

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 2017	Sep 1 – Jan 1	\$2,003.88		Sep 22, 2017	Oct 2, 2017
Winter 2018	Jan 1- Apr 2	\$1,494.70		Jan 23, 2018	Feb 1, 2018
Spring 2018	Apr 2 – Jun 18	\$1,264.74		Apr 23, 2018	May 2, 2018
Summer 2018	Jun 18 – Sep 1	\$1,231.89		Jul 9, 2018	Jul 18, 2018
Full Year	Sep 1 – Sep 1	\$5,995.21		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 #:** _____