



Enrollment Form for Graduate Division and School of Medicine Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	\$20 Late Fee Assessed After	Application not accepted after
Fall 2018	Sep 1 – Jan 1	\$2,093.88		Sep 21, 2018	Oct 2, 2018
Winter 2019	Jan 1- Apr 1	\$1,557.25		Jan 22, 2019	Feb 1, 2019
Spring 2019	Apr 1 – Jun 17	\$1,339.24		Apr 22, 2019	May 1, 2019
Summer 2019	Jun 17 – Sep 1	\$1,322.48		Jul 8, 2019	Jul 17, 2019
Full Year	Sep 1 – Sep 1	\$6,312.85		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 cash 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