

Summer Session 2025- Term 2252
AZ Board of Regents Student Health Insurance Plan administered by UnitedHealthcare

Last Name _____ First Name _____

Student ID # _____ Birth Date _____

Summer Pre-session coverage period: May 19, 2025 through August 15, 2025 enroll/cancel by: **May 28, 2025**

Student Only: Add Drop \$674.00

1st and 2nd Summer Session coverage period: June 1, 2025 through August 15, 2025

1st Summer Session enroll/cancel by: **June 23, 2025**

2nd Summer Session enroll/cancel by: **July 28, 2025**

Student Only: Add Drop \$576.00

If adding coverage: I will be automatically re-enrolled and billed the appropriate premium through UA Bursar's office in future semesters (each fall & spring) within 3 business days of showing registration units, providing eligibility is met.

If dropping coverage: I understand that coverage will cancel effective the date of coverage and any cost for services rendered during the coverage period will be my responsibility.

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

Signature _____ Date _____

office use: UAccess Premium Ins Category _____ PNC Notified EE LOG Exemption Reinstated