



Employee Benefits
<http://web.mit.edu/hr/benefits/>

Human Resources
Massachusetts Institute of Technology

Room E19-215
77 Massachusetts Avenue
Cambridge, MA 02139-4307

Phone 617.253.0500
Fax 617.253.2694
TTY 617.258.9344
Email benefits-www@mit.edu

NOTICE OF CONTINUATION OF HEALTH ENROLLMENT

I, _____, hereby notify the MIT Benefits Office, that I am continuing my health plan membership that was in effect on the day before my Postdoctoral Fellowship commenced at MIT with no changes to the Plan.

If you wish to continue your coverage with your health plan membership with no changes, this notice must be submitted within 31-days of the commencement of your Postdoctoral Fellowship appointment.



Social Security Number _____

Signature _____

Date _____