



Request for Health Insurance for Graduate PT Students considered FT (2025-2026)

This form is required for Graduate Part-Time (PT) Students (based on registered credits) considered Full-Time (FT) by their department who want to enroll in the Student Health Insurance Plan (SHIP). If you have completed your course work and are working towards exams, research, dissertation etc., please check with your department to see if they consider you FT even though you are PT based on registered credits. Terminal Masters Students may also use this form for your final semester **IF** you were enrolled in the FT SHIP preceding your final semester. **Student must complete this form to enroll each semester.**

This form is not to be used by F and J Rutgers Sponsored Visa Students. These students will enroll online at www.universityhealthplans.com.

The student must be currently registered for their courses and obtain the departments signature below prior to submitting the form to insure@rutgers.edu.

Please check which semester you are enrolling in:

☐ The rate for the **FALL 2025** SHIP premium is \$1,233. Effective date 08/15/25 - 1/14/26 Deadline to enroll: Sept. 25, 2025

☐ The rate for the **SPG/SMR 2026** is \$1,709. Effective date 1/15/26– 8/14/26 Deadline to enroll: February 10, 2026

☐ Student

- The premium will be added to your term bill.
 - If you have already paid your term bill, the premium will still be added. You can go online to submit payment.
 - If using a credit card to pay online, a convenience fee will be charged by Student Accounting.

PLEASE NOTE: You are enrolling in the SHIP under the FT premium rate but you are still considered PT based on registered credits. Even though, you have the FT policy, you may incur charges as a PT Student at Rutgers Student Health.

☐ Department - Process a JE to GL string 900.1560.7772.0001.800.8328.62510.0000.000.00000

Description: PT-FT 2025-2026, Name of Department

After submission, you will receive an email in 7-10 business days to your Rutgers email address from UnitedHealthcare StudentResources (UHCSR) advising you to print your card and/or use the Mobile App. For benefit details call 866-599-4427 or visit www.uhcsr.com.

Please print legibly. **Email the completed form to insure@rutgers.edu.**

Student Name: Last: _____ First: _____ RU ID Number: _____

Street Address: _____ APT #: _____

City: _____ State: _____ Zip code: _____

Rutgers email _____ Phone _____

I certify that I have completed my course work and I am working on my dissertation, exams, research towards my doctorate and considered full time by my department.

Student Signature _____ Date: _____

For Completion by Rutgers Graduate Program Director/Dean/Authorized Personnel: I certify that the above statement is accurate.

Name of Department _____ Phone: _____

(PRINT) Name of Graduate Program Director/ Dean/Authorized Personnel _____

Signature of Program Director/Dean/Authorized Personnel _____ Date _____