

2018-2019 DEPENDENT ENROLLMENT FORM

Deadline for Fall Semester enrollment is September 7, 2018. Deadline for Spring/Summer Semesters enrollment is January 25, 2019. Deadline for Summer only enrollment is June 17, 2019.

Contact University Health Service for the Payment Plan Option.

Student's ID # _____

Student's Name _____
 (Please Print) (First) (Middle) (Last)

Address _____
 (Street) (City) (State) (Zip Code)

I have purchased Case Western Reserve University Student Medical Plan; I wish to enroll the following members of my family in the Dependent Medical Plan sponsored by Case Western Reserve University.

Eligible dependents of the covered student shall include the spouse or domestic partner and dependent child/ren under the age of 26 years.

	Annual Cost 8/1/18-7/31/19	Fall 2017 8/1/18-1/13/19	Spring & Summer 2018 1/14/19-7/31/19	Summer 2018 Only* 06/3/19-7/31/19
Spouse/Domestic Partner Only	\$4,031	\$1,679	\$2,352	\$832
Spouse or Domestic Partner/Child/ren	\$7,450	\$3,106	\$4,344	\$1,543
Child/ren Only	\$3,417	\$1,422	\$1,995	\$709

NOTE: Return this enrollment form and automatic payment plan form or appropriate check, money order (made payable to Case Western Reserve University) to University Health Service, 2145 Adelbert Rd., Cleveland, OH 44106-4901. Coverage becomes effective August 1, 2018 or the date the payment is received, whichever is later. Deadline for enrollment is September 7, 2018 for Fall Semester, January 25, 2019 or Spring/Summer Semesters and June 17, 2019 for Summer Semester only. If a student registers after September 7, 2018 for fall semester and after January 25, 2019 for spring semester, the Student Medical Plan will become effective on the date the student registers (not on the effective date listed above).

Medical coverage for spouse/domestic partner and dependent child/ren may not be purchased unless medical coverage for Student is purchased. Students purchasing dependent coverage for Fall Semester only must submit another enrollment form to renew coverage for Spring/Summer Semesters. In order to maintain continuous coverage payment must be received prior to January 25, 2019. *Only students registered for classes for Summer Semester 2019 who were not registered for classes Spring Semester 2019 are eligible to enroll their dependents in the Summer Semester 2019.

Place Dependent Name(s) Below

1. _____ Birth Date _____ M/F
 Spouse/Domestic Partner (circle one)
2. _____ Birth Date _____ M/F
 Child
3. _____ Birth Date _____ M/F
 Child
4. _____ Birth Date _____ M/F
 Child

Completion of an Affidavit is necessary for the enrollment of a Domestic Partner. Enrollment forms are available at University Health Service.