



Enrollment Form for Graduate Division Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	\$20 Late Fee Assessed After	Application not accepted after
Fall 2021	Sep 1 – Jan 1	\$2,499.01		Sep 23, 2021	Oct 1, 2021
Winter 2022	Jan 1- Mar 28	\$1,778.12		Jan 21, 2022	Feb 1, 2022
Spring 2022	Mar 28 – Jun 13	\$1,597.91		Apr 20, 2022	Apr 28, 2022
Summer 2022	Jun 13 – Sep 1	\$1,657.97		Jul 5, 2022	Jul 13, 2022
Full Year	Sep 1 – Sep 1	\$7,533.01		N/A	N/A

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

Eligibility (please list program):

Student's Formal Program: _____

Last Name: _____ **First Name:** _____

Date of Birth: _____ **UC ID:** _____

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 (VISA, MasterCard, and checks accepted. Checks payable to: UC Regents.)
- Department Recharge (please list chart string below)

Account to be charged: _____
FUND DeptID Function Project Flexfield

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.

Signature: _____ **Date:** _____

Print Name: _____ **Date:** _____

Your Department: _____ **Student's Formal Program:** _____

Email Address: _____ **Phone #:** _____