WASHINGTON STATE UNIVERSITY

Student Health Insurance Plan Cancellation Form

Spouse/Partner/Dependent(s) – Spring 2024

Student Information

Please select insurance type: ☐ International Student

First & Last Name: _____ WSU ID #:_____

Street Address: _____ Phone #: _____

City, State, Zip: _____ Email: _____

Please Select Coverage(s) to Cancel

Spouse/Domestic Partner	Spring 2024: January 1, 2024 – July 31, 2024 $1,532.00	☐
Child/Children *The premium is capped at two children for a particular family	Child 1: Spring 2024: January 1, 2024 – July 31, 2024 $1,532.00 Child 2: Spring 2024: January 1, 2024 – July 31, 2024 $1,532.00 Child 3: Spring 2024: January 1, 2024 – July 31, 2024 $0.00	☐ ☐ ☐

Dependent information: Please complete the section below for any spouse/domestic partner, or dependents you want to cancel.

Last Name, First Name, Middle Initial	Date of Birth	Sex	Relationship to Subscriber (husband, wife, domestic partner, son, daughter)

I authorize the cancellation of the coverage(s) marked above. I understand that all coverage changes, including cancellations, must be processed **by the 13th day of classes for Fall and Spring semesters and the 5th day of classes for Summer sessions.**

Student Signature: _____ Date: _____

Please Submit Completed Form to: Cougar Health Services, Washington Building, PO Box 642302 Pullman, WA 99164-2302 or email to student.insurance@wsu.edu or fax to (509) 335-8214.