

Indiana University SAA/Fellowship Recipients 2009-2010 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/Same Sex Domestic Partner*					
Child					
Child					
Child					

***Please note: If you are enrolling your same-sex domestic partner, please contact the Campus Student Insurance Coordinator at (812) 856-4650 to complete the domestic partner statement.**

3. Select Plan and Enrollment Period.

Deadline to enroll is January 31, 2010

812849-CSSAA12	Period 1	Period 2	Period 3
Continuation Plan	1/1/10-1/31/10	1/1/10-2/28/10	1/1/10-3/31/10
1. Student	\$227	\$455	\$682
2. Spouse/Same Sex Domestic Partner*	\$542	\$1,083	\$1,625
3. Child(ren)	\$413	\$826	\$1,237
812849-CSSAA12	Period 4	Period 5	Period 6
Continuation Plan	1/1/10-4/30/10	1/1/10-5/31/10	1/1/10-6/30/10
1. Student	\$908	\$1,136	\$1,363
2. Spouse/Same Sex Domestic Partner*	\$2,165	\$2,708	\$3,249
3. Child(ren)	\$1,649	\$2,063	\$2,475
812849-CSSAA12	Period 7		
Continuation Plan	1/1/10-8/14/10		
1. Student	\$1,705		
2. Spouse/Same Sex Domestic Partner*	\$4,065		
3. Child(ren)	\$3,093		

PLEASE READ AND SIGN THE SECOND PAGE OF THIS FORM. WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR ENROLLMENT APPLICATION. →

