Washington University in St.Louis

School of Medicine Student Health Services
Dependent Enrollment/Change Form

Student Information

Student ID	**Email Address**
Student Name: (LAST, FIRST, MI)	**Phone NO.**
Program: ☐ Medical ☐ Medical Scientist Training Program ☐ Occupational Therapy ☐ Physical Therapy ☐ Graduate, Biomedical Science ☐ PACS ☐ Other_____	**Matriculation Date:**

Enrollment/Change: If enrolling upon student matriculation, enrollment effective upon matriculation. If enrolling after student matriculation, enrollment effective on the first of the month following the date of the Qualifying Event.

Reason For Enrollment/Change ☐ New Student ☐ Qualifying Event	Date of Event
☐ Birth, Adoption or Legal Guardianship of Dependent Child ☐ Death ☐ Dependent No Longer Eligible ☐ Divorce ☐ Loss of other coverage ☐ Marriage ☐ Completion or Rescission of Domestic Partner Affidavit ☐ Initial arrival of Spouse/Domestic Partner to the United States	

Dependent Information: List only dependents to be covered

Action	Dependent Relationship	Date of Birth	Name **Last , First, MI**	SSN	Gender
· Add · Delete	· Spouse · Domestic Partner				· Male · Female
· Add · Delete	Child-1				· Male · Female
· Add · Delete	Child-2				· Male · Female
· Add · Delete	Child-3				· Male · Female
· Add · Delete	Child-4				· Male · Female

Authorization

My signature below indicates that I have received, read and understand the materials describing the options available to me. I hereby certify that all the information provided is true and correct to the best of my knowledge. I realize that I am making a binding election, which can only be changed if I experience a Qualifying Event or if I fail to pay the required Student Health Service Access Fee. I understand that Student Health Services reserves the right to request additional information on family status changes at any time.

Signature:_____ Date: _____

Office Use Only	Entered By	Date Entered	Effective Date

Student Health Service
660 S. Euclid • Box 8030 • St. Louis, MO 63110 • (314) 362-2346 • Fax (314) 362-0058

School of Medicine Student Health Service
Enrollment/Change Form Instructions

Please print legibly and complete all information. Student ID number is required for verification purposes.

Check New Student or Qualifying Event box. Enter date of matriculation or date of Qualifying Event. For Qualifying Event changes, choose the appropriate change from the list. Forms must be received within 31 days of the event.
Include a copy of adoption papers with date of custody.
Include a copy of page of decree with date of divorce, name, SS# and address of ex-spouse.

Complete dependent information if you are adding or deleting dependents. A Health Plan Dependent Verification Affidavit is required when adding a dependent. When adding a Domestic Partner, you must also complete a Domestic Partner Verification Form and provide proof of residency with your enrollment form.
Eligible dependents are a spouse or a domestic partner; the natural, adopted, or stepchildren of you, your spouse or your domestic partner and children for whom you, your spouse or your domestic partner are legal guardian, from birth to age 19. Your eligible dependents must reside with you 100% of the time (full custody), be dependent upon you for support and maintenance, and not be eligible for other coverage. If you elect to cover one dependent child, you must cover all of your dependent children.
Student Health Services reserves the right to periodically request proof of eligibility.

Students may enroll their eligible Dependents in the program by paying an additional Student Health Service access fee. The Student Health Service access fee for all covered Dependents must be paid directly to Student Health Service at the time of enrollment
Students may enroll Dependents into this program only at the following times:

- At the time the student enrolls in WUSM (at student matriculation), or
- Within thirty-one (31) days of a Qualifying Event,

Please sign and date form. Unsigned forms will be returned to student unprocessed. Forms must be received within 31 days of either date of matriculation or the Qualifying Event.
Submit completed forms to: WUSM Student Health Service Benefits- Campus Box 8030 or fax to (314) 362-0058.

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