

**APPLICATION FOR HEALTH SERVICES & INSURANCE
PART-TIME STUDENTS ONLY**

Verified	Renewal	I.D.
Fall	Sent	Issued
Spg		
<i>(office use only)</i>		

Name: _____ Date: _____
(Last) (First)

RU ID #: _____ Address: _____
(Street or P.O. Box #)

**FEE IS PER SEMESTER. APPLY FOR
THE CURRENT SEMESTER ONLY:**

Fall _____
 Spring/Summer _____

(City) (State) (Zip)

FEE: New Brunswick/Piscataway Campus	\$144.75
Camden Campus	\$145.25
Newark Campus	\$133.25

OPEN ENROLLMENT: 09/01 - 09/30/06 AND 01/16 - 02/16/07

**NOTE: COVERAGE IS IMMEDIATE DURING OPEN ENROLLMENT. AFTER OPEN ENROLLMENT,
COVERAGE IS EFFECTIVE DAY AFTER PAYMENT IS RECEIVED.**

PLEASE MAKE CHECK PAYABLE TO: **RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY**
 AND MAIL TO : OFFICE OF STUDENT HEALTH INSURANCE
 HURTADO HEALTH CENTER, 11 BISHOP PLACE, NEW BRUNSWICK, NJ 08901-1180