



Enrollment Form for School of Medicine Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	Application not accepted after
Fall 2025	Aug 1 - Jan 1	\$5,092.33		Sep 1, 2025
Winter 2026	Jan 1 – Mar 30	\$2,928.91		Feb 1, 2026
Spring 2026	Mar 30 - Jun 15	\$2,562.81		April 30, 2026
Summer 2026	Jun 15 - Aug 1	\$1,564.32		Jul 15, 2026
Full Year	Aug 1 - Aug 1	\$12,148.37		N/A

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

☐ 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:** _____

☐ 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

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 #: _____

**Send to: UCSF Student Mental Health and Wellbeing, 500 Parnassus Avenue, Millberry Union
P8 Level, Room 005
San Francisco, CA 94143-0722**