



University of California
San Francisco

**2024-25 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 2024	Sep 12 – Jan 1	\$3,175.27		Oct 10, 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 – Sep 11	\$2,502.34		Jul 15, 2025
Full Year	Sep 12 – Sep 11	\$10,457.99		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:** _____

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