

ASHLAND UNIVERSITY VOLUNTARY ENROLLMENT FORM

Eligibility: Voluntary Students are eligible to participate in the Student Health Insurance Plan if so determined by the Student Accounts Office. Students must enter the plan during their first regular term of the academic year in which they are eligible. Otherwise, they must wait until the following policy year. In order for a student to remain covered after the effective date of coverage, the Student must actively attend classes for at least 31 days.

Please Check Appropriate Box(es):

☐ Undergraduate Student ☐ Graduate Student ☐ Seminary Student ☐ Bachelor's Plus Student ☐ Accelerated Nursing Student
☐ Domestic Student ☐ International Student

This form is to be used only to eligible students whose types are noted above.

(Please Print)

Name of Student:

First

MI

Last

Permanent US Address:

Street

City

State

Zip

Student ID#: _____ Social Security#: _____ Date of Birth: ____/____/____

Gender: ☐ Male ☐ Female Phone : _____ Email address: _____

I would like to participate in the Ashland University's Student Health Insurance Plan for the following coverage period:

Plan II-SHIP-Student Only

(Please check appropriate time period/premium)

	Annual Premium	Fall Premium	Spring/Summer Premium	Summer Premium
Time Period	(8/12/25-8/11/26)	(8/12/25-1/1/26)	(1/1/26-8/11/26)	(5/1/26-8/11/26)
Student Only	____\$1,968.00	____\$784.00	____\$1,184.00	____\$560.00
Enrollment Postmark Deadline	9/29/25	9/29/25	2/9/26	6/8/26

NOTICE: Coverage will be effective the first day of the term provided the premium is received by the Business Office, 202 Founders Hall, before the deadline for enrollment. Once premium has been paid, there is NO REFUND unless the student was ineligible for coverage when they first enrolled in the Plan.

I hereby authorize Ashland University to add the premiums to my student account.

Signature: _____

(Student, Parent, or Guardian)

Date: _____

Please view the standard Summary of Benefits & Coverage (SBC) which is required by Health Care Reform. It summarizes your coverage in a format that all insurance companies now use. To view your plan SBC, go to: www.wellfleetstudent.com to request a paper copy free of charge.

INSURANCE PRIVACY INFORMATION

We know that your privacy is important to you and we strive to protect the confidentiality of your personal information. We do not disclose any personal information about our plan participants, except as permitted or required by law (e.g., information you provide to us may be shared with your school to process your insurance transaction). To protect your personal information from unauthorized access and use, we use security measures that comply with federal law. These measures include computer safeguards and secured files and buildings. You may obtain a detailed copy of our privacy policy through your school or visiting www.wellfleetstudent.com.