

**Summer Session 2017- Term 2172
CampusCare**

Name _____

Student ID # _____ Birth Date _____

Coverage period: **June 1, 2017 through August 15, 2017**

I elect to: Add Drop \$72.50

Last day to submit this enrollment form is June 19, 2017

If adding coverage: You will be automatically re-enrolled and billed the appropriate enrollment fee through UA Bursar's office in future semesters (each fall & spring) within 3 business days of showing registration units. Summer coverage is optional and will not be auto-enrolled. If you show enrolled for the CampusCare spring coverage, you will automatically receive an email notification to your official UA email address @email.arizona.edu each May providing you the opportunity to enroll for summer coverage.

If dropping coverage: I understand that coverage will cancel effective June 1st and any cost for services rendered during the coverage period will be my responsibility.

Signature _____ Date _____

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

office use: UAccess PNC Notified LOG Reinstated