# 2017-18 UC Student Health Insurance Enrollment Form

Please see reverse side for deadlines & instructions.

**Student’s Name:**

**Student’s UCID# M:**

### Single Student Coverage Dates and Premiums

- **Fall Semester:** 8/10/17 to 1/7/18.....$1,232
- **Spring Semester:** 1/8/18 to 8/9/18.....$1,232 semester
- **Summer Semester:** 5/7/18 to 8/9/18.....$597

### Dependent Coverage Dates and Premiums (Annual Only) 8/10/17 to 8/9/18

- Student + Spouse or Child Over Age 18..........................$4,928 per year
- Student + Child Under Age 18.................................$4,496 per year
- Student + Children Under Age 18...............................$6,528 per year
- Student + Children Over Age 18.................................$7,392 per year
- Student + Spouse + Child Under Age 18.......................$6,960 per year
- Student + Spouse + Child Over Age 18.........................$6,868 per year
- Student + Spouse + Children Under Age 18..................$8,992 per year
- Student + Spouse + Children Over Age 18....................$9,856 per year

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**Student Signature:**

**Today’s Date:**

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### Last Name | First Name | Birthdate | Sex | Relationship
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This form may be used for enrollment only. For waiver of insurance, please use the Insurance Waiver Form.
2017-2018 Regulations & Instructions

- 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 SHI. 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 SHI 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 sixteenth day of that corresponding 2017-18 semester. The fall semester deadline is September 5, 2017. The spring semester deadline is January 23, 2018. The summer semester deadline is May 22, 2018.

- 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.

* Not enrolled in exempt programs