



Exchange Scholar Students University Health Services Enrollment Form 2024-2025 (August 1, 2024– July 31, 2025)

Make Check Payable to: Princeton University Health Services
Mail Check & Form to: Student Health Plan Office
 Frist Health Center – Guyot Lane
 Princeton University
 Princeton, New Jersey 08544

Complete the following information, sign form, and include check payment for full amount

Student Name:	Date of Birth:		
Student ID Number:	Status: Exchange Scholar <input type="checkbox"/>		
Address:	City:	State:	Zip:
Phone Number:			
E-Mail Address:			

I understand that as an Exchange Scholar Student, I am to remain on my home institution’s health insurance policy. **I understand that the purchase of the UHS plan is limited to services and privileges provided by University Health Services at Frist Health Center.** Please enroll me for the following (Check one):

- McCosh Health Center Full Year Coverage:** \$1,175.00 full year coverage, for the 2024-2025 academic year.
- McCosh Health Center Fall 2024 Semester ONLY:** \$588.00 per semester for the 2024-2025 academic year.
- McCosh Health Center Spring 2025 Semester ONLY:** \$588.00 per semester for the 2024-2025 academic year.

COVERAGE AND DEADLINE INFORMATION

Enrollment form must be completed, and check payment received in full by the deadline, to activate coverage

Fall Semester or Full Year Coverage – Form and check payment must be received by July 12, 2024.
 Fall semester coverage is effective from August 1, 2024 to January 26, 2025.
 Full year coverage is effective from August 1, 2024 to July 31, 2025.

Spring Semester Coverage – Form and check payment must be received by January 3, 2025. Spring semester coverage is effective from January 27, 2025 to July 31, 2025.

I understand this fee is non-refundable.

Student Signature:	Date:
(Office Use Only)	
Payment Received/Check#:	Date: