

2024-2025 DEPENDENT ENROLLMENT FORM

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: 09/06/2024 Spring Semester: 01/24/2025	Annual Coverage Dates: 8/1/24-7/31/25	Fall Coverage Dates: 8/1/24-1/12/25	Spring Coverage Dates: 1/13/25-7/31/25
Spouse/Domestic Partner Only	\$3,780	\$1,890	\$1,890
Spouse or Domestic Partner and One Child	\$7,560	\$3,780	\$3,780
Spouse or Domestic Partner and Two or more Children	\$11,340	\$5,670	\$5,670
Child	\$ 3,780	\$1,890	\$1,890
Two or more Children	\$7,560	\$3,780	\$3,780

NOTE: Return enrollment form and automatic payment plan form or appropriate check, money order (made payable to Case Western Reserve University) to Case Western Reserve University, 10900 Euclid Ave, Cleveland, OH 44106-4901.

If a student registers after September 6, 2024 for fall semester and after January 24, 2025 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 24, 2025.

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. The document is available at the Student Medical Plan department – medicalplan@case.edu or (216) 368-3049.