

To be eligible you must be on a summer assistantship appointment and taking minimum 3 credits during summer session and enrolling in the subsequent fall term and enroll in the student insurance.

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	\$351	\$253	\$203
Student and Spouse/Domestic Partner Coverage	\$1634	\$1178	\$945
Student and Child(ren) Coverage	\$808	\$582	\$467
Student, Spouse/Domestic Partner and Child(ren) Coverage	\$2090	\$1506	\$1209

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
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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: