

Student Information

Name:	WSU ID:
Email:	Phone:
Mailing Address:	

Cancellation Request: Please check the coverage(s) that you want to CANCEL.

	Fall		Annual	
Student Coverage	\$505		\$1,262	
Spouse/Domestic Partner Coverage	\$1,827		\$4,568	
Child(ren) Coverage	\$650		\$1,625	

CANCELLATION DEADLINE:
September 4, 2009

Cancellation Request Signature: Please sign below to CANCEL the above coverage(s).

I understand that I am requesting to CANCEL my insurance enrollment for the coverage(s) marked above. I also understand that I will not be able to enroll in coverage until the next available enrollment period.

Student Signature	Date
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Please Submit Completed Form to: Health and Wellness Services, Washington Building or mail to PO Box 642302 Pullman, WA. 99164-2302 or fax to (509) 335-8214. **The Enrollment Deadline is September 4, 2009.**

For Business Use Only

Date: _____ Premium Amount: _____ Approve: Deny:
Comments: _____ Initials: _____