

SECTION D: DEPENDENT INFORMATION (required only if you are enrolling an eligible dependent: ex: spouse, domestic partner, child, etc.)

Last Name / Surname	First Name	Relationship	Gender	Date of Birth (Month/Day/Year)

SECTION E: VERIFICATION

My signature below verifies the following: I am requesting a change to my current SHI coverage level. I understand the notices in Section A of this form. I am providing documentation that verifies my Qualifying Event.

Student Signature: _____ **Date** _____

FOR OFFICE USE ONLY

Rec'd ____/____/____ Approved Denied N/A By _____ Date ____/____/____

Undergrad Grad Grad Professional Subsidy International Domestic

Campus: Columbus Lima Marion Mansfield Newark ATI

SIS Updated: ____/____/____ Student Notified: ____/____/____ Email Fee: _____ Eff. Date _____

Notes: _____