

CruzCare Enrollment / Cancellation Form 2011-2012

(Available only for students who successfully waive UC SHIP)

UCSC Student Health Services
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For students waiving the university sponsored Student Health Insurance Plan (UC SHIP), UCSC offers CruzCare, an inexpensive pre-paid access plan. For \$80 a quarter (billed automatically to the student's account) CruzCare provides unlimited Student Health Center visits for care of illness or injury, including in-house Student Health Center lab and X-ray. This is the best and most cost effective way to take advantage of the on-campus convenience and college health expertise available at the Student Health Center.

Because the cost of a simple visit for a common student health problem like sore throat, urinary tract infection or sprained ankle exceeds \$100 with physician visit, laboratory or X-ray charges, CruzCare pays for itself with a single visit to the Student Health Center.

What is covered by CruzCare?

- Unlimited health center visits for care of illness or injury
- Unlimited in-house health center laboratory tests for illness or injury
- Unlimited in-house health center X-ray exams for illness or injury

What is not covered?

- Off campus care, including laboratory tests sent to the off campus lab
- Medications, supplies, and immunizations
- Special or elective procedures and tests
- Routine clearances and health maintenance visits
- Prescriptions and Over-the-Counter medications
- Off campus referrals for specialist care

How do I enroll in CruzCare? Is there a deadline?

- Enrollment in CruzCare is part of the on-line waiver process. If you were unable to enroll through the on-line waiver – or you wish to cancel CruzCare, please submit this form via fax or mail by the deadlines posted below
- Once you enroll you will be billed each subsequent quarter.
- Only registered students who successfully waived UC SHIP are eligible to enroll in CruzCare
- The deadline to purchase for the 2011/2012 Academic Year :

Fall: 9/1/11

Winter: 12/1/11

Spring: 3/1/12—If you purchase CruzCare for spring you will be covered for Student Health Center visits through the summer of 2012.

Last Name	First Name	MI	Student ID	DOB
Current Address		City	State	Zip
Telephone Number			Email	
Academic Level (Check only one of the boxes) Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/>			Specify Term of (Check only one of the boxes) Fall 2011 <input type="checkbox"/> Winter 2012 <input type="checkbox"/> Spring/Summer 2012 <input type="checkbox"/>	
<input type="checkbox"/> Enroll in CruzCare for current Quarter and the remainder of the academic year. <input type="checkbox"/> Cancel CruzCare.(I understand that my insurance may not reimburse for charges at the UCSC Student Health Center)				
Student Signature (Parent/Guardian if student is a minor)			Date	