2019-2020 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 6, 2019. Deadline for Spring/Summer Semesters enrollment is January 24, 2020. 
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.

<table>
<thead>
<tr>
<th></th>
<th>Annual Cost 7/1/19 - 6/30/20</th>
<th>Fall 2019 7/1/19 - 1/12/20</th>
<th>Spring &amp; Summer 2020 1/13/20 - 6/30/20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse/Domestic Partner Only</td>
<td>$4,321</td>
<td>$2,522</td>
<td>$1,799</td>
</tr>
<tr>
<td>Spouse or Domestic Partner/ Child(ren)</td>
<td>$7,986</td>
<td>$4,656</td>
<td>$3,330</td>
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<tr>
<td>Child(ren) Only</td>
<td>$3,663</td>
<td>$2,139</td>
<td>$1,524</td>
</tr>
</tbody>
</table>

NOTE: Return this enrollment form and automatic payment plan form or appropriate check or 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, 2019 or the date the payment is received, whichever is later. Deadline for enrollment is September 6, 2019 for Fall Semester, January 24, 2020 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 24, 2020.

Place Dependent Name(s) Below

1. ___________ Birth Date M/F 
   Spouse/Domestic Partner (circle one)

2. ___________ Birth Date M/F 

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.