

Student Information

Please select insurance type: Graduate Student Health Sciences Student

First & Last Name: \_\_\_\_\_ WSU ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Please Select Coverage(s) to Cancel

<b>Spouse/Domestic Partner</b>	Spring 2019: January 1, 2019 – August 15, 2019 \$1,043.00
<b>Child/Children</b> <small>*The premium is capped at two children for a particular family</small>	Child 1: Spring 2019: January 1, 2019 – August 15, 2019 \$1,043.00 Child 2: Spring 2019: January 1, 2019 – August 15, 2019 \$1,043.00 Child 3: Spring 2019: January 1, 2019 – August 15, 2019 \$0.00

Dependent information: Please complete the section below for any spouse/domestic partner, or dependents you want to cancel.

Last Name, First Name, Middle Initial	Date of Birth	Sex	Relationship to Subscriber <small>(husband, wife, domestic partner, son, daughter)</small>

I authorize the cancellation of the coverage(s) marked above. I understand that all coverage changes, including cancellations, must be processed by the 13<sup>th</sup> day of classes for Fall and Spring semesters and the 5<sup>th</sup> day of classes for Summer sessions.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please Submit Completed Form to: Cougar Health Services, Washington Building, PO Box 642302 Pullman, WA 99164-2302 or email to [student.insurance@wsu.edu](mailto:student.insurance@wsu.edu) or fax to (509) 335-8214.