



**Enrollment Form for Graduate Division Scholars and Researchers**

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	\$20 Late Fee Assessed After	Application not accepted after
Fall 2023	Sep 1 – Jan 1	\$2,942.53		Sep 22, 2023	Oct 1, 2023
Winter 2024	Jan 1- Apr 1	\$2,210.84		Jan 22, 2024	Feb 1, 2024
Spring 2024	Apr 1 – Jun 17	\$1,880.41		Apr 22, 2024	May 1, 2024
Summer 2024	Jun 17 – Sep 1	\$1,856.80		Jul 8, 2024	Jul 15, 2024
Full Year	Sep 1 – Sep 1	\$8,890.58		N/A	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:** \_\_\_\_\_

Do you have face to face contact with patients? Yes No  
 Do you have exposure to human blood, tissue or cell lines? Yes No  
(Please circle one)

**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 #:** \_\_\_\_\_