



2009-10 UC Student Health Insurance Enrollment Form

Please see reverse side for deadlines & instructions

Student's Name _____ Student's UCID# _____ M _____

Please check one below:

- Single student** @ \$447 per term (when students purchase spring coverage, no additional premium is due for summer coverage)
- Single student** @ \$671 per semester (law students only)

Coverage Dates by Term *(Please check one below)*

- Fall '09 9/19/09 – 1/3/10*
- Winter '10 1/4/10 – 3/28/10
- Spring '10 3/29/10 – 9/18/10
- Summer '10 6/21/10 – 9/18/10*

(Summer is for students enrolling for the first time.)

Coverage Dates by Medical Term *(Please check one below)*

- Fall '09 8/13/09 – 1/3/10
- Winter '10 1/4/10 – 3/28/10
- Spring '10 3/29/10 – 8/12/10
- Summer '10 6/21/10 – 8/12/10

Coverage Dates by Semester *(Law Students only)*

Please check one below:

- Fall '09 8/13/09 – 1/10/10
- Spring '10 1/11/10 – 8/12/10

Special Coverage Dates

* International students who are required to arrive between 8/15/09 and 9/18/09 for the 2009-10 academic year, coverage begins on the date they are required to be on campus, at no additional charge.

Student Signature _____

Today's Date _____

This form may be used for enrollment only. For waiver of insurance, please use the Insurance Waiver Form.

2009-10 Regulations & Instructions

- All students who register for co-op or six (6) or more credit hours are automatically assessed health insurance coverage unless they previously have waived coverage during the then current academic year.
- Graduate students enrolled in fewer than six (6) credit hours are eligible to purchase Student Health Insurance (*must be graduate credit hour(s) toward their matriculated degree*). A completed UC Student Health Insurance Enrollment Form must be received by **each** term/semester deadline for which they desire coverage. Please call 513.556.6868 for details.
- All requests for enrollment for the term/semester must be received no later than the third Friday of that corresponding term/semester 2009-10. The fall term deadline for medical students is **September 11** and for non-medical students is **October 9**. Remaining deadlines for medical and non-medical students are: **January 22 (winter)**; **April 16 (spring)**; and **July 9 (summer)**. Semester deadlines are: **September 11 (fall)**; and **January 29 (spring)**. For additional information, contact the Student Health Insurance Office at 513.556.6868; Suite 334, the Lindner Center.
- Please mail this form to: Student Health Insurance Office, University of Cincinnati, PO Box 210010, Cincinnati, OH 45221-0010; fax this form to: 513.556.6655; or drop it off in person to the Student Health Insurance Office located in the Lindner Center, Suite 334.