

<input type="checkbox"/> NEW
<input type="checkbox"/> RENEWING
8 0
Wells Fargo Student Insurance Medical ID#



**SCHOLARS &
RESEARCHERS
DEPENDENT
ENROLLMENT FORM**

UC SAN FRANCISCO GRADUATE STUDENT HEALTH INSURANCE PLAN
2016-2017 ENROLLMENT FORM FOR DEPENDENTS OF SCHOLARS AND RESEARCHERS
www.ucop.edu/ucship

Please review the Benefit Booklet for a complete description of benefits, limitations, and plan procedures before submitting this application.
 To obtain the Benefit Booklet or to view the Summary of Benefits and Coverage (SBC), you can visit the UC SHIP website (www.ucop.edu/ucship), click on the PLAN DOCS tab on the home page and scroll to your campus to find your plan documents. You also can visit Student Health Services, or call Anthem Blue Cross at 866-940-8306 to obtain a copy.

STUDENT'S NAME	LAST / SURNAME					MIDDLE INITIAL																																	
	FIRST NAME																																						
STUDENT I.D. #					DATE OF BIRTH (Month, Day, Year)					SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only)																													
U.S. MAILING ADDRESS (Use school address if none)					STREET										APARTMENT #																								
CITY					STATE					ZIP																													
PHONE #					EMAIL ADDRESS (REQUIRED)																																		
Please check appropriate box: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE					Please check appropriate box: <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED/DOMESTIC PARTNER					Please check appropriate box: <input type="checkbox"/> DOMESTIC <input type="checkbox"/> INTERNATIONAL																													
PLEASE LIST DEPENDENTS TO BE INSURED BELOW. DEPENDENT COVERAGE IS AVAILABLE ONLY IF THE STUDENT IS ALSO INSURED. Please see the Benefit Booklet for complete benefits and contact information. (Dependents must be enrolled on the date the student is enrolled or within 30 days of a qualifying event)																																							
LAST / SURNAME					FIRST NAME					MIDDLE INITIAL					GENDER (M/F)					DATE OF BIRTH (Month, Day, Year)					SOCIAL SECURITY OR TAX I.D. # (U.S. Citizens and Permanent Residents only)														
SPOUSE/DOMESTIC PARTNER:																																							
CHILD:																																							
CHILD:																																							
CHILD:																																							
CHILD:																																							
CHILD:																																							

REQUIRED DOCUMENTATION FOR DEPENDENT ENROLLMENTS (MUST ATTACH AND MAIL WITH THIS ENROLLMENT FORM):

- a) For spouse, a marriage certificate
- b) For same-sex/opposite-sex domestic partner, a Declaration of Domestic Partnership issued by the State of California, or of same-sex legal union other than marriage formed in another jurisdiction, or a completed Declaration of Domestic Partnership form issued by the University. Please note: Opposite-sex partners are eligible for domestic partnership *only* if one or both partners are age 62 or older and eligible for Social Security benefits based on age
- c) For natural child, a birth certificate showing the student is the parent of the child
- d) For stepchild, a birth certificate, and a marriage certificate showing that one of the parents listed on the birth certificate is married to the student
- e) For adopted or foster child, documentation from the placement agency showing that the student has the legal right to control the child's health care
- f) For child eligible by court order, provide court documents which direct that the child will be covered under the insurance plan of the noncustodial parent

PAYMENT METHOD (Remit in US Funds Only)	
<input type="checkbox"/> Check/Money Order – MAKE CHECKS PAYABLE TO: Wells Fargo Student Insurance	Note: Premium is non-refundable unless you are found to be ineligible for the plan
<input type="checkbox"/> Credit Card: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover	
Credit Card Account Number:	Expires (month, year):
Cardholder's Name:	
(Print Cardholder's name exactly as it appears on card.)	
Enroll by phone (800) 853-5899, or send enrollment form, dependent documentation, and payment by mail or fax to: Wells Fargo Student Insurance, 10940 White Rock Road, 2nd Floor, Rancho Cordova, CA 95670 • Fax (877) 612-7966	

This is limited term coverage only. Coverage will end on the last date specified in the plan you select, unless you enroll to continue insurance for an additional term. Premiums are calculated based on the plan term and will not be pro-rated. Coverage begins at 12:01 am and ends at midnight. It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment or fine. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

COMPLETE BOTH SIDES OF THE ENROLLMENT FORM AND SIGN BELOW

I attest by signing below that I have reviewed the information I have provided on this application and to the best of my knowledge and belief, it is true and accurate with no omissions or misstatements. I have read and agree to the terms stated in the medical coverage Benefit Booklet and (if vision coverage is elected or automatically included) the Blue View Vision Plan Booklet including the binding arbitration provisions. I AGREE TO HAVE ANY DISPUTE OR CLAIM RELATED TO UC SHIP BENEFITS IN EXCESS OF THE JURISDICTIONAL LIMITS OF THE SMALL CLAIMS COURT DECIDED BY NEUTRAL ARBITRATION AND GIVE UP MY RIGHT TO A TRIAL BY COURT OR JURY. I have read and understand provisions described in the Delta Dental Evidence of Coverage booklet (if dental coverage is elected or automatically included with medical coverage). My signature below authorizes The University of California to provide Wells Fargo Student Insurance with required information necessary in the event of a medical emergency. I understand my information is protected by privacy laws and will be released only in accordance with these laws. The only people who have access to this information are employees of my University, UC Office of the President (UCOP) and other third parties authorized by UCOP. Information may be disclosed to those who have an insurance-related regulatory or legal need for the information. I understand that, in other situations, you will ask me for written authorization to disclose information about me.

SIGNATURE OF STUDENT _____	DATE _____
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Questions? Call (800) 853-5899.

UC SAN FRANCISCO GRADUATE STUDENT HEALTH INSURANCE PLAN - 2016-2017 ENROLLMENT FORM FOR DEPENDENTS OF SCHOLARS AND RESEARCHERS

ENROLLMENT INSTRUCTIONS: Determine which Group the Insured Student (primary policyholder) belongs to. *Note: Dependent enrollment in this plan is voluntary.* Dependents must enroll in the same term of coverage as the student. Check only one of the term boxes and the corresponding rate from the selection below. Make total payment using the appropriate premium amounts. *Open enrollment starts 31 days prior to each specified term start date. Enrollments received outside of the 31 day period will NOT be processed. Please submit your form or call Wells Fargo Student Insurance to enroll during the enrollment period. Coverage is not automatically renewed. You must re-enroll each academic term to maintain coverage. Notification of expiration of coverage will not be provided. See other side for required documentation for dependent enrollments.*

TERM	DATES OF COVERAGE	Spouse/Domestic Partner Only MEDICAL ONLY	Spouse/Domestic Partner Only MEDICAL, DENTAL, VISION	Child(ren) MEDICAL ONLY	Child(ren) MEDICAL, DENTAL, VISION	Family (Spouse & Children) MEDICAL ONLY	Family (Spouse & Children) MEDICAL, DENTAL, VISION
GROUP 1: Biochemistry & Molecular Biology, Biochemistry, Biochemistry & Cell Biology, Bioengineering & Therapeutic Sciences, Biomedical Science, Cell Biology, Developmental Biology, Tetrad, & Child Adolescent Services, and School of Medicine.							
FALL 1	9/1/16 - 12/31/16	<input type="checkbox"/> \$2,739.08	<input type="checkbox"/> \$2,826.43	<input type="checkbox"/> \$2,096.73	<input type="checkbox"/> \$2,183.49	<input type="checkbox"/> \$4,732.53	<input type="checkbox"/> \$4,893.61
WINTER 1	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 1	4/3/17 - 6/16/17	<input type="checkbox"/> \$1,683.87	<input type="checkbox"/> \$1,737.58	<input type="checkbox"/> \$1,288.97	<input type="checkbox"/> \$1,342.31	<input type="checkbox"/> \$2,909.35	<input type="checkbox"/> \$3,008.37
SUMMER 1	6/17/17 - 8/31/17	<input type="checkbox"/> \$1,706.31	<input type="checkbox"/> \$1,760.73	<input type="checkbox"/> \$1,306.16	<input type="checkbox"/> \$1,360.21	<input type="checkbox"/> \$2,948.13	<input type="checkbox"/> \$3,048.48
GROUP 2: School of Nursing, Sociology, and School of Medicine Post Bacs summer quarter only							
FALL 2	9/7/16 - 12/31/16	<input type="checkbox"/> \$2,604.38	<input type="checkbox"/> \$2,687.44	<input type="checkbox"/> \$1,993.61	<input type="checkbox"/> \$2,076.10	<input type="checkbox"/> \$4,499.78	<input type="checkbox"/> \$4,652.94
WINTER 2	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 2	4/3/17 - 6/16/17	<input type="checkbox"/> \$1,683.87	<input type="checkbox"/> \$1,737.58	<input type="checkbox"/> \$1,288.97	<input type="checkbox"/> \$1,342.31	<input type="checkbox"/> \$2,909.35	<input type="checkbox"/> \$3,008.37
SUMMER 2	6/17/17 - 9/12/17	<input type="checkbox"/> \$1,975.73	<input type="checkbox"/> \$2,038.75	<input type="checkbox"/> \$1,512.39	<input type="checkbox"/> \$1,574.97	<input type="checkbox"/> \$3,413.62	<input type="checkbox"/> \$3,529.81
GROUP 3: PACCTR Fellows - Doris Duke, PACCTR Fellowship, Pharmacy Practice Residents							
FALL 3	10/1/16 - 12/31/16	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
WINTER 3	1/1/17 - 3/31/17	<input type="checkbox"/> \$2,020.63	<input type="checkbox"/> \$2,085.07	<input type="checkbox"/> \$1,546.77	<input type="checkbox"/> \$1,610.77	<input type="checkbox"/> \$3,491.21	<input type="checkbox"/> \$3,610.04
SPRING 3	4/1/17 - 6/30/17	<input type="checkbox"/> \$2,043.09	<input type="checkbox"/> \$2,108.25	<input type="checkbox"/> \$1,563.95	<input type="checkbox"/> \$1,628.66	<input type="checkbox"/> \$3,530.00	<input type="checkbox"/> \$3,650.15
SUMMER 3	7/1/17 - 9/30/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
GROUP 4: Pharmacy Specialty Residents							
FALL 4	10/5/16 - 1/4/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
WINTER 4	1/5/17 - 4/4/17	<input type="checkbox"/> \$2,020.63	<input type="checkbox"/> \$2,085.07	<input type="checkbox"/> \$1,546.77	<input type="checkbox"/> \$1,610.77	<input type="checkbox"/> \$3,491.21	<input type="checkbox"/> \$3,610.04
SPRING 4	4/5/17 - 7/4/17	<input type="checkbox"/> \$2,043.09	<input type="checkbox"/> \$2,108.25	<input type="checkbox"/> \$1,563.95	<input type="checkbox"/> \$1,628.66	<input type="checkbox"/> \$3,530.00	<input type="checkbox"/> \$3,650.15
SUMMER 4	7/5/17 - 10/4/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
GROUP 5: Clinical Pastoral Education							
FALL 5	9/6/16 - 12/5/16	<input type="checkbox"/> \$2,043.09	<input type="checkbox"/> \$2,108.25	<input type="checkbox"/> \$1,563.95	<input type="checkbox"/> \$1,628.66	<input type="checkbox"/> \$3,530.00	<input type="checkbox"/> \$3,650.15
WINTER 5	12/6/16 - 3/5/17	<input type="checkbox"/> \$2,020.63	<input type="checkbox"/> \$2,085.07	<input type="checkbox"/> \$1,546.77	<input type="checkbox"/> \$1,610.77	<input type="checkbox"/> \$3,491.21	<input type="checkbox"/> \$3,610.04
SPRING 5	3/6/17 - 6/5/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SUMMER 5	6/6/17 - 9/15/17	<input type="checkbox"/> \$2,290.05	<input type="checkbox"/> \$2,363.09	<input type="checkbox"/> \$1,753.00	<input type="checkbox"/> \$1,825.53	<input type="checkbox"/> \$3,956.70	<input type="checkbox"/> \$4,091.37
GROUP 6: Dietetic Internship							
FALL 6	8/1/16 - 10/31/16	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
WINTER 6	11/1/16 - 1/31/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 6	2/1/17 - 4/30/17	<input type="checkbox"/> \$1,998.18	<input type="checkbox"/> \$2,061.91	<input type="checkbox"/> \$1,529.58	<input type="checkbox"/> \$1,592.87	<input type="checkbox"/> \$3,452.42	<input type="checkbox"/> \$3,569.93
SUMMER 6	5/1/17 - 7/28/17	<input type="checkbox"/> \$1,998.18	<input type="checkbox"/> \$2,061.91	<input type="checkbox"/> \$1,529.58	<input type="checkbox"/> \$1,592.87	<input type="checkbox"/> \$3,452.42	<input type="checkbox"/> \$3,569.93
GROUP 7: School of Pharmacy Post Bacs							
FALL 7	8/9/16 - 12/31/16	<input type="checkbox"/> \$3,255.47	<input type="checkbox"/> \$3,359.30	<input type="checkbox"/> \$2,492.01	<input type="checkbox"/> \$2,595.12	<input type="checkbox"/> \$5,624.73	<input type="checkbox"/> \$5,816.18
WINTER 7	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 7	4/3/17 - 5/31/17	<input type="checkbox"/> \$1,324.64	<input type="checkbox"/> \$1,366.89	<input type="checkbox"/> \$1,013.99	<input type="checkbox"/> \$1,055.94	<input type="checkbox"/> \$2,288.68	<input type="checkbox"/> \$2,366.58
GROUP 8: School of Medicine (SOM) Post Bacs							
FALL 8	9/7/16 - 12/31/16	<input type="checkbox"/> \$2,604.38	<input type="checkbox"/> \$2,687.44	<input type="checkbox"/> \$1,993.61	<input type="checkbox"/> \$2,076.10	<input type="checkbox"/> \$4,499.78	<input type="checkbox"/> \$4,652.94
WINTER 8	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 8	4/3/17 - 5/31/17	<input type="checkbox"/> \$1,324.64	<input type="checkbox"/> \$1,366.89	<input type="checkbox"/> \$1,013.99	<input type="checkbox"/> \$1,055.94	<input type="checkbox"/> \$2,288.68	<input type="checkbox"/> \$2,366.58
GROUP 9: School of Dentistry (SOD) Post Bacs							
FALL 9	8/1/16 - 12/31/16	<input type="checkbox"/> \$3,435.08	<input type="checkbox"/> \$3,544.64	<input type="checkbox"/> \$2,629.50	<input type="checkbox"/> \$2,738.30	<input type="checkbox"/> \$5,935.06	<input type="checkbox"/> \$6,137.07
WINTER 9	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 9	4/3/17 - 6/31/17	<input type="checkbox"/> \$1,988.18	<input type="checkbox"/> \$2,061.91	<input type="checkbox"/> \$1,529.58	<input type="checkbox"/> \$1,592.87	<input type="checkbox"/> \$3,452.42	<input type="checkbox"/> \$3,569.93
GROUP 11: Bridges Researchers							
FALL 11	8/1/16 - 12/31/16	<input type="checkbox"/> \$3,435.08	<input type="checkbox"/> \$3,544.64	<input type="checkbox"/> \$2,629.50	<input type="checkbox"/> \$2,738.30	<input type="checkbox"/> \$5,935.06	<input type="checkbox"/> \$6,137.07
WINTER 11	1/1/17 - 4/2/17	<input type="checkbox"/> \$2,065.54	<input type="checkbox"/> \$2,131.41	<input type="checkbox"/> \$1,581.14	<input type="checkbox"/> \$1,646.56	<input type="checkbox"/> \$3,568.79	<input type="checkbox"/> \$3,690.26
SPRING 11	4/3/17 - 6/16/17	<input type="checkbox"/> \$1,683.87	<input type="checkbox"/> \$1,737.58	<input type="checkbox"/> \$1,288.97	<input type="checkbox"/> \$1,342.31	<input type="checkbox"/> \$2,909.35	<input type="checkbox"/> \$3,008.37
SUMMER 11	6/17/17 - 7/31/17	<input type="checkbox"/> \$1,010.32	<input type="checkbox"/> \$1,042.55	<input type="checkbox"/> \$773.38	<input type="checkbox"/> \$805.38	<input type="checkbox"/> \$1,745.61	<input type="checkbox"/> \$1,805.02

Premiums are used by the University to pay for medical and pharmacy claims, dental insurance provided through Delta Dental, vision insurance provided through Anthem Blue View Vision, and the administrative fees paid to Anthem Blue Cross (medical claims administration), Wells Fargo Student Insurance (eligibility processing), and OptumRx (pharmacy claims administration) and the University of California (program management).

PLEASE SEE OTHER SIDE FOR PAYMENT INFORMATION - YOU MUST COMPLETE BOTH SIDES OF THIS ENROLLMENT FORM.

WELLS FARGO INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or by calling us at (800) 853-5899 or by visiting us at studentinsurance.wellsfargo.com.