CAMPUS HEALTH

UA STUDENT HEALTH INSURANCE underwritten by United Healthcare

Spring 2027 Early Arrival for International Students

Last Name _____ First Name _____ Middle Initial _____

Student ID# _____ Date of Birth _____Gender _____ Phone Number _____

U.S. Address _____ City _____State _____ Zip Code _____

Benefits Apply to the 2026-2027 Policy Year
Please check one coverage option below.

_____**4-week** Coverage Period: December 4, 2026 – December 31, 2026
Available to students who arrive *before* December 18th
Deadline to Enroll: December 4, 2026
Premium Amount: $227.00 plus the Spring premium amount of $1,838.00 will post to your student Bursar account as a single charge of **$2,065.00** providing coverage through August 15, 2027

_____**2-week** Coverage Period: December 18, 2026 – December 31, 2026
Available to students who arrive *on or after* December 18th
Deadline to Enroll: December 18, 2026
Premium Amount: $114.00 plus the Spring premium amount of $1,838.00 will post to your student Bursar account as a single charge of **$1,952.00** providing coverage through August 15, 2027

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:
arizona.app.box.com
Fax 520-626-8616