# University of Idaho
# 2012-2013 SHIP
# Dependent Enrollment Form

**Return form to SHIP Office:** Student Health Building Rm 126
**Mail to:** 875 Perimeter Dr MS 4201; Moscow ID 83844-4201
**Fax Number:** 208-885-1002 **E-mail:** health@uidaho.edu

Print Form

**This form must be returned to the SHIP Office by September 8 (fall semester) or February 7 (spring semester).**

Student must be enrolled in the SHIP to enroll eligible dependents. See SHIP brochure for definition of eligible dependent. Spring and summer coverage is not available to students who waived participation in the SHIP for fall semester unless the student becomes involuntarily uninsured and completes the Qualified Late Enrollee Form.

*Dependent premiums are per person and in addition to the student premium. Dependent coverage will not be effective prior to that of the insured student or extend beyond that of the insured student.*

| | Fall Semester | Spring Semester | Summer Session |
|---|---|---|---|
| Effective Date | 08/20/2012 | 01/08/2013 | 05/13/2013 |
| Termination Date | 01/08/2013 | 08/25/2013 | 08/25/2013 |
| Student Only | $749 | $749 | $430 |
| Spouse | $1780 | $1780 | $1032 |
| Each Child | $1077 | $1077 | $623 |

STUDENT NAME: _____ STUDENT ID NUMBER: _____

EMAIL ADDRESS: _____ PHONE NUMBER: _____

Complete the dependent information below:

NAME: _____ SSN _____ BIRTHDATE: _____ GENDER _____ ☐ CHILD ☐ SPOUSE

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SIGNATURE: _____ DATE: _____

**Dependent Qualified Late Enrollees: Please complete and attach a QLE form AND supporting documentation of qualifying event.**

Qualifying events include marriage, childbirth, adoption, guardianship decree or arrival from a foreign homeland. Application with supporting documentation must be made within 60 days of the qualifying event. If required documentation is not received within 60 days of SHIP effective date, a $50 late enrollment fee will be charged.

If the dependent is being added as a qualified late enrollee the premium cost is calculated on a pro-rated basis (see QLE Form). The cost of coverage will be the average annual monthly cost, up to a maximum cost per semester. The full monthly cost of coverage is charged even if only one day of the month is needed for coverage.

**Dependent Premium will be charged to the student's account. Payment in full must be made within 30 days.**

FOR SHIP USE ONLY

PREMIUM: STUDENT: _____ SPOUSE: _____ CHILDREN: _____ X_____ Number of Children TOTAL PREMIUM: _____

SHIP EFFECTIVE DATE: _____ DATE PROCESSED: _____ BY: _____