



2025-2026 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: 09/05/2025 Spring Semester: 01/23/2026	Annual Coverage Dates: 8/1/25-7/31/26	Fall Coverage Dates: 8/1/25-1/11/26	Spring Coverage Dates: 1/12/26-7/31/26
Spouse/Domestic Partner Only	\$3,986	\$1,993	\$1,993
Spouse or Domestic Partner and One Child	\$7,972	\$3,986	\$3,986
Spouse or Domestic Partner and Two or more Children	\$11,958	\$5,979	\$5,979
Child	\$ 3,986	\$1,993	\$1,993
Two or more Children	\$7,972	\$3,986	\$3,986

NOTE: Return enrollment form and payment plan- check, money order (made payable to Case Western Reserve University) to University Health Service, 2124 Cornell Rd, Dental Research Bldg., Cleveland, OH 44106 – 4901. Credit card invoices will be issued upon request.

If a student registers after September 5, 2025 for fall semester and after January 23, 2026 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 23, 2026.

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