

Summer Session 2026 – Term 2262
Student Health Insurance Plan administered by UnitedHealthcare Student Resources

Last Name: _____ First Name: _____

Student ID #: _____ Date of Birth: _____

Instructions: Circle ADD or DROP for one coverage period option. You must be a registered student for the selected coverage period.

- **Pre-Session Summer Coverage Period:** May 18, 2026 through August 15, 2026 Enroll/Cancel by: **June 1, 2026**

I elect to: ADD DROP **Premium: \$682.00**

- **Full Summer Coverage Period (Sessions 1 & 2):** June 1, 2026 through August 15, 2026

Summer Session 1 - Enroll/Cancel by: **June 22, 2026**

Summer Session 2 - Enroll/Cancel by: **July 27, 2026**

I elect to: ADD DROP **Premium: \$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/retroactively to the first day of coverage and any cost for services rendered during the cancelled 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