

Student Information

Please select insurance type: Graduate Student Health Sciences 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– August 15, 2024 \$1,640.00
Child/Children <small>*The premium is capped at two children for a particular family</small>	Child 1: Spring 2024: January 1, 2024 – August 15, 2024 \$1,640.00 Child 2: Spring 2024: January 1, 2024 – August 15, 2024 \$1,640.00 Child 3: Spring 2024: January 1, 2024 – August 15, 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 <small>(husband, wife, domestic partner, son, daughter)</small>

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.