

Fall Session 064
Arizona Board of Regents Student Health Insurance
Administered by United HealthCare of Arizona

Name _____

Student ID # _____ Birth Date _____

I wish to have the Student Health Insurance: (circle one) Added to Dropped from my University of Arizona Student Account for the coverage period of **August 16, 2006 through January 15, 2007**

Please select the coverage to be added or dropped:

- | | | | |
|---|------------|---|------------|
| <input type="checkbox"/> Student Only | \$527.00 | <input type="checkbox"/> Student and Children | \$1,843.00 |
| <input type="checkbox"/> Student and Spouse | \$2,067.00 | <input type="checkbox"/> Student, Spouse and Children | \$2,729.00 |

Signature _____ Date _____

This form must be received by September 5, 2006, as this is the last day of the enrollment

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

Office use: SIS CHS ES PNC Reinstated Log