 Office of Student Insurance Main: (848) 932-8285

Hurtado Health Center Fax: (732) 932-3331

11 Bishop Place, Room 228 Email: insure@rci.rutgers.edu

New Brunswick, NJ 08901 http://riskmanagement.rutgers.edu

**Request for Health Insurance for Graduate PT Students considered FT**

This form is required for Graduate Part Time Students considered Full Time by their department who want to enroll in the student insurance plan at the full time student premium. This form must be submitted with payment each semester.

**Note: This form is not to be used by students on University F-1, F-2, J-1 or J-2 Visa sponsorship.**

**SELECT ONE SEMESTER ONLY**

The rate for the FALL 2015 is $766.00\*. Effective date 08/15/15 - 1/14/16 Deadline to enroll: September 18, 2015

Student Health Insurance Premium of $766.00 to be paid by 🞎 Graduate School 🞎 Department 🞎 Student 🞎 Other

The rate for the SPG/SMR 2015 is $1065\*. Effective date 1/15/16– 8/14/16 Deadline to enroll: February 5, 2016

Student Health Insurance Premium of $1065\* to be paid by 🞎 Graduate School 🞎 Department 🞎 Student 🞎 Other

**\***Insurance premium plus admin fee. The insurance premium does not include the Health Fee.

**Please complete this form each semester and bring or mail it with a check payable to: Rutgers University**.

Office of Student Insurance, Hurtado Health Center, 11 Bishop Place, Room 228, New Brunswick NJ 08901.

**After submission, you will receive an email in 7-10 business days to your Rutgers email address from United Healthcare advising you to print your card.** For benefit details call 800-505-4160 or visit [www.uhcsr.com](http://www.uhcsr.com) .

Please print legibly.

Student Name: Last:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RU ID Number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ APT #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_ Zip code: \_\_\_\_\_\_\_\_\_\_\_

Rutgers email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am completing/have completed my course work but, considered full time by my department.

**Student Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Completion by Rutgers Graduate Program Director/Dean/Authorized Personnel:** I certify that the above statement is accurate.

Name of Department\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(PRINT) Name of Graduate Program Director/ Dean/Authorized Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Program Director/Dean/Authorized Personnel \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised: 07/08/14

OFFICE USE ONLY Received form: Mail \_\_\_ In person \_\_\_\_\_ Amount received \_\_\_\_\_\_\_\_\_\_\_\_ Date Received \_\_\_\_\_\_\_\_\_\_

Check # \_\_\_\_\_\_\_ School/Credits\_\_\_\_\_\_\_\_\_\_Processed Date\_\_\_\_\_\_\_\_\_\_\_\_\_Initials\_\_\_\_\_\_\_\_