

To be eligible you must be an International student who is required to carry medical insurance OR a graduate student newly enrolled into the university. You must be taking 3 or more credits during summer session, enrolled in the subsequent fall term and enrolling in the student insurance plan in fall.

1. STUDENT INFORMATION

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

2. COVERAGE SELECTION: Circle the coverage that applies to you.

Summer session you are enrolled in: Insurance coverage dates:	Block A 5/11/09- 8/16/09	Block B 6/8/09- 8/16/09	Block C 6/22/09- 8/16/09
Student Coverage	\$350	\$252	\$202
Student and Spouse/Domestic Partner Coverage	\$1618	\$1165	\$934
Student and Child(ren) Coverage	\$801	\$577	\$463
Student, Spouse/Domestic Partner and Child(ren) Coverage	\$2068	\$1489	\$1194

3. DEPENDENT INFORMATION: If you are enrolling a spouse and/or child(ren), please provide their information below. If you are enrolling a domestic partner, you must also complete the [Domestic Partnership Form](#).

Name	Social-Security #	Date of Birth	Relationship

4. I understand that I am requesting to enroll for the coverage(s) marked above. I also understand that I will be charged for this coverage.

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: _____