



Enrollment Form for Professional School Scholars and Researchers

Quarter	Coverage Dates	Premium	Quarter(s) to Enroll	\$20 Late Fee Assessed After	Application not accepted after
Fall 2023	Sep 7 – Jan 1	\$2,800.91		Sep 28, 2023	Oct 5, 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 12	\$2,116.43		Jul 8, 2024	Jul 15, 2024
Full Year	Sep 7 – Sep 12	\$9,008.59		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 #:** _____