



### Request for Health Insurance for Final Semester of less than Full Time Credits (2025-2026)

This form is required for students who are in their **final semester**, registered for less than full time (FT) credits and would like to **continue** their enrollment in the Student Health Insurance Plan (SHIP) at the full time rate. You must have been enrolled in the FT SHIP in the previous 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](http://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](mailto:insure@rutgers.edu).**

Please check which semester you are enrolling in:

The rate for the **FALL 2025** SHIP premium is \$1,233. Effective date 08/15/25 - 1/14/26 Deadline to enroll: Sept. 25, 2025

The rate for the **SPG/SMR 2026** is \$1,709. Effective date 1/15/26– 8/14/26 Deadline to enroll: February 10, 2026

**Email the completed form to [insure@rutgers.edu](mailto:insure@rutgers.edu).**

- 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.
  - 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 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](http://www.uhcsr.com).

Please print legibly.

Student Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ RU ID Number: \_\_\_\_\_

Street Address: \_\_\_\_\_ APT #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

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

I certify that I am in my final semester and have been enrolled in the FT SHIP in the previous semester.

Student Signature \_\_\_\_\_ Date: \_\_\_\_\_

**For Completion by the student’s Department 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 \_\_\_\_\_