



## Student Health Insurance Plan Enrollment Form

### International Student

Spouse/Partner/Dependent(s) – Summer 2026

To enroll you must be taking 1 or more credits during the summer session, enrolled in classes for the subsequent fall term, and enrolling in the student insurance plan in the fall.

First & Last Name: \_\_\_\_\_ WSU ID #: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

**Coverage Selection:** Coverage period and premium will depend upon the summer session you are enrolled in.

Select the coverage that applies to you	May 11, 2026 July 31, 2026	June 22, 2026 –July 31, 2026	June 29, 2026 –July 31, 2026
Student Coverage	729.00 <input type="checkbox"/>	\$356.00 <input type="checkbox"/>	\$293.00 <input type="checkbox"/>

I authorize the enrollment of the coverage(s) marked above. I understand that all coverage changes including cancellation must be processed by the **13<sup>th</sup> day of classes for Fall and Spring semesters and the 5<sup>th</sup> day of classes for Summer sessions.**

The non-refundable premium will be charged to my student account based on the coverage information received by the **enrollment deadline on the 13<sup>th</sup> day of classes for Fall and Spring semesters and the 5<sup>th</sup> day of classes for Summer sessions.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit completed form to:** Cougar Health Services, Washington Building or mail to PO Box

642302 Pullman, WA. 99164-2302 or email to [student.insurance@wsu.edu](mailto:student.insurance@wsu.edu) or fax to (509) 335-8214.