RUTGERS THE STATE UNIVERSITY OF NEW JERSEY

Office of Student Health Insurance
A Division of Risk Management & Insurance
33 Knightsbridge Road, Suite F110
Piscataway, NJ 08854
https://finance.rutgers.edu/student-abc/insurance-students/student-health-insurance-plan-ship

Main: 848-932-8285

Email form to insure@rutgers.edu

Request for Health Insurance for Graduate PT Students considered FT FALL 2026

This form is required for Graduate Part-Time (PT) Students (based on registered credits) considered Full-Time (FT) by their department who want to enroll in the Student Health Insurance Plan (SHIP). If you have completed your course work and are working towards exams, research, dissertation etc., please check with your department to see if they consider you FT even though you are PT based on registered credits. Terminal Masters Students may also use this form for your final semester **IF** you were enrolled in the FT SHIP preceding your final semester.

Students must complete this form to enroll each semester.

****This form is not to be used by F and J Rutgers Sponsored Visa Students. These students will enroll online at www.universityhealthplans.com*

The student must be currently registered for their courses and obtain the departments signature below prior to submitting the form to insure@rutgers.edu

The rate for the **FALL 2026** is **$1,378**. Effective dates 8/15/26– 1/14/27 **Deadline to enroll: September 25, 2026**

- The premium will be added to your term bill.
- If you have already paid your term bill, the premium will still be added. You can go online to submit payment.

PLEASE NOTE: You are enrolling in the SHIP under the FT premium rate, but you are still considered PT based on registered credits. Even though you have the FT policy, you may incur charges as a PT Student at Rutgers Student Health.

After submission, you will receive an email in 7-10 business days to your Rutgers email address from UnitedHealthcare StudentResources (UHCSR) advising you to print your card and/or use the Mobile App. For benefit details call 866-599-4427 or visit www.uhcsr.com

Student completes the top section, and you **MUST** have your Department complete and sign the bottom - Once **BOTH** sections are complete: Email the form to insure@rutgers.edu

Student's Information:

Last Name_____ First Name_____ RUID #_____

Street Address_____ APT #_____ City_____

State_____ Zip Code_____

Rutgers Email Address_____

I certify that I have completed my course work and I am working on my dissertation, exams, research, towards my doctorate and considered full-time by my department.

Student Signature_____ Date_____

This section MUST be completed and signed, or the form will be rejected.

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

Name of Department_____

(PRINT) Name of Graduate Program Director/Dean/Authorized Personnel_____

Signature of Program Director/Dean/Authorized Personnel_____