

NOTE: SEND THIS COMPLETED DOCUMENT TO: planmedico.rrp@upr.edu



UNIVERSITY OF PUERTO RICO
RIO PIEDRAS CAMPUS
DEPARTMENT OF MEDICAL SERVICES



Request for activation and changes to the Medical Plan
Academic year 2022-2023

Date: _____

To: José Rosa

Email: joserosa@ssspr.com

De/from: Hernán Rosado Carpena
hernan.rosado2@upr.edu

Tel: (787) 764-0000 exts. 86562, 86563 u 86440.

Please complete all the spaces of your personal information, write N/A if something does not apply.

Student's name: _____

Address: _____

_____ zip code: _____

Celphone: _____ Gender _____ F _____ M

Student's number: _____

Email: _____@upr.edu

Social security number: _____

Date of birth _____
(MM/DD/YYYY)

Type of contract: () Individual/Student () Familiar/Family

New Contract: () Si/Yes () No/no

Number of contract if is No ZUA001234_____

Selected coverage:

Cubierta básica, Alternativa A/Basic &Pharm A	Cubierta básica Alternativa B/ Basic &Pharm B	Dental	Major Medical/MM
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