



Exchange Scholar Students University Health Services Enrollment Form 2017-2018 (September 1, 2017 – August 31, 2018)

Make Check Payable to: Princeton University Health Services
Mail Check & Form to: Student Health Plan Office
 McCosh Health Center – Washington Rd.
 Princeton University
 Princeton, New Jersey 08544

Complete the following information & sign form

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

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 McCosh Health Center.** Please enroll me for the following (Check one):

- McCosh Health Center Full Year Coverage:** \$1,175.00 full year coverage, for the 2017-2018 academic year.
- McCosh Health Center Fall 2017 Semester ONLY:** \$588.00 per semester for the 2017-2018 academic year.
- McCosh Health Center Spring 2018 Semester ONLY:** \$588.00 per semester for the 2017-2018 academic year.

COVERAGE AND DEADLINE INFORMATION

Enrollment Forms must be completed and payment received to activate coverage by the following dates:

Fall Semester or Full Year Coverage – Forms and payment must be received by **August 15, 2017.**
 Fall semester coverage is effective from **September 1, 2017 to January 31, 2018.**
 Full year coverage is in effect from **September 1, 2017 to August 31, 2018**

Spring Semester Coverage – Forms and payment must be received by **January 15, 2018.**
 Spring semester coverage is effective from **February 1, 2018 to August 31, 2018.**

I understand this fee is non-refundable.

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