

Fall Session 2018- Term 2184
Arizona Board of Regents Student Health Insurance administered by Aetna

Name _____

Student ID # _____ Birth Date _____

Coverage period: **August 16, 2018 through December 31, 2018**

Student Only: Add Drop \$789.00

If adding coverage: I will be automatically re-enrolled and billed the appropriate premium through UA Bursar's office in future semesters (each fall & spring) within 3 business days of showing registration units, providing eligibility is met. UA Online, UA South, & Distance Learner students: Once enrolled, the Health portion of the Health & Recreation fee will be automatically applied to your account.

If dropping coverage: I understand that coverage will cancel effective August 16th and any cost for services rendered during the coverage period will be my responsibility.

Submit documentation securely to: <https://web.health.arizona.edu/cgi-bin/secure/insform>

Signature _____ Date _____

This form must be received by September 4, 2018. This is the last day of the published "Open Enrollment".

UA Campus Health Insurance
P.O. Box 210095
Tucson, AZ 85721-0095
Phone: (520) 621-5002
Fax: (520) 626-8616

office use: UAccess Premium H&R fee _____ PC 10 _____ LC 110000 _____ PNC Notified EE LOG Exemption Reinstated