UCSF Student Health & Counseling
Student Academic Affairs

2019-20 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Enrollment Form for Graduate Division Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	$20 Late Fee Assessed After	Application not accepted after
Fall 2019	Sep 1 – Jan 1	$2,250.70		Sep 23, 2019	Oct 1, 2019
Winter 2020	Jan 1- Mar 30	$1,655.43		Jan 23, 2020	Feb 1, 2020
Spring 2020	Mar 30 – Jun 15	$1,438.97		Apr 21, 2020	Apr 30, 2020
Summer 2020	Jun 15 – Sep 1	$1,457.00		Jul 7, 2020	Jul 15, 2020
Full Year	Sep 1 – Sep 1	$6,802.10		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