



University of California
San Francisco

**2026-27 APPLICATION FOR COVERAGE
Scholars and Researchers Health Plan**

Enrollment Form for School of Medicine Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	Application not accepted after
Fall 2026	Aug 1 - Jan 1	\$5,550.46		Sep 1, 2026
Winter 2027	Jan 1 – Mar 29	\$3,156.14		Feb 1, 2027
Spring 2027	Mar 29 - Jun 14	\$2,793.37		April 30, 2027
Summer 2027	Jun 14 - Aug 1	\$1,741.32		Jul 15, 2027
Full Year	Aug 1 - Aug 1	\$13,241.29		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:** _____

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