

ON-CAMPUS HEALTH CARE BENEFITS

Fee-paying students may purchase on-campus Health Care Benefits for one semester if enrolled during the previous semester. Complete sections A, C & D below. Fee-paying students may also purchase on-campus Health Care Benefits for their spouse or same sex domestic partner. Complete sections A, B, C & D below. Sign and return this form with check or payment info to address above.

A. Student Information

Name (last, first, middle)		Birth Date	Dawg Tag #
Address		City / State	Zip Code
Home Phone	Work Phone	E-mail	

B. Spouse / Same Sex Domestic Partner Information (complete only if purchasing coverage for your spouse/SSDP)

Name (last, first, middle)		Birth Date	
Address		City / State	Zip Code
Home Phone	Work Phone	E-mail	

C. Fees (check all that apply)

Term	Student	Spouse / SSDP
Fall 2017	<input type="checkbox"/> \$269	<input type="checkbox"/> \$269
Spring 2018	<input type="checkbox"/> \$269	<input type="checkbox"/> \$269
Summer 2018	<input type="checkbox"/> \$159	<input type="checkbox"/> \$159

Signature of Student _____ Date _____

Signature of Spouse / Same Sex Domestic Partner _____ Date _____

D. Payment *Required Field

<input type="checkbox"/> Cash <input type="checkbox"/> Check Make check payable to SIUC Student Health Center.	
<input type="checkbox"/> Master Card <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> American Express	
*Card #	*VIS #
*Expiration Date	
Card Holder Signature	

Official Use Only

Processed By	Date
Effective Date	Termination Date
<input type="checkbox"/> Student Enrollment Verified	

CONTACT INFO

Student Health Services
Southern Illinois University
Mail Code 6740
374 East Grand Avenue
Carbondale, IL 62901

phone: 618/453-3311
fax: 618/453-4088
shc.siu.edu