

Request for Health Insurance for Final Semester of less than Full-Time Credits FT (2026-2027)

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

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

Please check which semester you are enrolling in:

☐ Fall Semester - \$1,378 Effective Dates 8/15/26-1/14/27

Deadline to Enroll: September 25, 2026

☐ Spring Semester - \$1,908 Effective Dates 1/15/27-8/14/27

Deadline to Enroll: February 10, 2027

Email your 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.

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 _____