UCSF Student Health & Counseling
Student Academic Affairs

2021-22 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

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 2021	Sep 8 – Jan 1	$2,358.84		Oct 4, 2021	Oct 11, 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 7	$1,778.12		Jul 5, 2022	Jul 13, 2022
Full Year	Sep 8 – Sep 7	$7,512.99		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 #:

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