

DARTMOUTH STUDENT GROUP HEALTH PLAN DEPENDENT PLAN APPLICATION

Dartmouth Student Group Health Plan
7 Rope Ferry Road #6143, Hanover, NH 03755
Telephone: 603/646-9438 or 603/646-9439

E-mail: Dartmouth.Student.Health.Plan@Dartmouth.EDU
Website: www.dartmouth.edu/~health/depts/insurance/index.html

Student Name: _____ Class: _____ Sex: () F () M
Last First Middle

DID#: _____ Social Security #: _____ HB #: _____

I wish to enroll my spouse or *same sex domestic partner in the DSGHP Dependent Plan. *Domestic partnership is subject to filing of an Affidavit of Domestic Partnership.

Name: _____ Birth Date: _____ Sex: () F () M
Last First Middle

Social Security #: _____ Relation to Student: _____ Maiden Name: _____

Spouse E-mail: _____ Spouse Local Phone: _____

Were you ever a Dartmouth student? Yes () No () DID#: _____ Medical Record #: () Yes () No

I wish to enroll my children.

Name: _____
Last First Middle

Relation to student: _____ Birth date: _____ Sex: () F () M

Name: _____
Last First Middle

Relation to student: _____ Birth date: _____ Sex: () F () M

Name: _____
Last First Middle

Relation to student: _____ Birth date: _____ Sex: () F () M

Name: _____
Last First Middle

Relation to student: _____ Birth date: _____ Sex: () F () M

My signature below authorizes my spouse, dependent children, and/or domestic partner be enrolled into the DSGHP. I wish their coverage to become effective: _____ and continue until the end of the plan year, August 31. I also authorize the fee of \$_____ to be charged to my student account. The dependent fees are in addition to the student fee. I understand that I must file a written notice to terminate DSGHP coverage prior to August 31. Please refer to the DSGHP plan document or website for termination dates and requirements.

I declare the above information to be true and valid. I understand that my Dependent plan coverage is subject to all plan eligibility requirements, limitations, and provisions.

Student Signature: _____ Date: _____

Must be signed by student to be valid.

Office Use Only			
Received: _____	Entered: _____	TPA: _____	Dist: _____
Comments: _____			