



Student Health Insurance

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

Summer Extension of Health Insurance Coverage

Student: _____ E-Number _____
 Last First Middle

Phone (Cell/Local) _____ (Home) _____

Insurance Policy Period/Fee

<u>Term</u>	<u>Cost</u>	<u>Coverage Period*</u>	<u>Deadline for Purchase of Coverage</u>
Summer 2012	\$87.45	6/11/12 – 8/14/12	6/08/12

This form is used to purchase summer health insurance coverage for students that were insured Spring 2012 semester by the Student Insurance Plan and are not enrolled in classes during Summer 2012.

Extension of Coverage - Summer 2012 – Must be purchased prior to 6/08/12.

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

Signed: _____ Date _____

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 _____