



**Dependent Information**

Ohio State Students: Use this form to provide information about your dependent(s) who are already insured under your Comprehensive Student Health Insurance Plan policy. Claims cannot be processed for your Insured Dependent(s) until the information below has been entered into the Student Information System. *If you need to make a change to your current coverage status type (for example, student only to student/spouse), you need to complete and submit a Coverage Status Change Form.*

Submit this completed form to:

Student Health Insurance Program  
1100 Lincoln Tower  
1800 Cannon Dr.  
Columbus, OH 43210

You may also send it by fax to 614-292-1170

**Student Information**

Last Name:	First Name:	Middle Initial:	8 or 9 digit OSU Student ID Number:*
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Street Address, City, State, Zip Code:
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OSU Email Address:	Telephone Number:	Date of Birth:
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**Dependent Information**

A Qualified Dependent is:

1. The student's legal spouse;
2. The student's same- or opposite-sex domestic partner;
3. The student's unmarried children under the age of 19 years. The term "children" includes the student's biological children; stepchildren; foster children; adopted children from the date of placement in the student's home and who depend on the student for their support; children which the student has been granted legal custody; children which the student has legal obligation to provide coverage due to a court order; and children of the student's domestic partner.

Last Name:	First Name:	Middle Initial:	Date of Birth: (MM/DD/YYYY)	Gender:	Relationship to student: (spouse, domestic partner, son, daughter)

Student signature \_\_\_\_\_ Date \_\_\_\_\_

\* Go to [www.buckeyelink.osu.edu](http://www.buckeyelink.osu.edu) and click on "Look Up Your OSU ID Number" if you do not know your ID #.