



EAP Gap Health Insurance Enrollment Form 2008-09

(For US coverage only after return to the US from EAP)

Complete this form carefully. All information must be legible. Keep a copy for your records. **It is important to share all insurance information with your parents.** To be eligible for gap insurance, EAP students must return to a UC campus the term following EAP as full-time students.

Mail completed form to: Gap Insurance, Financial Services
Universitywide Office of EAP
6950 Hollister Avenue, Suite 200
Goleta, CA 93117

OR fax to: (805) 893-2583
c/o Financial Services

- Important:**
1. Please complete this form by the [EAP pre-departure withdrawal deadline](#) for your program listed in the EAP Student Agreement.
 2. **Do not complete this form if you are certain that you will not experience a gap in medical insurance coverage after you return to the U.S.** The mandatory EAP policy will end coverage immediately upon return to the U.S. Make sure that you know when the exact dates that SHIP, or a private medical insurance plan, becomes effective. Please refer to attached [FAQ GAP HEALTH INSURANCE](#) and instructions.
 3. If you do not enroll in gap, we will understand that you are willingly declining gap US coverage as you have a valid medical insurance policy in effect on the day that you return to the US.
 4. If you do not enroll in gap, you understand that if you face a medical emergency when you return from EAP, and are not covered by SHIP, or other private plan, you may incur a large financial burden because you would be uninsured in the US.

Required Information

Name of Student (Please print clearly) _____

EAP Program _____
(Term, Host University, Country)

Date of Birth _____ UC I.D. Number _____

Home UC Campus (choose one)

- Berkeley
 Davis
 Irvine
 Los Angeles
 Merced
 Riverside
 San Diego
 Santa Cruz
 Santa Barbara

Enroll in EAP Gap Health Insurance

1) The gap health insurance premium will be charged to your EAP account. 2) Gap coverage starts on the first day that you arrive in the US after EAP. 3) Please check only one box. 4) Sign below.

Term of Gap Health Insurance Needed

- 2 weeks \$53
 4 weeks \$106
 6 weeks \$159
 8 weeks \$212
 10 weeks \$265
 12 weeks \$318.00

Covering Dependents? Yes No

If "Yes," please provide full name and relationship to student. Dependent premium is the same as student premium.

Graduating Seniors Only

1) Select one of the two options for graduating seniors. 2) Sign below. 2 weeks \$53.00 4 weeks \$106.00

Signature _____