



Washburn University

Domestic Student Health Insurance Plan

Underwritten by Wellfleet Insurance Company - Policy No: WI2324KSSHIP154
Administered by Wellfleet – Group No: ST0970SH

ENROLLMENT FORM FOR STUDENTS & DEPENDENTS

Fall Enrollment Deadline: 8/25/2023
Spring/Summer Enrollment Deadline: 1/22/2024
Summer Enrollment Deadline: 6/23/2024

STUDENT: Complete information below for student. **PLEASE PRINT LEGIBLY.**

STUDENT ID #:

LAST NAME:

FIRST NAME:

MIDDLE INITIAL:

GENDER: Male Female

DATE OF BIRTH: ___/___/___

Class: Undergraduate Graduate

MAILING ADDRESS – House/Building Number and Street Name:

CITY:

STATE:

ZIP CODE:

TELEPHONE / CELL #:

EMAIL ADDRESS:

INSURANCE COSTS:

	Annual 8/1/2023 – 07/31/2024	Fall 8/1/2023-1/9/2024	Spring / Summer 1/10/2024 - 7/31/2023	Summer 5/31/2024-7/31/2024
Student	\$2,246	\$995	\$1,251	\$380
Spouse Dependent	\$2,246	\$995	\$1,251	\$380
Each Child	\$2,246	\$995	\$1,251	\$380
3 or more Children	\$6,738	\$2,985	\$3,753	\$1,140

*Rates above include a Service Fee paid to the servicing broker.

DEPENDENTS: Please list Dependents to be insured below.

Note: Dependent coverage is available ONLY if the student is also covered by the Plan. Please keep in mind that ANY change to student status (e.g. full-time to part-time) can affect your coverage and your dependents' coverage. For questions, please contact Wellfleet at 800-657-5030.

	LAST NAME	FIRST NAME	MI	DATE OF BIRTH	GENDER
Spouse					
Child					
Child					
Child					

*Add information for additional children on the back

Payment Instructions: Please mail completed form and correct premium to: **Wellfleet Group, LLC., P.O. Box 15369, Springfield MA, 01115.** Payment should be made in the form of a Personal Check, US Bank Check or US Money Order and made payable to **Wellfleet.**

NOTICE TO STUDENT: By signing, the student acknowledges the following: 1) They have carefully read the brochure and elects to enroll as indicated on this enrollment card; 2) They meet the eligibility requirements for this coverage as described in the brochure; and 3) If it is later determined that the student is not eligible, the premium will be refunded. **Premium will not be refunded except for ineligibility or entrance into the armed forces.**

STUDENT'S SIGNATURE: _____ **DATE:** _____

Questions? Please contact Wellfleet at (877) 657-5030