



Graduate/Professional Student Partner and Spouse Services

Health & Wellness Services PASS Program Enrollment Form

Name of Person Enrolling:		Today's Date:
Enrollee Assigned ID#:	Mailing Address of Enrollee:	City, State, Zip:
Cell Phone #:	Home Phone #:	Email:
Name of Sponsoring Graduate or Professional Student:		Sponsoring Student WSU ID#

I am requesting enrollment in the Graduate PASS Program for the following semester:

- Fall Semester, Health Fee Charged _____
- Spring Semester, Health Fee Charged _____
- Summer Semester/Session, Health Fee Charged _____

Signed _____

Date: _____

For Office Use Only

Point & Click Eligibility Updated On: _____ By: _____

WSU Account Created On: _____ ID #: _____

Point & Click Account Created On: _____

Health Fee Posted & Payment Collected By: _____



PASS Program Terms of Enrollment

- **Enrollment Information:** I am choosing to enroll in the PASS Program. I understand by electing to enroll in this program I am responsible for a payment of the current required health fee (payable by cash, credit card or check) for the chosen semester. *This fee must be paid at the time the enrollment application is submitted.* Enrollment in this program must be done each semester. I also understand I will be prevented from enrolling in subsequent semesters if my account is more than 30 days past due.
- **Who is Eligible to Enroll:** You are eligible for this program if you are a spouse or domestic partner of an eligible sponsoring student. An eligible sponsoring student is a Graduate or Professional Student who has paid the Pullman campus student health fee. Sponsoring student qualifications will be verified at the time of application.
- **Cancellation Deadline:** Those who choose to cancel their enrollment in this program must complete a cancellation form no later than the 13th day of classes. *Please be advised: all cancellations submitted by the cancellation deadline will result in a 75% refund.* Cancellations cannot be granted if services have been provided.
- **Services Covered Under the Program:** All services currently available to students will also be available to participants in this program. Participants enrolled in this program will have access to medical, psychiatric, and pharmacy services provided at Health & Wellness Services.

Please be advised that the PASS Program is not a substitute for health insurance. This program does not provide benefits or services outside of Health & Wellness Services.

Your signature below indicates agreement and acceptance of the terms listed above.

Signature: _____

Date: _____