



RUTGERS
UNIVERSITY

Office of Student Insurance
11 Bishop Place
New Brunswick, NJ 08901
<https://finance.rutgers.edu/student-abc/insurance-students/student-health-insurance-plan-ship>

Main: (848) 932-8285
Email the form: insure@rutgers.edu

FALL 2025 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 2025, as they took credits in Summer 2025, 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.

The rate for the FALL 2025 is \$1,233

Coverage period 8/15/25 - 1/14/26

Deadline: Sept. 25, 2025

Email the completed form to 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 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 or 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 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 _____