

## SPECIAL PROGRAM INSURANCE ELIGIBILITY FORM

### For Students in Special Semester or Academic Year Programs

This form contains important information concerning your health care coverage while you are participating in a special semester or academic year program. If you are participating in one of the special programs listed below (See #2: Check the Appropriate Program), you are eligible to enroll/continue enrollment in the University of Rochester Student Health Insurance Plan.

Coverage includes the mandatory health fee and the UR Student Health Insurance Plan (Aetna). Please complete this form and return it to the UHS Insurance Advisor who will assist you with the enrollment process. You should complete this form *before* the start of the semester or the year in which you will begin the program. You will be billed for the mandatory health fee and Aetna Student Health insurance on your tuition billing statement.

**IF YOU HAVE QUESTIONS:** Write to the UHS Insurance Advisor at [insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu). Information about the University of Rochester Student Health Insurance Plan is available on the UHS web site ([www.rochester.edu/uhs](http://www.rochester.edu/uhs)). Click on "UR Student Health Insurance Plan (Aetna)" in the Quick Links box. You can also call University Health Service at 585-275-2637.

**1. PLEASE PRINT:**

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

☐ Male ☐ Female ☐ Other

Student ID Number: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street City State Zip Code

E-mail Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**2. CHECK THE APPROPRIATE PROGRAM:**

1. \_\_\_\_ Study Abroad [Please return form by August 15 if studying abroad in the fall or January 15 if studying abroad in the spring semester]
2. \_\_\_\_ Internship/Co-Op/Visiting
3. \_\_\_\_ Final semester part-time [less than 12 credit hours]
4. \_\_\_\_ Part-time for one semester only [will be full-time in the following semester]
5. \_\_\_\_ In Absentia
6. \_\_\_\_ Degree completion (August only)
7. \_\_\_\_ Other (specify) \_\_\_\_\_

**3. SPECIFY THE SEMESTER(S) FOR WHICH COVERAGE IS DESIRED:**
☐ Fall \_\_\_\_\_ ☐ Spring \_\_\_\_\_  
Year Year
**4. SIGN AND DATE AT THE X:**
☐ I **want to enroll** in the University of Rochester Student Health Insurance Plan.

X \_\_\_\_\_

SIGNATURE

\_\_\_\_\_

DATE

**RETURN THIS FORM TO:** UHS Insurance Advisor, University Health Service

- By e-mail ([insurance@uhs.rochester.edu](mailto:insurance@uhs.rochester.edu)), or
- By fax (585-756-0263), or
- In person Room 204 or 221, UHS Building, University of Rochester River Campus, or
- Mail (Box 270617, 738 Library Road, Rochester, NY 14627)