



Student Health Insurance

600 Lincoln Avenue Charleston, IL 61920

Phone: (217) 581-5299 Fax: (217) 581-6422

Part-Time Enrollment or Extension of Coverage

Student: _____ SSN _____
Last First Middle

Insurance Policy Period/Fees

Semester	Cost	Coverage Period*	Deadline for Part-Time Coverage
Fall 2006	\$101.95	8/18/06 – 1/04/07	9/01/06
Spring 2007	\$101.95	1/05/07 – 6/10/07	1/22/07
Summer 2007	\$79.45	6/11/07 – 8/16/07	6/18/07

CHOOSE from one of the following options. One form per semester.

Option 1

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

I certify that I am (or will be) enrolled Fall, Spring, or Summer (circle one) for 6, 7, 8 hours (circle one); 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.

Option 2

_____ Extension of Coverage - Summer 2007 – Must be purchased by 6/11/07.

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. I will not be enrolled in the Summer 2007 Term for at least 9 hours.

Signed: _____ Date _____

Return this form with your payment to:

EIU Student Insurance Office, 600 Lincoln Ave, Charleston, IL 61920.

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

CK _____ DATE _____
348 _____ 30A _____ 409 _____ VIS _____

Reviewed _____
Date _____