Colorado Christian
UNIVERSITY

Office Use Only:
Received: _____
In CRI: _____
Initials: _____
Charged: _____

Student Health Insurance Enrollment form

Students must be enrolled in 6 credits (in seat and not online) for the semester to be eligible to enroll in the Student Health Insurance program. Deadline for enrolling in the Student Health Insurance plan is the add/drop date of each semester (following the CUS calendar).

Name:	**Student ID #:**
Home Address:	
Home Phone #:	
CCU Address:	
Cell Phone #:	
Birthdate:	

I am:

- ❑ A traditional student in the College of Undergraduate Studies.
- ❑ A student in the College of Adult and Graduate Studies student. Online students are not eligible for the health insurance.
- ❑ A student-athlete. Please note: Student athletes cannot participate in the University Health Insurance plan. Please talk with your coach about other options.

I desire coverage for:

- ❑ Fall 20____
- ❑ Spring 20____
- ❑ Summer 20____ (STUDENTS WILL NOT BE AUTOMATICALLY ENROLLED IN SUMMER INSURANCE UNLESS INDICATED)

Coverage for:

- ❑ Self only
- ❑ Self & Spouse — Name of spouse:_____ Birthday of spouse: _____
- ❑ Self and Family (children and/or spouse names and birthdates)

_____
_____
_____

By my signature, I am verifying that I want to purchase the CCU sponsored student health insurance plan, and understand that by signing here, my student account will be charged the cost of the insurance premium. **I also understand I will be charged for this health insurance each semester until proof of other personal health insurance is presented. This DOES NOT include summer. Students WILL NOT be automatically enrolled in or charged for summer health insurance unless indicated above.**

Signature of student: _____ **Date:** _____

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