

Student Information

Please select insurance type: International Student

First & Last Name: _____ WSU ID #: _____

Street Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Please Select Coverage(s) to Enroll

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|--|--|
| Spouse/Domestic Partner | Spring 2018: January 1, 2018 – July 31, 2018 \$974.00 You must also complete the Declaration of Marriage or Domestic Partnership form |
| Child/Children <small>*The premium is capped at two children for a particular family</small> | Child 1: Spring 2018: January 1, 2018 – July 31, 2018 \$974.00 Child 2: Spring 2018: January 1, 2018 – July 31, 2018 \$974.00 Child 3: Spring 2018: January 1, 2018 – July 31, 2018 \$0.00 |

Dependent information: Please complete the section below for any spouse/domestic partner, or dependents you want to enroll. To enroll a spouse or domestic partner, ***you must also complete the Declaration of Marriage or Domestic Partnership form.***

| Last Name, First Name, Middle Initial | Date of Birth | Sex | Relationship to Subscriber <small>(husband, wife, domestic partner, son, daughter)</small> |
|---------------------------------------|---------------|-----|---|
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I authorize the enrollment of the coverage(s) marked above. I understand that all coverage changes including cancellation must be processed by the **13th day of classes for Fall and Spring semesters and the 5th day of classes for Summer sessions.**

The non-refundable premium will be charged to my student account based on the coverage information received by the **enrollment deadline on the 13th day of classes for Fall and Spring semesters and the 5th day of classes for Summer sessions.**

Student Signature: _____ Date: _____

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