

The University of Tennessee Health Science Center
2008-2009 Dependent Enrollment Form
In order to enroll steps 1 through 5 must be complete.

1. Complete all Student information. Incomplete information will delay processing.

Student Name: _____
Last Name First Name MI

Student ID #: _____ Email Address: _____

Mailing Address: _____
Apt. #

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Date of Birth: _____ Sex: Male Female
mm/dd/yy

2. List Dependents to be insured. Dependent coverage is only available if the student is covered.

Dependents	Last Name	First Name	DOB	Social Security Number	M/F
Spouse					
Child					
Child					
Child					

3. Newly Enrolled Dependents Select Enrollment Period.

890445-JND11	A	B	C	D
June Start Date	Annual 6/30/08-7/5/09	First Semi-Annual 6/30/08-1/5/09	Second Semi-Annual 1/6/09-7/5/09	Monthly Effective Date - Term Date* _____-_____ <small>*term date may not extend beyond 7/5/09</small>
2. Spouse	<input type="checkbox"/> \$4,121	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$343
3. All Children	<input type="checkbox"/> \$2,348	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$196
890445-AND11	A	B	C	D
August Start Date	Annual 8/10/08-8/16/09	First Semi-Annual 8/10/08-2/16/09	Second Semi-Annual 2/17/09-8/16/09	Monthly Effective Date - Term Date* _____-_____ <small>*term date may not extend beyond 8/16/09</small>
2. Spouse	<input type="checkbox"/> \$4,121	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$343
3. All Children	<input type="checkbox"/> \$2,348	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$196

3a. Previously Enrolled Dependents Select Here

890445-JRD11	A	B	C	D
July Start Date	Annual 07/06/08-7/5/09	First Semi-Annual 07/06/08-1/5/09	Second Semi-Annual 1/6/09-7/5/09	Monthly Effective Date - Term Date* _____-_____ <small>*term date may not extend beyond 7/5/09</small>
2. Spouse	<input type="checkbox"/> \$4,121	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$343
3. All Children	<input type="checkbox"/> \$2,348	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$196
890445-ARD11	A	B	C	D
August Start Date	Annual 08/17/08-8/16/09	First Semi-Annual 08/17/08-2/16/09	Second Semi-Annual 2/17/09-8/16/09	Monthly Effective Date - Term Date* _____-_____ <small>*term date may not extend beyond 8/16/09</small>
2. Spouse	<input type="checkbox"/> \$4,121	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$2,061	<input type="checkbox"/> \$343
3. All Children	<input type="checkbox"/> \$2,348	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$1,176	<input type="checkbox"/> \$196

PLEASE COMPLETE AND SIGN THE SECOND PAGE OF FORM.

APPLICATIONS WITH MISSING INFORMATION WILL NOT BE PROCESSED.

WITHOUT YOUR SIGNATURE, WE WILL NOT ACCEPT YOUR APPLICATION.

