RUTGERS
THE STATE UNIVERSITY OF NEW JERSEY

Office of Student Health Insurance
A Division of Risk Management & Insurance
33 Knightsbridge Road, Suite F110
Piscataway, NJ 08854

Main: 848-932-8285

Email form to insure@rutgers.edu

https://finance.rutgers.edu/student-abc/insurance-students/student-health-insurance-plan-ship

Fall 2026 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 2026, as they took credits in Summer 2026, but are considered full-time by their graduate program/department**.**

****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

The rate for Fall 2026 is $1,378 Coverage Period 8/15/26-1/14/27 Deadline to Enroll: September 25,2026

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_____