



**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 \_\_\_\_\_

U.S. Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

#### Benefits apply to the 2025-2026 Policy Year

Please check one option below.

\_\_\_\_\_ **4-week** coverage period: July 19, 2025 – August 15, 2025

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

Last day to enroll: July 19, 2025

**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, 2025

\_\_\_\_\_ **2-week** coverage period: August 2, 2025 – August 15, 2025

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

Last day to enroll: August 2, 2025

**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, 2025

#### Required documentation:

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

**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 address (@arizona.edu).

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**