

Family Plan Enrollment Form - Student Health Insurance

SECTION A: Notices

1. Requests for enrollment must be submitted to Student Health Insurance Office: studins@ucmail.uc.edu by the [term deadline](#).
2. Family plans must be added at the beginning of the fiscal year (fall) and are charged in full to the fall semester. If the student did not attend the fall semester, then family plans can be pro-rated to begin the spring semester. **Family plans cannot be cancelled mid-year.**
3. You must meet the enrollment [eligibility requirements](#) for this request to be processed. Once processed, the charge for the Student Health Insurance will be applied to your bursar account. Please visit our [enrollment rates page](#) for prices.
4. **Plans cannot be cancelled or refunded.**
5. You must create an account through UHCSR.com to access your ID card and coverage information. Your account and ID cards will be activated once you have registered.

SECTION B: Student Information

| Student M# | Last Name | First Name | Gender | Date of Birth | UC Email | Address | City | State | Zip Code |
|------------|-----------|------------|--------|---------------|----------|---------|------|-------|----------|
| | | | | | | | | | |

SECTION C: Plan Selection

(August 10th – August 9th)

| | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Student + 1 < 18 |
| <input type="checkbox"/> | Student + 1 > 18 |
| <input type="checkbox"/> | Student + 2 or more < 18 |
| <input type="checkbox"/> | Student + 1 > 18 + 1 < 18 |
| <input type="checkbox"/> | Student + 2 or more > 18 |
| <input type="checkbox"/> | Student + 1 > 18 + 2 or more < 18 |
| <input type="checkbox"/> | Student + 3 or more > 18 |

SECTION E: Dependent Information

| First Name | Last Name | Date of Birth | Relationship | Gender |
|------------|-----------|---------------|--------------|--------|
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SECTION E: Verification

My signature below verifies the following: I am requesting to enroll in SHI coverage. I understand the notices in Section A of this form.

Student Signature: _____

Date: _____



Please allow 7-10 business days for processing after the charge has been added to your bursar account.