

Student Insurance

Health & Counseling Services

Please **do not** send electronically, email is not secure.
Please return forms by mail, fax, or in-person.

EASTERN ILLINOIS UNIVERSITY™

By the deadline of 01/18/2019 to:

Student Insurance. 600 Lincoln Ave, Charleston IL 61920

Student Services Building – 3rd Floor Phone: 217-581-5290 Fax: 217-581-7507

Spring 2019 – Part-Time or Online Student Enrollment Form

Student: _____ E# _____

 Last First Middle

Local/Cell Phone: _____ Home Phone: _____

Deadline to

<u>Spring 2019</u>	<u>Cost</u>	<u>Coverage Period*</u>	<u>Purchase Coverage</u>
Student Insurance	\$109.95	12/31/18 - 05/05/19	01/18/19, 4:30 p.m.

Student Insurance reduces copays on prescriptions at the on-campus pharmacy, in addition to providing insurance coverage off-campus, without a network.

I certify that I will be enrolled in Spring 2019 for 5 or more hours on **Census Day**. **One form is required per semester.**

Student Signature: _____ **Date:** _____

Please select all that apply:

- I am or will be a Graduate Assistant Spring 2019 Payment Enclosed
- I am an International Student Bill to my University Student Account

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

** Online and Off-Campus students are also eligible to purchase coverage at the Medical Clinic. Please contact the Medical Clinic for more information.

For Office Use Only- Cashier Code 40381

On: _____ CE: _____ INWV: _____ GA: _____ INTL: _____

SGASADD: _____ OB: _____ VIS: _____ Date Verified: _____

Initials _____
Date _____

Student Insurance
600 Lincoln Ave
Charleston, IL. 61920

Student Services Building
3rd Floor
Room 5021

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