



**CAMPUS
HEALTH**

**Arizona Board of Regents
STUDENT HEALTH INSURANCE**
underwritten by **aetna**

Spring Early Arrival for International Students

Last Name _____ First Name _____ MI _____

SID: _____ Date of Birth _____ Gender _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Office use: Plan Code 108 Location Code 1100007

Benefits apply to the 2018-2019 Policy Year

_____ **4-week** coverage period: December 7, 2018 – December 31, 2018

Available to students who arrive before December 21st

Last day to enroll: December 7, 2018

Premium amount: \$143.00 plus the spring premium amount \$1,299.00 will post to your student Bursar's account as a single charge of **\$1,442.00** providing coverage through August 15, 2019

_____ **2-week** coverage period: December 21, 2018 – December 31, 2018

Available to students who arrive on or after December 21st

Last day to enroll: December 21, 2018

Premium amount: \$62.92 plus the spring premium amount \$1,299.00 will post to your student Bursar's account as a single charge of **\$1,361.92** providing coverage through August 15, 2019

Required documentation:

- Completed enrollment application
- Travel itinerary (flight ticket displaying your name and arrival date to US)

University of Arizona Student: Once enrolled, you will be automatically re-enrolled and billed the appropriate premium through the UA Bursar's office in future semesters (each fall and spring) within 3 business days of showing registering units. In compliance with UA email policy, all open enrollment notices and information regarding the health care options is sent to your official UA email (@email.arizona.edu) address.

Signature _____ Date _____

By my signature, I understand that no premium will be refunded for the time period purchased and that I will be auto-enrolled in future semesters and that the premium will post to my UAccess Student Center account.

Submit your completed enrollment application and travel itinerary securely to:

<https://web.health.arizona.edu/cgi-bin/secure/insform>

Fax 520-626-8616