

Student Information

Please select insurance type: Graduate Student Health Sciences Student

First & Last Name: _____ WSU ID #: _____

Street Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Dependent enrollment is for medical insurance only. Dependents are not eligible for dental insurance

Please Select Coverage(s) to Enroll

Spouse/Domestic Partner	Spring 2019: January 1, 2019 – August 15, 2019 \$1,043.00 You must also complete the Declaration of Marriage or Domestic Partnership form
Child/Children <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 enroll. To enroll a spouse or domestic partner, ***you must also complete the Declaration of Marriage or Domestic Partnership form.***

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

I authorize the enrollment of the coverage(s) marked above. I understand that all coverage changes including cancellation must be processed by the **13th day of classes for Fall and Spring semesters** and the **5th day of classes for Summer sessions**. The non-refundable premium will be charged to my student account based on the coverage information received by the enrollment deadline on the 13th day of classes for Fall and Spring semesters and the 5th day of classes for Summer sessions. Once the enrollment is complete, you will receive a myWSU notice with all of the insurance information.

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 or fax to (509) 335-8214.