



# Exchange Scholar Students University Health Services Enrollment Form 2018-2019 (September 1, 2018 – August 31, 2019)

**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:			
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 2018-2019 academic year.
- McCosh Health Center Fall 2018 Semester ONLY:** \$588.00 per semester for the 2018-2019 academic year.
- McCosh Health Center Spring 2019 Semester ONLY:** \$588.00 per semester for the 2018-2019 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, 2018.**  
 Fall semester coverage is effective from September 1, 2018 to January 31, 2019.  
 Full year coverage is in effect from September 1, 2018 to August 31, 2019

**Spring Semester Coverage – Forms and payment must be received by January 15, 2019.**  
 Spring semester coverage is effective from February 1, 2019 to August 31, 2019.

**I understand this fee is non-refundable.**

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