WASHINGTON STATE UNIVERSITY
World Class. Face to Face.

GRADUATE STUDENT INSURANCE PLAN
DEPENDENT ENROLLMENT FORM
2009-2010

Student Information

Name:	WSU ID:
Email:	Phone:
Mailing Address:	

Coverage Selection: Please check the coverage(s) you want to enroll in.

	Fall	
Spouse/Domestic Partner Coverage	$1,849	
Child(ren) Coverage	$658	

Dependent Information: Please provide dependent information below. If you are enrolling a domestic partner, you must also complete the Domestic Partnership Form (available online).

Name	Social-Security #	Date of Birth	Relationship

I understand that by signing below, I am enrolled in the Plan, and will be required to pay the premium. The premium is non-refundable.

Student Signature	Date

Please Submit Completed Form to: Health and Wellness Services, Washington Building or mail to PO Box 642302 Pullman, WA. 99164-2302 or fax to (509) 335-8214.

For Business Use Only
Date: Premium Amount: Approve: ☐ Deny: ☐
Comments: Initials: