



**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 Students

### Registered as Part-Time and Treated as Full-Time

*This form is required for Graduate Students registered for fewer than 9 credits and considered full time by their graduate program and who want to enroll in the student insurance plan at the full time rate. This form must be submitted along 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 2014 is \$711.00. Effective date 08/15/14 - 1/14/15 Deadline to enroll: October 10, 2014  
Student Health Insurance Premium of \$711 to be paid by  Graduate School  Department  Student  Other

The rate for the SPG/SMR 2014 is \$985.00. Effective date 1/15/15– 8/14/15 Deadline to enroll: March 15, 2014  
Student Health Insurance Premium of \$985 to be paid by  Graduate School  Department  Student  Other

**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 Graduate Program \_\_\_\_\_ 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 # _____	Date Deposited _____	School/Credits _____	Processed Date _____ Initials _____