

2021-2022 Enrollment Form- Student Health Insurance

SECTION A: Notices

1. Requests for enrollment must be submitted to Student Health Insurance Office: studins@ucmail.uc.edu by the term deadline.
2. The term 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.
4. Graduate students on dissertation can take 1 credit hour per year, vs. per semester to be eligible to request enrollment.
5. Family plans must be added at the beginning of the fiscal year (fall), and are charged in full to the fall semester, unless the student did not attend the fall semester, then family plans can be pro-rated to begin the spring semester.
6. You must meet the enrollment requirements for this request to be processed. Once processed, the charge for the Student Health Insurance will be applied to your bursar account.
7. Plans cannot be cancelled or refunded.
8. 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

Single Student Enrollment

Please select period/periods you wish to enroll in coverage.

Fall: August 10th - December 31st: \$1,180

Spring/Summer: January 1st - August 9th: \$1,180

Please check if you will be on dissertation in the fall and are requesting spring coverage.

Summer Only: May 1st – August 9th: \$632



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Annual Family Plan Enrollment - August 10th – August 9th

- Student + 1 < 18 (\$4,286)
- Student + 1 > 18 (\$4,720)
- Student + 2 or more < 18 (\$6,212)
- Student +1 > 18 + 1 < 18 (\$6,646)
- Student + 2 or more > 18 (\$7,080)
- Student + 1 > 18 + 2 or more < 18 (\$8,572)
- Student + 3 or more >18 (\$9,440)

SECTION D: Dependent Information

First Name	Last Name	Date of Birth	Relationship to Student	Gender

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: _____

