



2026-2027 HEALTH INSURANCE ENROLLMENT FORM- SPRING-ANNUAL

SPRING POLICY TERM

01/01 – 7/31

STUDENT ONLY	\$2,202.00*
ADD-ONE DEPENDENT	\$2,162.00
ADD-TWO DEPENDENT	\$4,324.00
ADD- 3+ DEPENDENTS	\$6,486.00

*Includes \$40 student admin fee

LAST NAME _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ UConn NetID#: _____

SEX: ☐ MALE ☐ FEMALE ☐ NON-BINARY

SOCIAL SECURITY #: _____ / _____ / _____ UCONN Email: _____

U.S. ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

CAMPUS: ☐ STORRS ☐ REGIONAL

STUDENT LEVEL: ☐ U-GRAD ☐ GRAD ☐ MEDICAL ☐ DENTAL ☐ MED/DENT RESIDENT

FULL TIME: ☐ YES ☐ NO _____ # CREDITS CURRENT REGISTRATION (IN-PERSON ONLY)

HOME/CELL PHONE: _____

Enter Dependent Information Here:

SPOUSE/PARTNER:

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: ☐ M ☐ F ☐ NB

DEPENDENT CHILD

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: ☐ M ☐ F ☐ NB

DEPENDENT CHILD

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: ☐ M ☐ F ☐ NB

DEPENDENT CHILD

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: ☐ M ☐ F ☐ NB**DEPENDENT CHILD**

LAST NAME: _____ FIRST NAME: _____ MI _____

DATE OF BIRTH (MM/DD/YYYY): _____ SSN# _____ SEX: ☐ M ☐ F ☐ NB**Acknowledgements: Check off**

By my signature here:

- ☐ I acknowledge that I have reviewed the coverage available under the 2026-2027 PY Student Health Insurance Plan offered through the University of Connecticut by Wellfleet Insurance.
- ☐ I acknowledge that once enrolled I will be unable to request cancellation of this coverage and the coverage will remain in effect until the expiration date of the coverage period purchased. (Exception: Entering active military duty)
- ☐ I acknowledge and accept all the above and request enrollment in the UCONN Student Health Insurance Plan.

STUDENT SIGNATURE_____
DATE**PLEASE MAIL PAYMENTS TO:**SMITH BROTHERS INSURANCE
26 Clark Lane, Waterford CT 06385**MAKE CHECKS PAYABLE TO:**

SMITH BROTHERS INSURANCE LLC

AGENCY USE ONLY

- | | |
|--|--|
| ☐ Sent Enrollment to Carrier | ☐ Logged Master Report |
| ☐ Confirmed by Carrier | ☐ Logged Flow Report |
| ☐ Invoiced/ Item: _____ | ☐ Logged Agency Report |
| ☐ Sent Confirmation to Student, Date: _____ | ☐ Report to: Accts Rec. |

PAYMENT SOURCE: _____

Notes: _____