



**RUTGERS**  
UNIVERSITY

Office of Student Insurance  
Hurtado Health Center  
11 Bishop Place, Room 228  
New Brunswick, NJ 08901

Main: (848) 932-8285  
Fax: (732) 932-3331  
Email: insure@rci.rutgers.edu  
<http://riskmanagement.rutgers.edu>

## Request for Health Insurance for Graduate PT Students considered FT

This form is required for Graduate Part Time Students considered Full Time by their department who want to enroll in the student insurance plan at the full time student premium. This form must be submitted with payment each semester.

**Note: This form is not to be used by students on University F-1, F-2, J-1 or J-2 Visa sponsorship.**

### SELECT ONE SEMESTER ONLY

The rate for the FALL 2015 is \$766.00\*. Effective date 08/15/15 - 1/14/16 Deadline to enroll: September 18, 2015  
Student Health Insurance Premium of \$766.00 to be paid by  Graduate School  Department  Student  Other

The rate for the SPG/SMR 2015 is \$1065\*. Effective date 1/15/16– 8/14/16 Deadline to enroll: February 5, 2016  
Student Health Insurance Premium of \$1065\* to be paid by  Graduate School  Department  Student  Other

\*Insurance premium plus admin fee. The insurance premium does not include the Health Fee.

**Please complete this form each semester and bring or mail it with a check payable to: Rutgers University.**

Office of Student Insurance, Hurtado Health Center, 11 Bishop Place, Room 228, New Brunswick NJ 08901.

**After submission, you will receive an email in 7-10 business days to your Rutgers email address from United Healthcare advising you to print your card.** For benefit details call 800-505-4160 or visit [www.uhcsr.com](http://www.uhcsr.com).

Please print legibly.

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_

RU ID Number: \_\_\_\_\_ Phone \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Rutgers email \_\_\_\_\_

I certify that I am completing/have completed my course work but, considered full time by my department.

**Student Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Completion by Rutgers Graduate Program Director/Dean/Authorized Personnel:** I certify that the above statement is accurate.

Name of Department \_\_\_\_\_ Phone: \_\_\_\_\_

(PRINT) Name of Graduate Program Director/ Dean/Authorized Personnel \_\_\_\_\_

Signature of Program Director/Dean/Authorized Personnel \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE ONLY	Received form: Mail _____ In person _____	Amount received _____	Date Received _____
	Check # _____	School/Credits _____	Processed Date _____
			Initials _____