

Student Information

Please select insurance type: Graduate Student Health Sciences Student

**DEPENDENTS MUST BE ENROLLED EVERY SEMESTER**

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**

|  |   |
|--|---|
| <b>Spouse/Domestic Partner</b>   | Fall 2021: August 16,2022 – December 31, 2022 \$868.00<br><b>You must also complete the Declaration of Marriage or Domestic Partnership form</b>  |
| <b>Child/Children</b><br><small>*The premium is capped at two children for a particular family</small> | Child 1: Fall 2022: August 16,2022 – December 31, 2022 \$868.00<br>Child 2: Fall 2022: August 16,2022 – December 31, 2022 \$868.00<br>Child 3: Fall 2022: August 16,2022 – December 31, 2022 \$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<br><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 **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 13th day of classes for Fall and Spring semesters and the 5th 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.