

# Summer Bridge Program Student Health Insurance Enrollment Form 2024

STUDENT'S NAME: \_\_\_\_\_ UNI: \_\_\_\_\_

CU EMAIL ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

**ENROLLMENT REQUEST** - July 1, 2024 - August 14, 2024

<b>The Columbia Plan</b>
Insurance Premium: \$567
Health and Related Services Fee: \$490

<p>I understand that I am requesting to enroll in the student accident and sickness insurance coverage. In addition, I understand that the Columbia Health Service Fee is non-refundable.</p>
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<p>Please remember, all of your care begins with Medical Services or Counseling and Psychological Services (CPS). If you are residing within 50 miles from campus, a <a href="#">referral</a> is required for all off campus medically necessary care only after evaluation by a Medical Services or CPS clinician. Referrals are not required for emergency care received in an Emergency Room; however, follow-up care does require a referral from your on-campus provider.</p>
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Signature \_\_\_\_\_ Date: \_\_\_\_\_