

**Student Health Insurance Plan Enrollment Form**

**Graduate/Health Science Student**

Spouse/Partner/Dependent(s) – Summer 2023

**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 8, 2023 – August 15,2023	June 5, 2023 – August 15,2023	June 05, 2023– August 15,2023
Student Coverage	\$629.00 <input type="checkbox"/>	\$453.00 <input type="checkbox"/>	\$365.00 <input type="checkbox"/>
Spouse/Domestic Partner Coverage	\$629.00 <input type="checkbox"/>	\$453.00 <input type="checkbox"/>	\$365.00 <input type="checkbox"/>
Child(ren) Coverage *The premium is capped at two children for a particular family	\$629.00 <input type="checkbox"/>	\$453.00 <input type="checkbox"/>	\$365.00 <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.