

*In order to enroll, steps 1 through 5 must be completed. Please print clearly.*

1. COMPLETE ALL STUDENT INFORMATION. INCOMPLETE INFORMATION WILL DELAY PROCESSING!			
STUDENT'S LAST NAME	FIRST NAME	MI	
MSU STUDENT'S APID NUMBER	EMAIL ADDRESS		
MAILING ADDRESS			APT #
CITY	STATE	ZIP	
STUDENT'S PHONE NUMBER	STUDENT'S DATE OF BIRTH (MM/DD/YYYY)      /      /		<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

2. LIST DEPENDENTS TO BE INSURED. DEPENDENT COVERAGE IS ONLY AVAILABLE IF THE STUDENT IS COVERED.			
LAST NAME	FIRST NAME	DATE OF BIRTH (MM/DD/YY)	GENDER
SPOUSE/DOMESTIC PARTNER			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CHILD			<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE

3. SELECT PLAN.		
<input type="checkbox"/> INTERNATIONAL UNDERGRADUATE	<input type="checkbox"/> INTERNATIONAL HUMAN MEDICINE	<input type="checkbox"/> INTERNATIONAL OSTEOPATHIC MEDICINE
<input type="checkbox"/> INTERNATIONAL GRADUATE	<input type="checkbox"/> INTERNATIONAL LAW STUDENT	<input type="checkbox"/> INTERNATIONAL VETERINARY MEDICINE

**DAILY\*\***  
**Please multiply the rate and number of days to get your total premium.**

STUDENT	<input type="checkbox"/> \$ 6.00 x _____ (# of days) = \$ _____
SPOUSE/DOMESTIC PARTNER	<input type="checkbox"/> \$ 6.00 x _____ (# of days) = \$ _____
ONE CHILD	<input type="checkbox"/> \$ 6.00 x _____ (# of days) = \$ _____
TWO OR MORE CHILDREN	<input type="checkbox"/> \$ 12.00 x _____ (# of days) = \$ _____
<b>TOTAL</b>	<b>\$ _____</b>

**\*\* Please fill in the dates for which you are requesting coverage.**

**Dependents cannot be enrolled beyond the primary insured coverage dates.**

Effective Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Termination Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Coverage dates may not extend beyond August 15, 2021. New rates will apply after this date.**

