



WAYNE STATE
School of Medicine

2020-2021 Health Insurance Renewal Form

Date: _____

Student's Name: _____

Date of Birth: _____

Access ID: _____

SOM Email: _____

Please check one of the following options below as it pertains to your required health insurance coverage:

_____ **Yes**, I would like to enroll in one of the student health insurance plans provided by Wayne State University School of Medicine.

_____ **No**, I have health insurance coverage outside of the school's plans (ie. Parent, Medicaid, Military, Canadian, Spouse, etc...). **Please Note:** If you have coverage outside of the school's BCN/BCBS plans, please complete the following [2020-2021 Health Insurance Waiver Application](#).

_____ I am currently enrolled in the school's insurance and would like to keep the same coverage. (A new enrollment form does not need to be completed)

_____ I am currently enrolled in the school's insurance and would like to switch plans (ie. HMO to PPO or PPO to HMO. A new enrollment form must be completed)

If this is your first time enrolling in the Wayne State University School of Medicine health insurance plans, please complete the following [New Subscriber Enrollment Form](#). To complete the enrollment process, you will also need to log in to Cashnet <https://commerce.cashnet.com/1MEDEDProd> and submit your premium payment.

Please submit this form along with all waivers and enrollment forms to medenrollment@wayne.edu.

Student's signature: _____

Date: _____