



**CAMPUS
HEALTH**

UA STUDENT HEALTH INSURANCE

underwritten by



**United
Healthcare®**

INSTALLMENT APPLICATION

LAST NAME _____ FIRST NAME _____

STUDENT ID# _____ PHONE NUMBER _____

SPRING 2027

By completing this form, I am requesting the Student Health Insurance Plan be added to my account.

I have been provided and read the "[Schedule of Payments](#)" form and I elect to have three installments posted to my UAccess Student Bursar account.

I understand that this is a payment processing convenience and in no way releases me from my obligation to pay my premium for the entire coverage period January 1, 2027 – August 15, 2027.

Important: Once enrolled, you will be automatically re-enrolled and billed the appropriate premium through UA Bursar's Office in future semesters (each Fall and Spring) within 3 business days upon registering for units, providing you meet eligibility. If you wish to cancel coverage, you must do so during the published open enrollment.

In compliance with UA email policy, all open enrollment notices and pertinent information regarding the health care options is sent to your official UA email (@arizona.edu) address.

SIGNATURE _____ DATE _____

By my signature below, I acknowledge that I have read and understand the above information

This form must be received by the Campus Health Insurance Office no later than January 27, 2027

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

University of Arizona
Campus Health Insurance Office
1224 E. Lowell Street
Tucson, AZ 85721-0095

Office Hours:
M-F 8-4:30 W 9-4:30 closed 12-1
Closed University Holidays

Insurance Office
Phone: 520-621-5002
Fax: 520-626-8616
chs-insurance@distribution.arizona.edu