



## WAYNE STATE School of Medicine

### 2021-2022 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 (i.e. Parent, Medicaid, Military, Canadian, Spouse, etc...). **Please Note:** If you have coverage outside of the school's BCN/BCBS plans, please complete the following [2021-2022 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 (i.e. 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](mailto:medenrollment@wayne.edu).

Student's signature: \_\_\_\_\_

Date: \_\_\_\_\_