

Student Health Services 831 Ash St. Room 129 Moscow, ID 83844-4203 (208) 885-2210 health@uidaho.edu

SHIP INSURANCE PLAN ACADEMIC YEAR 2023-24 Dependent Enrollment

bependent Emol				
Student Legal Name			Vandal ID Number	
Address		Date of Birth		
Vandal Email Addres	SS			
Dependent Coverag ○ Spouse ○ Child ○ 2 or more Chi ○ Spouse+2 or n	_	Cost Per Dependent \$1,080.00 per Semester \$1,080.00 per Semester \$2,160.00 per Semester \$3,240.00 per Semester		
I am enrolling my de	pendent(s) for the foll	owing semester:		
☐ Fall 2023	Spring 2024	Summer 20	024	
*Please note that this for	m needs to be done every	semester you wish to	have depender	nt coverage
DDING DEPENDEN	VTS:			
st Name	First Name	Date of Birth	Gender	Relationship