

**ASTRONOMY AND ASTROPHYSICS
POSTDOCTORAL FELLOWSHIPS**

BENEFITS ALLOWANCE FORM

FY09-11 New Awardees

The NSF Astronomy and Astrophysics Postdoctoral Fellowships (AAPF) program provides each awardee with an annual benefits allowance of \$10,000, paid to the Fellow and/or the host institution in support of fringe benefits, including health insurance (provided through either a group plan offered by the host organization or an individual plan secured by the Fellow), dental and/or vision insurance, disability insurance, retirement savings contributions, dependent care and moving expenses.

Prior to the start of tenure, the Fellow must determine what portion(s) of the benefits allowance should be paid to the Fellow (via direct deposit to a personal banking account) and/or to the host institution (via request using the Host Institutional Allowance Request form). The institutional component of the benefits allowance must be combined with the \$3,000 host institutional allowance in a single, annual request. Each portion of the benefits allowance must be administered annually in whole dollar amounts.

Please Complete:

\$ _____ of the annual benefits allowance will be paid to the Fellow.

+ \$ _____ of the annual benefits allowance will be paid to the host institution.

\$ **10,000**

I understand and agree that the benefits allowance will be paid annually according to the amounts apportioned above. Changes to the benefits allowance apportionment may be made on an annual basis only and must be requested with resubmission of this form to the cognizant Program Officer before the fellowship award Annual Report due date, i.e., 90 days prior to the anniversary of the award start date.

Print Name: _____ Signature: _____

Mailing Address: _____

Home Phone: _____ Office Phone: _____

Email Address: _____

Date: _____