UCSF Student Health & Counseling
Student Academic Affairs

2016 - 2017 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Enrollment Form for Professional School Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	$20 Late Fee Assessed After	Application not accepted after
Fall 2016	Sep 7 – Jan 1	$1,827.92		Sep 27, 2016	Oct 7, 2016
Winter 2017	Jan 1- Apr 3	$1,449.75		Jan 24, 2017	Feb 1, 2017
Spring 2017	Apr 3 – Jun 17	$1,181.85		Apr 21, 2017	May 3, 2017
Summer 2017	Jun 17 – Sep 13	$1,386.70		Jul 7, 2017	Jul 17, 2017
Full Year	Sep 7 – Sep 13	$5,846.22		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: **MyAccess 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