

Student Health Insurance Plan Enrollment Form

Spouse/Partner/Dependent(s) – Spring 2022

Student Information

Please select insurance type:	Graduate Student I		Healt	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					
Spouse/Domestic Partner	Spring 2022: January 1, 2022 – August 15, 2022 \$1,129.00 You must also complete the Declaration of Marriage or Domestic Partnership form				
*The premium is capped at two children for a particular family	Child 1: Spring 2022: January 1, 2022 – August 15, 2022 \$1,129.00 Child 2: Spring 2022: January 1, 2022 – August 15, 2022 \$1,129.00 Child 3: Spring 2022: January 1, 2022 – August 15, 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 B	irth	Sex	Relationship to Subscriber (husband, wife, domestic partner, son, daughter)
	charged to mof classes for	F all and Spri y student acco Fall and Sprin	ng sem ount bas g semes	esters and the sed on the coreters and the 5	ne 5 th day of classes for Summer
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.