



**Summer 2024 Student Health Insurance Program
UnitedHealthcare Enrollment Form – Summer Only**

Coverage Dates/Costs: Students registered for a summer session and enrolled in the UHC Student Health Insurance will have coverage that begins on the dates below and ends on August 14, 2024 with the below cost.

| Session I | Session II | Session III |
|--------------------|---------------------|---------------------|
| May 9, 2024 | May 31, 2024 | July 5, 2024 |
| \$604.00 | \$474.00 | \$267.00 |

This amount is billed to your student account once this form has been returned to the Health Center. In order to complete the enrollment process, this form must be received by the second day of the summer session for which you have registered.

Last Name: _____ **First Name:** _____

Date of Birth: __ / __ / __ **Sex (M/F):** ____

TCU ID Number: _____

Address: _____ **City:** _____ **State:** ____ **Zip:** _____

TCU Email Address: _____ **Permanent Email Address:** _____

Undergraduate Student **Graduate Student**

Signature: _____

Please return this form to the TCU Health Center by mail, fax, email, or in person to:

Mailing Address: TCU Box 297400, Fort Worth, TX 76129
 Email: healthcenter@tcu.edu Fax: 817-257-7279 Phone: 817-257-7940

Please allow 7-10 business days for the enrollment to be processed.