

COVERAGE SELECTION FORM for academic year 2011-2012
Wayne State University School of Medicine (WSUSOM)

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

DO NOT USE THIS FORM IF YOU ARE A NEW ENROLLEE

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, 2011 through July 31, 2012. The number of individuals covered (1 person, 2 person, family) will remain as is. To add or remove individuals at any point, you will need to complete another Enrollment/Change of Status form.

**I select the following level of health insurance
for the coverage period from August 1, 2011 through July 31, 2012**

<input type="checkbox"/> PPO1	<input type="checkbox"/> 1 person
<input type="checkbox"/> PPO2	<input type="checkbox"/> 2 person
<input type="checkbox"/> HMO	<input type="checkbox"/> Family

Student Information

Name: _____ WSU ID #: _____

Print Name

Signature: _____ /_____/_____
Date