UCSF Student Health & Counseling
Student Academic Affairs

2017-18 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Enrollment Form for Bridges Curriculum Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	$20 Late Fee Assessed After	Application not accepted after
Fall 2017	Jul 31 – Jan 1	$2,529.49		Aug 19, 2016	Sep 1, 2016
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 – Aug 1	$ 722.72		Jul 9, 2018	Jul 18, 2018
Full Year	Jul 31 – Aug 1	$6,011.65		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