



**Enrollment Form for Professional School Scholars and Researchers**

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	\$20 Late Fee Assessed After	Application not accepted after
Fall 2020	Sep 9 – Jan 1	\$2,287.64		Oct 3, 2020	Oct 11, 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 – Sep 8	\$1,738.78		Jul 7, 2021	Jul 14, 2021
Full Year	Sep 9 – Sep 8	\$7,347.19		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 #:** \_\_\_\_\_