University of California
San Francisco

2024-25 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 2024	Aug 1 - Jan 1	$4,352.88		Sep 1, 2024
Winter 2025	Jan 1 – Mar 31	$2,558.42		Feb 1, 2025
Spring 2025	Mar 31 - Jun 16	$2,221.96		May 1, 2025
Summer 2025	Jun 16 - Aug 1	$1,352.77		Jul 15, 2025
Full Year	Aug 1 - Aug 1	$10,463.03		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:** **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