 Office of Student Insurance Main: (848) 932-8285

 11 Bishop Place

 New Brunswick, NJ 08901 **Email the form:** **insure@rutgers.edu**

 riskmanagement.rutgers.edu

**FALL 2021 JUMP START FORM**

This form is required for graduate students in the Jump Start Program who would like to enroll in the Student Health Insurance Plan, under the Full Time student premium. The Jump Start Student would be registered for part time credits for Fall 2021, as they took credits in Summer 2021, but are considered full time by their graduate program/department**.**

**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**](http://www.universityhealthplans.com) **.**

**The rate for the FALL 2021 is $984 Coverage period 8/15/21 - 1/14/22 Deadline: Sept. 21, 2020**

🞎 Student

\_\_The premium will be added to your term bill. **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.***

**After submission, you will receive an email in 7-10 business days to your Rutgers email address from United Healthcare StudentResources (UHCSR) advising you to print your card or download the mobile app.** For benefit details call UHCSR at 866-599-4427 or visit [www.universityhealthplans.com](http://www.universityhealthplans.com) or [www.uhcsr.com](http://www.uhcsr.com) .

PLEASE PRINT CLEARLY

**Student Name: Last**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **First:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RU ID Number:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Rutgers email** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I am requesting to be enrolled in the Student Health Insurance Plan for the Fall 2021 term.

**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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Personnel if other than Director/Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_

(Print) Name if other than Director/Dean\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Revised: 07/11/18