

Student Information

Please select insurance type: Graduate Student
 RETURNING International Student (student was enrolled in the Spring 2017 plan)

First & Last Name: _____ WSU ID #: _____

Street Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Dependent enrollment is for medical insurance only. They are not eligible for dental insurance

Please Select Coverage(s) to Enroll

Spouse/Domestic Partner	Fall 2017: August 16, 2017 – December 31, 2017 \$634.00 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: Fall 2017: August 16, 2017 – December 31, 2017 \$634.00 Child 2: Fall 2017: August 16, 2017 – December 31, 2017 \$634.00 Child 3: Fall 2017: August 16, 2017 – December 31, 2017 \$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.***

Name	Date of Birth	Sex	Relationship to Subscriber <small>(husband, wife, domestic partner, son, daughter)</small>

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.