



Student Health Insurance

600 Lincoln Avenue Charleston, IL 61920
Phone: (217) 581-5290 Fax: (217) 581-6422

Part-Time Enrollment Form

Student: _____ E-Number _____
Last First Middle

Phone (Cell/Local) _____ (Home) _____

Insurance Policy Period/Fees

<u>Term</u>	<u>Cost</u>	<u>Coverage Period*</u>	<u>Deadline for Part-Time Coverage</u>
Fall 2011	\$109.95	8/17/11 – 1/03/12	9/02/11, 4:30 pm
Spring 2012	\$109.95	1/04/12 – 6/10/12	1/23/12, 4:30 pm
Summer 2012	\$87.45	6/11/12 – 8/14/12	6/18/12, 4:30 pm

This form is used to purchase Student Insurance Coverage for students that are enrolled in 6, 7, or 8 hours on Count Day. **One form required per semester.**

Part-Time Enrollment – Must be purchased by deadlines indicated above.

I certify that I will be enrolled Fall, Spring, or Summer (circle one) for 6, 7, 8 hours (circle one) **on Count Day**; and that I am not solely enrolled in continuing education, extension, extramural, or a Saturday/evening program. I wish to apply for Student Health Insurance for the semester indicated above.

Signed: _____ Date _____

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

Return this form with your payment 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 _____
TSAAREV _____ OB _____ VIS _____ DATE VERIFIED _____

Amount _____
Reviewed _____
Date _____