# 2014-15 UC Student Health Insurance Enrollment Form

Information is subject to change due to healthcare reform. Please see reverse side for deadlines & instructions.

Last Name First Name Birthdate Sex Relationship

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

### Single Student Coverage Dates and Premiums (Please check ONE below)

- Single Student Fall ............................................. 8/11/14 to 1/11/15 .......................................... $1,064 Fall semester
- Single Student Spring ........................................... 1/12/15 to 8/10/15 .......................................... $1,064 Spring/Summer semester
- Single Student Summer ........................................ 5/11/15 to 8/10/15 (new students only) ............ $    541 Summer semester

### Dependent Coverage Dates and Premiums (Annual Only) 8/11/14 to 8/10/15

Students who enroll for dependent coverage, must maintain eligibility for BOTH fall and spring semesters.

- Student + Spouse ...................................................$  9,893 per year
- Student + Child(ren) Under Age 18 .......................$  9,577 per year
- Student + Child(ren) Over Age 18 ...........................$  9,893 per year
- Student + Spouse + Child(ren) Under Age 18 .........$12,399 per year
- Student + Spouse + Child(ren) Over Age 18 .......... $12,715 per year

### Special Coverage Dates — International Students

International students who are required to arrive between 7/26/14 and 8/10/14 for the 2014-15 academic year, coverage begins on the date they are required to be on campus, at no additional charge.

Last Name | First Name | Birthdate | Sex | Relationship
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Student Signature

Today’s Date
All students who register for Co-op or six (6) or more credit hours are automatically assessed single student health insurance coverage unless they previously have waived coverage during the then current academic year or have coverage under a Student Health Insurance (SHI) dependent policy.

Graduate students enrolled in fewer than six (6) credit hours are eligible to purchase Student Health Insurance. They are required to be matriculated and to take at least one (1) credit hour per semester (excluding summer) and the credit hour must be toward their current degree. A completed UC Student Health Insurance Enrollment Form must be received by each semester deadline for which they desire coverage. See bullet below for dependent coverage enrollment requirements. Please call 513.556.6868 for details.

Students who enroll for dependent coverage may not change their enrollment status until the following academic year unless a qualifying event occurs. Additionally, to maintain dependent coverage, students must maintain their eligibility (e.g., undergraduate — six (6) credit hours and/or Co-op per semester; graduate—one (1) graduate credit hour per semester). Premiums are not prorated.

All requests for enrollment for the semester must be received no later than the fifteenth day of that corresponding 2014-15 semester. The fall semester deadline is September 8, 2014. The spring semester deadline is January 26, 2015. The summer semester deadline is May 25, 2015.

For additional information, contact SHI at 513.556.6868; Suite 334, the Lindner Center.

You may return 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.