Graduate Student Enrollment Form Request

SECTION A: Notices

1. **You must select “Enroll/Opt-In” on the To Do item under Tasks in Catalyst for the Student Health Insurance Requirement for this form to be processed.**

2. Requests for enrollment must be submitted to Student Health Insurance Office: studins@ucmail.uc.edu by the term deadline. 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.

3. Graduate students who enroll in less than 6 credit hours are eligible to request coverage but will not be charged automatically. Students must be matriculated and taking at least 1 credit hour towards their degree. Students on dissertation in the fall taking 1 credit hour are eligible for spring coverage.

4. Plans cannot be cancelled or refunded.

SECTION B: Student Information

Student M#:_______________________________ Full Name:_____________________________

SECTION C: Plan Selection

**Single Student Enrollment**

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

- Fall: August 10th - December 31st
- Spring/Summer: January 1st - August 9th
  - Please check if you will be on dissertation in the fall and are requesting spring coverage.
- Summer Only: May 1st – August 9th

For rate information please visit: [https://med.uc.edu/landing-pages/studenthealth/rates-dates-deadlines/premium-rates](https://med.uc.edu/landing-pages/studenthealth/rates-dates-deadlines/premium-rates).

SECTION D: 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:____________