



**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 2017	Sep 13 – Jan 1	\$1,806.79		Oct 4, 2017	Oct 13, 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 12	\$1,412.58		Jul 9, 2018	Jul 18, 2018
Full Year	Sep 13 – Sep 12	\$5,978.81		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 #:** \_\_\_\_\_