



Request for Health Insurance for Graduate PT Students considered FT (2018-2019)

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 to be Full Time even though you are Part Time based on registered credits. This form may also be used by Terminal Masters students for your final semester **IF** you have been enrolled in the Full Time SHIP preceding your final semester.

Note: 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 rate for the FALL 2018 SHIP premium is \$903. Effective date 08/15/18 - 1/14/19 Deadline to enroll: Sept. 14, 2018

The rate for the SPG/SMR 2019 is \$1252. Effective date 1/15/19– 8/14/19 Deadline to enroll: February 1, 2019

Student must complete this form to enroll each semester.

Student

___ The premium will be added to your term bill. You may email the completed form to insure@rutgers.edu
If you have already paid your term bill, the premium will still be added. You can go online to submit payment.
If using a credit card to pay online, a convenience fee will be charged by Student Accounting.

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.

Department - Process a JE to GL string 900.1560.7772.0001.800.8328.40635.0000.000.00000
Description: PT-FT 2018-2019, Name of Department

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

Please print legibly.

Student Name: Last: _____ First: _____ RU ID Number: _____

Street Address: _____ APT #: _____

City: _____ State: _____ Zip code: _____

Rutgers email _____ Phone _____

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 Department _____ Phone: _____

(PRINT) Name of Graduate Program Director/ Dean/Authorized Personnel _____

Signature of Program Director/Dean/Authorized Personnel _____ Date _____