

2020-2021 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)

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 Plan.

Eligible dependents of the covered student shall include the spouse or domestic partner and dependent child/ren under the age of 26 years. Newborns must be enrolled within 31 days of birth. Enrollment is not automatic.

Deadline Dates: Fall Semester: 09/04/2020 Spring Semester: 01/22/2021	Annual Coverage Dates: 7/1/20-6/30/21	Fall Coverage Dates: 7/1/20-1/10/21	Spring Coverage Dates: 1/11/21-6/30/21
Spouse/Domestic Partner Only	\$2,734	\$1,367	\$1,367
Spouse or Domestic Partner and One Child	\$5,468	\$2,734	\$2,734
Spouse or Domestic Partner and Two or more Children	\$8,202	\$4,101	\$4,101
Child	\$ 2,734	\$1,367	\$1,367
Two or more Children	\$5,468	\$2,734	\$2,734

NOTE: Return 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.

If a student registers after September 4, 2020 for fall semester and after January 22, 2021 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 22, 2021.

Place Dependent Name(s) Below

- _____ Birth Date _____ M/F
 Spouse/Domestic Partner (circle one)
- _____ Birth Date _____ M/F
 Child
- _____ Birth Date _____ M/F
 Child
- _____ 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.