

COVERAGE SELECTION FORM for academic year 2010-2011
Wayne State University School of Medicine (WSUSOM)

****ONLY FOR STUDENTS CURRENTLY ENROLLED IN THE SCHOOL'S PLAN****

Directions: If you are currently enrolled in the school's Group Health Benefits Plan, please provide the requested information and indicate your desired level of coverage for the period August 1, 2010 through July 31, 2011. 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. **DO NOT USE THIS FORM IF YOU ARE A NEW ENROLLEE.**

I select the following level of health insurance for the coverage period from August 1, 2010 through July 31, 2011.

_____ High option

_____ Medium option

_____ Basic option

_____ HMO option

Student Information

Name: _____ WSU ID #: _____
 Print Name

Signature: _____ Date: ____/____/____