



**Exchange Scholar Students
University Health Services
Enrollment Form 2021-2022
(August 1, 2021 – July 31, 2022)**

**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, 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 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 2021-2022 academic year.
- McCosh Health Center Fall 2021 Semester ONLY:** \$588.00 per semester for the 2021-2022 academic year.
- McCosh Health Center Spring 2022 Semester ONLY:** \$588.00 per semester for the 2021-2022 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 14, 2021.
 Fall semester coverage is effective from August 1, 2021 to January 23, 2022.
 Full year coverage is effective from August 1, 2021 to July 31, 2022.

Spring Semester Coverage – Form and check payment must be received by January 5, 2022.
 Spring semester coverage is effective from January 24, 2022 to July 31, 2022.

I understand this fee is non-refundable.

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