

ON-CAMPUS HEALTH CARE BENEFITS

Fee-paying students may purchase on-campus Health Care Benefits for one semester if enrolled during the previous semester or current students enrolled in courses that are not assessed in the On Campus General Fee. 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 below.

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	Year	Student	Spouse / SSDP
Fall		<input type="checkbox"/> \$269	<input type="checkbox"/> \$269
Spring		<input type="checkbox"/> \$269	<input type="checkbox"/> \$269
Summer		<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 #	CVV #
*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