



Student Health Insurance Plan Enrollment Form

Graduate/Health Science Student

Spouse/Partner/Dependent(s) – Summer 2026

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	May11,2026– August 15, 2026	June22,2026– August 15,2026	June 29, 2026– August 15,2026
Student Coverage	\$862.00 <input type="checkbox"/>	\$489.00 <input type="checkbox"/>	\$427.00 <input type="checkbox"/>

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.**

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 or fax to (509) 335-8214.