

Indiana University SAA/Fellowship Recipients 2007/2008 Student Health Insurance Plan Spring-Continuation Enrollment Form

In order to enroll steps 1 through 5 must be completed.

1. Complete all Student information. Incomplete information will delay processing!

Student Name: _____
Last Name First Name MI

Social Security#: _____ Email address: _____

Mailing Address: _____
Apt. #

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth _____ Sex: Male Female
mm/dd/yy

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

3. Select Plan and Enrollment Period.

Deadline to enroll is February 1, 2008

812849-CS10	Period 1	Period 2	Period 3
Continuation Plan	1/1/08-1/31/08	1/1/08-2/28/08	1/1/08-3/31/08
1. Student	o \$193	o \$386	o \$579
2. Spouse/Domestic Partner	o \$460	o \$919	o \$1,379
3. Child(ren)	o \$350	o \$701	o \$1,050
812849-CS10	Period 4	Period 5	Period 6
Continuation Plan	1/1/08-4/30/08	1/1/08-5/31/08	1/1/08-6/30/08
1. Student	o \$771	o \$965	o \$1,157
2. Spouse/Domestic Partner	o \$1,838	o \$2,298	o \$2,758
3. Child(ren)	o \$1,400	o \$1,751	o \$2,101

