Student Insurance 600 Lincoln Avenue Charleston, IL 61920
Phone: (217) 581-5290 Fax: (217) 581-7507

Summer 2016 Extension of Student Insurance Coverage

Student: _____ E-Number _____
Last First Middle

Phone (Cell/Local)_____(Home)_____

Insurance Policy Period/Fee

Term	Cost	Coverage Period*	Deadline for Purchase of Coverage
Summer 2016	$87.45	5/11/16 – 8/14/16	5/10/16, 4:30 pm

This form is used to purchase summer insurance coverage for students that were insured Spring 2016 semester by the Student Insurance Plan and are not enrolled in classes during Summer 2016.

Please check any of the following that apply for the Summer 2016 Semester:

_____ GA _____ International Student _____ Lakeview Student

Extension of Coverage - Summer 2016 – Must be purchased prior to 5/11/16.

I certify that I had Student Insurance Coverage during Spring 2016 Semester; that I have read the details concerning the EIU Student Insurance Program and I wish to apply for Summer 2016 Insurance.

____ Payment enclosed ____ Bill to my University Student Account

Signed: _____ Date _____

Return this form with your payment by mail, fax, or in person to:
Student Insurance, 600 Lincoln Ave, Charleston, IL 61920

For Office Use Only – Notice to Cashiers – Process as Departmental Payment – 40381

HRS-ON _____ HRS-OFF _____ INWV_____ GA _____

SGASADD _____ VIS _____ OB _____ DATE VERIFIED _____

Amount _____

Reviewed _____

Date _____