



Student Health Insurance

600 Lincoln Avenue Charleston, IL 61920

Phone: (217) 581-5290 Fax: (217) 581-6422

Part-Time Enrollment or Extension of Coverage

Student: _____ E-Number _____
Last First Middle

Phone (Local) _____ (Home) _____ SSN _____

Insurance Policy Period/Fees

Term	Cost	Coverage Period*	Deadline for Part-Time Coverage
Summer 2009	\$87.45	6/14/09 – 8/19/09	6/22/09, 4:30 pm
Fall 2009	\$109.95	8/19/09 – 1/05/10	9/04/09, 4:30 pm
Spring 2010	\$109.95	1/06/10 – 6/13/10	1/25/10, 4:30 pm
Summer 2010	\$87.45	6/14/10 – 8/17/10	6/21/10, 4:30 pm

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

Option 1

_____ 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.

Option 2

_____ Extension of Coverage - Summer 2009 – Must be purchased prior to 6/14/09.

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 2009 Term for at least 9 hours.

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 _____