

In order to enroll, steps 1 through 5 must be completed. Please print clearly.

1. COMPLETE ALL STUDENT INFORMATION. INCOMPLETE INFORMATION WILL DELAY PROCESSING!			
STUDENT'S LAST NAME	FIRST NAME	MI	
MSU STUDENT'S APID NUMBER	EMAIL ADDRESS		
MAILING ADDRESS			APT #
CITY	STATE	ZIP	
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YYYY) / /		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

2. LIST DEPENDENTS TO BE INSURED. DEPENDENT COVERAGE IS ONLY AVAILABLE IF THE STUDENT IS COVERED.			
LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YY)	GENDER
SPOUSE/DOMESTIC PARTNER			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

3. SELECT PLAN.		
<input type="checkbox"/> INTERNATIONAL UNDERGRADUATE	<input type="checkbox"/> INTERNATIONAL HUMAN MEDICINE	<input type="checkbox"/> INTERNATIONAL OSTEOPATHIC MEDICINE
<input type="checkbox"/> INTERNATIONAL GRADUATE	<input type="checkbox"/> INTERNATIONAL LAW STUDENT	<input type="checkbox"/> INTERNATIONAL VETERINARY MEDICINE

DAILY**

Please multiply the rate and number of days to get your total premium.

STUDENT	<input type="checkbox"/> \$ 5.00 x _____ (# of days) = \$ _____
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 5.00 x _____ (# of days) = \$ _____
ONE CHILD	<input type="checkbox"/> \$ 5.00 x _____ (# of days) = \$ _____
TWO OR MORE CHILDREN	<input type="checkbox"/> \$ 9.00 x _____ (# of days) = \$ _____
TOTAL	\$ _____

**** Please fill in the dates for which you are requesting coverage.**

Dependents cannot be enrolled beyond the primary insured coverage dates.

Effective Date _____/_____/_____ Termination Date _____/_____/_____

Coverage dates may not extend beyond August 15, 2019. New rates will apply after this date.

