

BCBSM COVERAGE SELECTION FORM FOR ACADEMIC YEAR 2006-2007

Wayne State University School of Medicine (WSUSOM)
Blue Cross Blue Shield of Michigan (BCBSM) Group Health Benefits

****ONLY FOR STUDENTS CURRENTLY ENROLLED IN THE BCBSM PLAN****

Directions: If you are currently enrolled in the BCBSM Group Health Benefits Plan, please provide the requested information and indicate your desired level of coverage for the period August 1, 2006 through July 31, 2007. The number of individuals covered (1 person, 2 person, family) will remain as is, unless you indicate a change. To add or remove individuals, you will need to complete another Enrollment/Change of Status form. Please bring this entire sheet to registration.

**I select the following level of BCBSM health insurance
for the coverage period from August 1, 2006 through July 31, 2007**

High option

Medium option

Basic option

Student Information

Name: _____ WSU Student ID: _____

Print Name

Signature: _____ /_____/_____
Date

ONLY FOR SENIORS

Complete only if you will be graduating in June, 2007

As a senior, you are only required to have coverage through the end of May, although you may choose to have coverage through the end of June, or the end of July. For billing purposes, please indicate below your desired insurance end date. In addition, you also will need to complete an Enrollment/Change of Status form, indicating your last date of coverage so BCBSM will know to cancel your coverage.

I will be graduating in 2007 and would like my health insurance coverage to continue until the:

End of May, 2007 (billed for 10 months of coverage)

End of June, 2007 (billed for 11 months of coverage)

End of July, 2007 (billed for 12 months of coverage)