

Health Insurance Expenditures – Fellowships and Training Grants

Vice President for Research Policy

Background:

Wayne State University (WSU) recognizes the importance of providing a robust research training experience to graduate students and postdoctoral scholars. In order to acknowledge the importance of training grants to the university, as well as to encourage graduate students and postdoctoral scholars to compete for prestigious externally-funded awards, the university will offset a portion of any health insurance overage charged to these types of awards. Research trainees and fellows are considered “non-employees” and are paid via stipends, a mechanism which does not provide the same benefits package as that provided to employees. In order to provide coverage to those taking part in the research experience, medical and dental insurance are offered to these stipend recipients under the same plan that is offered to employees. Since the sponsored awards paying these stipends typically do not provide sufficient funding to cover the employer portion of the health insurance costs, this shortfall often results in a deficit on the sponsored project.

Eligibility Requirements for Fellowships:

External fellowships meeting the following criteria are eligible:

- The fellowship is offered by a national or international agency or institution, with awards determined through a competitive (i.e. peer-reviewed) process.
- For graduate fellows, the competitive award stipend/salary is equal to or greater than the general fund minimum stipend of a WSU graduate assistantship in the same discipline.

<https://gradschool.wayne.edu/funding/assistantship-hiring-compensation>

Financial Responsibility - Student:

Stipend recipients will be responsible for paying the employee portion of the health insurance at the same rates paid by employees. The premiums are deducted on a biweekly basis and amounts will vary depending on the insurance plan selected.

The current rates for the various insurance options are published on the Benefits & Wellness website (<https://hr.wayne.edu/tcw/health-welfare/medical-rates>).

Financial Responsibility - Award:

Health Insurance is an allowable cost under the training related expenses category of NIH training grants (T32, T35), and the institutional allowance category of NIH fellowship awards (F30, F31, F32, F33). This budget line should be used to offset health insurance costs. Currently, these awards include a budget amount of \$4,200/each for predoctoral fellows, and \$9,850/each for postdoctoral fellows. Health insurance budget amounts provided by fellowships from other sponsoring agencies may vary.

Financial Responsibility - University:

In the event that the total cost of health insurance charged to the grant exceeds the amounts budgeted for training related expenses or institutional allowance, the overage will be covered as established by agreement between OVPR and the relevant School/College/Division.

Process:

- Upon award establishment and selection of the trainee/fellow’s insurance plan, the individual’s department should complete the Health Insurance Overage form and forward to Sponsored Program Administration (SPA).
- SPA will review and forward to the OVPR Business Office along with a copy of the award notice.
- When the Financial Status Report is prepared by SPA, the final shortfall amount will be communicated to OVPR Business Office for resolution.

DIVISION OF RESEARCH

Fellow/Trainee Name: _____

Banner ID#: _____

AWARD DETAILS (PLEASE ATTACH COPY OF AWARD NOTICE)

| | | | |
|-------------------------------|--|---------------------|--|
| <i>Sponsor</i> | | <i>Index</i> | |
| <i>Principal Investigator</i> | | <i>Award Period</i> | |

COMPUTATION OF ESTIMATED HEALTH INSURANCE SHORTFALL

Insurance Plan Selected:

Single

Two-Person

Family

Bi-weekly amount to be charged to award:

(Current rates can be found at <https://hr.wayne.edu/tcw/health-welfare/medical-rates>)

A - Annual amount to be charged to award (Bi-weekly amount x 24)

B - Annual amount allotted in award for health insurance costs

C - Estimated annual shortfall (A minus B)

Form will be retained in OVPR business office until final Financial Status Report completion.

Principal Investigator

Date

SPA Reviewer

Date

Date Sent to OVPR

Fellow/Trainee Name: _____

Banner ID#: _____

| COMPUTATION OF FINAL HEALTH INSURANCE SHORTFALL | | | |
|--|--|---------------------|--|
| <i>Sponsor</i> | | <i>Index</i> | |
| <i>Principal Investigator</i> | | <i>Award Period</i> | |

Was pre-approval form sent to OVPR? No Yes Date _____

Final FSR deficit amount attributable to health insurance

(SPA to attach copy of final FSR)

***Amount approved
for funding by
OVPR***

Index

OVPR Business Office

Date
