



## 5. Coverage Election – Please Check All Appropriate Boxes

Please indicate your requested effective date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Please indicate your requested termination date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The policy effective and termination dates will be determined by the insurer, subject to any applicable law or policy provisions.

Plan Choice:

High-Deductible Plan

\$0 Deductible Plan

International Student Plan

## 6. Information About Other Medical Coverage

Will you or any family member(s) continue or maintain any other health coverage in addition to the insurance being applied for today?

No  Yes If yes, please provide:

Policyholder Information	Name, Address and Phone Number of Insurance Company/Plan	Policy or Group Number	Type of Coverage	Type of Plan	Effective Date of Coverage	Cancellation Date
Name: <input type="checkbox"/> Student <input type="checkbox"/> Spouse Date of Birth: _____			<input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Medical <input type="checkbox"/> Dental		
Name: <input type="checkbox"/> Student <input type="checkbox"/> Spouse Date of Birth: _____			<input type="checkbox"/> Family <input type="checkbox"/> Single	<input type="checkbox"/> Medical <input type="checkbox"/> Dental		

## 7. Payment Information

Charge Full Amount: \_\_\_\_\_  Discover Number: \_\_\_\_\_

Visa Number: \_\_\_\_\_  MasterCard Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it Appears on Credit/Debit Card: \_\_\_\_\_

Address Associated with Credit Card: \_\_\_\_\_

**OR**

Paid by Check Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Make check or money order payable to WPS or refer to the charge card authorization above to charge your premium to Visa, Discover or MasterCard. Mail this enrollment form and premium payment to: **WPS Health Insurance**  
P.O. Box 7898 | Madison, WI 53708-8190

Your cancelled check or credit card billing is your only receipt and notification of coverage. **It is the student's responsibility for timely renewal payments whether or not a renewal notice is received.**

**Internal use only:**

Group Number: \_\_\_\_\_ Subscriber Number: \_\_\_\_\_ Notes: \_\_\_\_\_