will not select the health insurance plans offered at the J. Paul Getty Trust while I (and my dependents, if any) will be in residence at the Getty.

-----OR-----

- I have selected the health insurance coverage offered at the J. Paul Getty Trust for me (and my dependents, if any) during my residence at the Getty and,
- I understand, and agree, that the premium(s) of the insurance coverage will be deducted from my paychecks every two weeks, until the last day of the month of my residency.

Please be aware that, if you decline Getty coverage, the Getty will not provide you or your family members with any health coverage whatsoever, and the Getty will not be able to help you with questions related to any other coverage you buy.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_