UCSF Student Health & Counseling
Student Academic Affairs

2020-21 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Enrollment Form for Bridges Curriculum Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	$20 Late Fee Assessed After	Application not accepted after
Fall 2020	Jul 31 – Jan 1	$3,071.75		Aug 23, 2020	Sep 1, 2020
Winter 2021	Jan 1- Mar 29	$1,758.40		Jan 23, 2021	Feb 1, 2021
Spring 2021	Mar 29 – Jun 14	$1,562.37		Apr 21, 2021	Apr 29, 2021
Summer 2021	Jun 14 – Aug 1	$ 993.91		Jul 7, 2021	Jul 14, 2021
Full Year	Jul 31 – Aug 1	$7,386.43		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:

Department: Student's Formal Program:

Email Address: Phone #:

ALL FIELDS MUST BE COMPLETED BEFORE FORM SUBMISSION
Send to: UCSF Student Health and Counseling Services, 500 Parnassus Avenue, Millberry Union
P8 Level, Room 005
San Francisco, CA 94143-0722