

CruzCare Enrollment / Cancellation Form 2008-2009

(Available only for students who successfully waive USHIP/GSHIP)

UCSC Student Health Services
 Student Health Insurance Office
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For students waiving the university sponsored health insurance UCSC offers CruzCare, an inexpensive pre-paid access plan for busy students seeking on campus health care. For \$56 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 Health Center lab and X-ray.

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
- Off campus referrals for specialist care

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

- **CruzCare is available for purchase once per quarter** and you may purchase it through the On-Line Waiver process or by downloading the enrollment form from our website.
- Once you enroll you will be billed each subsequent quarter.
- Only registered students who successfully waived USHIP/GSHIP are eligible to enroll in CruzCare
- The deadline to purchase for the 08/09 Academic Year

Fall: 9/17/08

Winter: 12/19/08

Spring: 3/19/09*If you purchase CruzCare for spring you will be covered for Student Health Center visits through the summer of 2009.

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

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 2008 <input type="checkbox"/> Winter 2009 <input type="checkbox"/> Spring/Summer 2009 <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	