

STUDENT HEALTH INSURANCE ENROLLMENT FORM

Arizona Board of Regents
University of Arizona

SUMMER 2011

Last Name _____ First Name _____ MI _____

SID: _____ Date of Birth _____ Gender _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Last Name	First Name	MI	Date of Birth	Gender
Spouse/Domestic Partner				
Child				
Child				
Child				

University of Arizona Medical Student: Once enrolled, you and your dependents if enrolled under your policy will be automatically re-enrolled and billed the appropriate premium through The University of Arizona Bursar's office in future semesters (each fall and spring) upon class registration. I understand that the Campus Health Insurance Office will notify me through my official University of Arizona email address (@email.arizona.edu) if I am not meeting the eligibility requirements. If I wish to cancel my coverage, I must do so during the published "Open Enrollment" period. These "Open Enrollment" notices will be communicated to me through "Broadcast Email" to my official University of Arizona email address (@email.arizona.edu).

I am ordering (please circle coverage type)

Student Only Student/Spouse Student/Domestic Partner Student/Children Student/Spouse/Children

Signature _____ Date _____

The amounts noted below apply to "Student Only" coverage. Please check the one for which you are applying:

_____ Full summer coverage period: June 1, 2011 – August 15, 2011 at \$337.00

_____ Bridge program: July 20, 2011 – August 15, 2011 at \$119.81

_____ First day of Tucson Campus Medical College classes: August 1, 2011 – August 15, 2011 at \$66.56

_____ First day of Phoenix Campus Medical College classes: July 25, 2011 – August 15, 2011 at \$97.63

Return this completed form and premium payment to:

THE UNIVERSITY OF ARIZONA
CAMPUS HEALTH SERVICE INSURANCE OFFICE
PO BOX 210095 TUCSON, ARIZONA 85721-0095