

Student Information

Please select insurance type: Graduate Student Health Sciences Student

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

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

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

Please Select Coverage(s) to Cancel

|  |  |
|--|--|
| <b>Spouse/Domestic Partner</b>   | Spring 2022: January 1, 2022– August 15, 2022 \$1,129.00   |
| <b>Child/Children</b><br><small>*The premium is capped at two children for a particular family</small> | Child 1: Spring 2022: January 1, 2022 – August 15, 2022 \$1,129.00<br>Child 2: Spring 2022: January 1, 2022 – August 15, 2022 \$1,129.00<br>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 cancel.

| 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 cancellation of the coverage(s) marked above. I understand that all coverage changes, including cancellations, 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.

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.