



Insurance Student Health Services
 Oregon State University, 110 Plageman Building, Corvallis, OR 97331
 Tel 541-737-7568 | Fax 541-737-7914 | osustudent.insurance@oregonstate.edu
<http://studenthealth.oregonstate.edu>

Declination of Summer Session Coverage 2017

NAME: _____

OSU ID: _____

DOB: ___/___/_____

ADDRESS: _____

PHONE: _____

DEPARTMENT: _____

REASON FOR DECLINING

I have been offered PacificSource Health Insurance by Oregon State University. I voluntarily choose not to enroll myself and my dependents on the summer session plan at this time. I understand that the next opportunity to enroll will be during the open enrollment period, should I qualify for coverage by holding a Graduate Assistantship.

Reason For Declining (check one): _____

- I am covered by another employer's health plan through my spouse/domestic partner or parent

- I am covered by another plan offered by my employer

- Other reason for declining:

Signature

Date