

2023-24 APPLICATION FOR COVERAGE Scholars and Researchers Health Plan

Enrollment Form for School of Medicine Researchers

			Quarter(s) to	\$20 Late Fee	Application not
Quarter	Coverage Dates	Premium	Enroll	Assessed After	accepted after
Fall 2023	Aug 1 - Jan 1	\$3,674.20		Aug 19, 2023	Sep 1, 2023
Winter 2024	Jan 1 - Apr 1	\$2,210.84		Jan 22, 2024	Feb 1, 2024
Spring 2024	Apr 1 - Jun 17	\$1,880.41		Apr 22, 2024	May 1, 2024
Summer 2024	Jun 17 - Aug 1	\$1,125.13		Jul 8, 2024	Jul 15, 2024
Full Year	Aug 1 - Aug 1	\$8,890.58		N/A	N/A

^{*}Coverage effective/terminates 12:01am on dates listed above

coverage encouromentates 12.01am e	The data of the total distriction		
Eligibility (please list program):			
☐ Student's Formal Program	n:		
Last Name:	First Name:		
Last Name.	FIISt Name.		
Date of Birth:	UC ID:		Gender:
Street Address:			
City, State, Zip Code:			
Phone Number:	E-Mail Address:		
Do you have face to face contact w Do you have exposure to human b			Yes No Yes No (Please circle one)
	Card, and checks accepted. Checks pay (please list chart string below)	able to: UC l	Regents.)
Account to be charged:			
FUI	ND DeptID Function	Project	Flexfield
	ing that the student listed above is engage e University of California, San Francisco		
Signature:	Date:		
Print Name:	Date:		
Department:	Student's Formal Prog	ram:	
Email Address:	Phone #		