Student
Health & Counseling
A Division of Student Academic Affairs

2009 - 2010 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Quarter	Coverage Dates	Fees	Quarter(s) desired	$20 late fee assessed after	Application not accepted after
Fall 2009	Sept 9 – Dec 31	$856.55	_____	Sep 25, 2009	Oct 9, 2009
Winter 2010	Dec 31 – Mar 26	$818.75	_____	Jan 18, 2010	Jan 29, 2010
Spring 2010	Mar 26 – Jun 11	$807.95	_____	Apr 9, 2010	Apr 26, 2010
Summer 2010	Jun 11 – Sep 8	$824.15	_____	Jun 25, 2010	Jul 9, 2010

ONE YEAR Start Date: _____ End Date: _____ (Price based on days in quarter)

Eligibility (check one):

☐ **Student's Formal Program:** _____

☐ **Approved Leave of Absence**
(Students eligible for LOA coverage may enroll in the SRHP Plan for one quarter per lifetime. You must attach the completed LOA form. Check LOA above if LOA is only criteria for eligibility.)

Last Name: **First Name:**

Date of Birth:

Street Address:

City, State, Zip Code:

Phone Number: **E-Mail Address:**

Do you have face to face contact with patients? Yes No
Do you have exposure to human blood, tissue or cell lines? Yes No
(Please circle one)

Premium to be Paid by:
[ ] Student (Please make check payable to: UC Regents)
[ ] Department Recharge (please list recharge fund below)

Account to be charged: _____
FUND DPA FY Program Code

Departmental Authorization:
By signing this form you are attesting that the student listed above is engaged in a formally recognized academic pursuit or program by the University of California, San Francisco for the quarter(s) for which health insurance is being purchased. (Note: the completed LOA form is in lieu of signature below)

Physical Therapy 2nd year and DPT students do not require departmental authorization.

Signature: Date:

Print Name: Date:

Your Department: Student's Formal Program:

Box #: Phone #:

ALL FIELDS MUST BE COMPLETED BEFORE FORM SUBMISSION