2019-2020 Enrollment Form- Student Health Insurance

SECTION A: Notices
1. Submit your completed form to Student Health Insurance Office: studins@ucmail.uc.edu by the deadline.
2. The deadline is the 15th day of the semester, from the full term start date.
3. Graduate students who enroll in fewer than 6 credit hours in order to maintain their candidacy for degree may request to purchase coverage but will not be charged automatically. Students must be matriculated and taking at least one credit hour towards their degree. Such students must request coverage from the student health insurance office and must satisfy all application requirements each semester. Graduate students on dissertation can take 1 credit hour per year, vs. per semester to be eligible.
4. Family plans must be added at the beginning of the fiscal year (fall), and are charged at one time, unless there is a qualifying event, or the student began enrollment in the spring semester.
5. The insurance card will be available online through Catalyst, once the request has been fully processed.

SECTION B: Student Information

Student M#: ____________________________  UC Email: ____________________________

Last Name: ____________________________  Address: ____________________________

First Name: ____________________________  City: ____________________________

Gender: ____________________________  State: ____________________________

Date of Birth: ____________________________  Zip: ____________________________

SECTION C: Plan Selection

_____ Student Only (Fall Only)  _____ (Spring Only)  _____ (Summer Only)

Family Plan Rates Annually: (August 10th, 2019 – August 9th, 2020)

_____ Stud + 1 < 18 ($4,286)  _____ Stud + 1 > 18 ($4,720)  _____ Stud + 2(+) < 18 ($6,212)

_____ Stud + 1 > 18 + 1 < 18 ($6,646)  _____ Stud + 2(+) > 18 ($7,080)  _____ Stud + 1 > 18 + 2(+) < 18 ($8,572)

_____ Stud +1 >18 + 2(+)>18 ($9,440)

SECTION D: Dependent Information

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<th>Relationship to Student</th>
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SECTION E: Verification

My signature below verifies the following: I am requesting to enroll in SHI coverage. I understand the notices in Section A of this form.

Student Signature: ____________________________

Date: _____________