

2018 -2019 DEPENDENT ENROLLMENT FORM

(For Students of Case Western Reserve University School of Medicine, the Cleveland Clinic Lerner College of Medicine, and Case Western Reserve University School of Dental Medicine - MSD Program)

Deadline for Fall Semester enrollment is September 7, 2018. Deadline for Spring/Summer Semesters enrollment is January 25, 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 7/1/18-6/30/19	Fall 2017 7/1/18-1/13/19	Spring & Summer 2018 1/14/19-6/30/19
Spouse/Domestic Partner Only	\$4,031	\$2,352	\$1,679
Spouse or Domestic Partner/Child/ren	\$7,450	\$4,344	\$3,106
Child/ren Only	\$3,417	\$1,995	\$1,422

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 July 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 for Spring/Summer Semesters.

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.

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.