

Instructions and Checklist for students enrolling, re-enrolling or changing coverage

Are you enrolling in WSU School of Medicine group health insurance for the first time?

If you are choosing PPO coverage

- Complete New Subscriber Enrollment (1 Page)
- Check box for Blue Cross Blue Shield PPO
- Complete Subscriber Information
- Signature and Date

If you are choosing HMO coverage

- Complete New Subscriber Enrollment (1 Page)
- Check box for Blue Care Network HMO
- Complete Subscriber Information
- Signature and Date
- Complete Primary Care Physician Selection Form (1 Page)
- Your information, your Doctor information
- Signature and Date

Are you currently on WSU School of Medicine group health insurance and you are re-enrolling or changing coverage?

If you are choosing PPO coverage

- Complete New Subscriber Enrollment (1 Page)
- Check box for Blue Cross Blue Shield PPO
- Complete Subscriber Information
- Signature and Date

If you are choosing HMO coverage

- Complete New Subscriber Enrollment (1 Page)
- Check box for Blue Care Network HMO
- Complete Subscriber Information
- Signature and Date
- Complete Primary Care Physician Selection Form
- Your information, your Doctor information
- Signature and Date

Please return all completed paperwork to

April Mayweather

Health Care Administrator

records@med.wayne.edu

Phone: 313-577-1473

Fax: 313-577-3434