



**CAMPUS  
HEALTH**

**UA STUDENT HEALTH INSURANCE**

underwritten by  **United  
Healthcare®**

**Fall Early Arrival for International Students**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student ID \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Benefits apply to the 2024-2025 Policy Year**

Please check one option below.

\_\_\_\_\_ **4-week** coverage period: July 19, 2024 – August 15, 2024

Available to students who arrive before August 2<sup>nd</sup>

Last day to enroll: July 19, 2024

**Premium amount:** \$213.00 plus the Fall premium amount of \$1,045.00 will post to your student Bursar account as a single charge of **\$1,258.00** providing coverage through December 31, 2024

\_\_\_\_\_ **2-week** coverage period: August 2, 2024 – August 15, 2024

Available to students who arrive on or after August 2<sup>nd</sup>

Last day to enroll: August 2, 2024

**Premium amount:** \$106.00 plus the Fall premium amount of \$1,045.00 will post to your student Bursar account as a single charge of **\$1,151.00** providing coverage through December 31, 2024

**Required documentation:**

- Completed enrollment application
- Travel itinerary (flight ticket displaying your name and arrival date to US)

**University of Arizona Student:** Once enrolled, you will be automatically re-enrolled and billed the appropriate premium through the UA Bursar’s office in future semesters (each fall and spring) within 3 business days of showing registering units. In compliance with UA email policy, all open enrollment notices and information regarding the health care options is sent to your official UA email (@arizona.edu) address.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By my signature, I understand that no premium will be refunded for the time period purchased and that I will be auto-enrolled in future semesters and that the premium will post to my UAccess Student Center account.

**Submit your completed enrollment application and travel itinerary securely to:**

<https://web.health.arizona.edu/cgi-bin/secure/insform.php>

**Fax 520-626-8616**