

2025-26 APPLICATION FOR COVERAGE Scholars and Researchers Health Plan

Enrollment Form for Professional School Scholars and Researchers

			Quarter(s) to	Application not
Quarter	Coverage Dates	Premium	Enroll	accepted after
Fall 2025	Sep 11 – Jan 1	\$3,727.72		Oct 11, 2025
Winter 2026	Jan 1- Mar 30	\$2,928.91		Feb 1, 2026
Spring 2026	Mar 30 – Jun 15	\$2,562.81		Aril 30, 2026
Summer 2026	Jun 15 – Sep 10	\$2,895.63		Jul 15, 2026
Full Year	Sep 11 – Sep 10	\$12,115.07		N/A

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

Eligibility (please list pro	ogram):						
☐ Student's Formal	Program:						
Last Name:		First	Name:				
Date of Birth:	UC I	D:		Gender:			
Street Address:							
City, State, Zip Code:							
Phone Number:		E-Mail Address:					
Premium to be paid by: [] Student (VISA, [] Department Re	,			ayable to: UC R	egents.)		
Departmental Authorizat By signing this form, you a academic pursuit or progra insurance is being purchas	are attesting that am by the Unive						
Signature:		Date:					
Print Name:		Date	Date:				
Your Department:		Stud	Student's Formal Program:				
Email Address:		Phor	Phone #:				