



**Exchange Scholar Students
University Health Services
Enrollment Form 2009-2010
(September 1, 2009 – August 31, 2010)**

**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

Internet Information: <http://www.princeton.edu/uhs>

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:** \$1,025.00 full year coverage, for the 2009-2010 academic year.
- McCosh Health Center Fall 2009 Semester ONLY:** \$512.50 per semester for the 2009-2010 academic year.
- McCosh Health Center Spring 2010 Semester ONLY:** \$512.50 per semester for the 2009-2010 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 September 30, 2009.
 Fall semester coverage is effective from September 1, 2009 to January 31, 2010.
 Full year coverage is in effect from September 1, 2009 to August 31, 2010.

Spring Semester Coverage – Forms and payment must be received by January 15, 2010.
 Spring semester coverage is effective from February 1, 2010 to August 31, 2010.

I understand this fee is non-refundable.

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