



Fall 2016- Online or Off-Campus Student Enrollment Form

Student Insurance
217-581-5290

Health Service
217-581-3013

Student: _____ E# _____

 Last First Middle

Local/Cell Phone: _____ Home Phone: _____

| | | | Deadline to |
|-------------------|-------------|-------------------------|--------------------------|
| <u>Fall 2016</u> | <u>Cost</u> | <u>Coverage Period*</u> | <u>Purchase Coverage</u> |
| Student Insurance | \$109.95 | 08/15/16-01/03/17 | 09/02/16, 4:30 p.m. |
| Health Service | \$90.90 | 08/15/16-01/03/17 | 09/02/16, 4:30 p.m. |

Return completed form via: Mail, Fax, or In Person at the Student Insurance Office

Student Insurance provides benefits for most service fees at the Health Service and reduces copays on prescriptions, in addition to providing insurance coverage off-campus, without a network. Students electing not to pay the Health Service Fee will be responsible for the cost of office visits and other associated services at the Health Service.

I certify that I will be enrolled in the Fall for 5 or more off-campus or online hours on **Census Day**; and that I am solely enrolled in online or off-campus hours.

Student Signature: _____ **Date:** _____

Please select all that apply:

- I am or will be a Graduate Assistant Fall 2016
- I wish to purchase Student Insurance Payment Enclosed
- I wish to pay the Health Service Fee Bill to my University Student Account

*Coverage will become effective upon receipt of completed enrollment form and payment designation within the deadline specified.

For Office Use Only- Cashier Code 40381

On: _____ CE: _____ INWV: _____ GA: _____ INTL: _____
 SGASADD: _____ OB: _____ VIS: _____ Date Verified: _____

| |
|----------------|
| Initials _____ |
| Date _____ |

Student Insurance
600 Lincoln Ave
Charleston, IL. 61920

Student Services Building
3rd Floor
Room 5021

Phone: 217-581-5290
Fax: 217-581-7507