

**Student Health Insurance Plan Enrollment Form**

**International Student**

Spouse/Partner/Dependent(s) – Summer 2022

**To enroll you must be taking 1 or more credits during the summer session, enrolled in classes for the subsequent fall term, and enrolling in the student insurance plan in the fall.**

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

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

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

**Coverage Selection:** Coverage period and premium will depend upon the summer session you are enrolled in.

Select the coverage that applies to you	May 10, 2022 –July 31, 2022	June 7, 2022 –July 31, 2022	June 21, 2022 –July 31, 2022
Student Coverage	\$418.00 <input type="checkbox"/>	\$278.00 <input type="checkbox"/>	\$209.00 <input type="checkbox"/>
Spouse/Domestic Partner Coverage	\$418.00 <input type="checkbox"/>	\$278.00 <input type="checkbox"/>	\$209.00 <input type="checkbox"/>
Child(ren) Coverage *The premium is capped at two children for a particular family	\$418.00 <input type="checkbox"/>	\$278.00 <input type="checkbox"/>	\$209.00 <input type="checkbox"/>

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 (husband, wife, domestic partner, son, daughter)

I authorize the enrollment of the coverage(s) marked above. I understand that all coverage changes including cancellation 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.**

The non-refundable premium will be charged to my student account based on the coverage information received by the **enrollment deadline on 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 or mail to 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.