University of California
San Francisco

2026-27 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan

Enrollment Form for Professional School Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	Application not accepted after
Fall 2026	Sep 10 – Jan 1	$4,099.36		Oct 11, 2026
Winter 2027	Jan 1- Mar 29	$3,156.14		Feb 1, 2027
Spring 2027	Mar 29 – Jun 14	$2,793.37		Aril 30, 2027
Summer 2027	Jun 14 – Sep 9	$3,156.14		Jul 15, 2027
Full Year	Sep 10 – Sep 9	$13,205.01		N/A

**Coverage effective/terminates at 12:01am on dates listed above*

Eligibility (please list program):

☐ **Student's Formal Program:** _____

Last Name: **First Name:**

Date of Birth: **UC ID:** **Gender:**

Street Address:

City, State, Zip Code:

Phone Number: **E-Mail Address:**

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 Mental Health and Wellbeing, 500 Parnassus Avenue, Millberry Union P8 Level, Room 005
San Francisco, CA 94143-0722