

Wake Forest University Student Health Insurance Program

Qualifying Event Form

SECTION 1: Student Information

NAME: _____
(first) (middle) (last)

WFU ID#: _____

WFU E-mail: _____

Birthdate: _____

Gender:
 Male
 Female
 Other: _____

Student Type:

- | | |
|--|--|
| <input type="checkbox"/> Undergraduate | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Graduate | <input type="checkbox"/> International |

Street: _____

City: _____ **ST:** _____ **ZIP :** _____

SECTION 2: Enrollment period exception (select one)

- Student is newly enrolled at Wake Forest University
Student Blue enrollment date: _____
- Student has been forced off prior coverage
Student Blue enrollment date: _____
- Student without insurance

SECTION 3: Term coverage outside of standard waiver period

- Student entered armed forces Entry date: _____

SECTION 4: University Authorization (to be completed by University program manager)

Enrollment Effective Date: _____

Signature: _____ **Date:** _____