



EASTERN VIRGINIA MEDICAL SCHOOL
 Health Insurance Enrollment Form
Policy Period: August 1, 2005 – July 31, 2006

NAME (please print) _____ MALE FEMALE

PROGRAM _____ GRADUATION YEAR _____ PHONE _____

ADDRESS _____
 Street Address _____ City, State, Zip Code _____

SS# _____ DATE OF BIRTH _____

ALL STUDENTS will be billed with their tuition and fees \$ 1,961.00 for “student only” enrollment into The Chickering Student Health Insurance Policy unless a waiver is signed and proof of alternate health insurance is provided to the Office of Student Affairs by August 1, 2005.

_____ I accept The Chickering/Aetna Health Insurance student only coverage - **\$ 1,961.00** for this policy year.

_____ I accept the Chickering/Aetna Health Insurance and would like to add my spouse/child/children to the policy.

_____ **Spouse - \$ 2,589.00** for this policy year.

Spouse’s Name _____ Date of Birth _____ SS# _____

_____ **Each Child - \$ 2,589.00** for this policy year.

Child’s Name _____ Date of Birth _____ SS# _____

Child’s Name _____ Date of Birth _____ SS# _____

Child’s Name _____ Date of Birth _____ SS# _____

Child’s Name _____ Date of Birth _____ SS# _____

Note: If you are a student insuring 3 or more Dependents your Dependents are eligible for a Family rate. Three or more dependents can be insured for a rate of \$ 7,768.00. Please be advised that students are still responsible for the individual student rate, the family rate applies for dependents only.

STUDENT SIGNATURE _____ DATE _____

PLEASE RETURN ALL COPIES OF THIS FORM TO:
THE DEPARTMENT OF STUDENT AFFAIRS
LEWIS HALL