



University of Idaho

Student Health Services

Deliver to: Student Health Building, Room 101
Mail: 875 Perimeter Dr MS 4203 Moscow, ID 83844
Email: studentinsurance@uidaho.edu

**SHIP Insurance Plan Academic Year 2025-2026
DEPENDENT ENROLLMENT**

STUDENT LEGAL NAME: _____
ADDRESS: _____
VANDAL EMAIL: _____@VANDALS.UIDAHO.EDU
VANDAL ID: V-_____
DATE OF BIRTH: _____

I AM ENROLLING MY DEPENDENT(S) FOR THE FOLLOWING SEMESTER:

☐ FALL 2025 | ☐ SPRING 2026 | ☐ SUMMER 2026

***PLEASE NOTE THAT THIS FORM MUST BE FILLED OUT EVERY SEMESTER YOU WISH TO
HAVE DEPENDENT COVERAGE***

DEPENDENT INFORMATION:

LAST NAME	FIRST NAME	DATE OF BIRTH	LEGAL SEX	RELATIONSHIP TO STUDENT

COST FOR DEPENDENT(S) PER SEMESTER:

SPOUSE	\$ 1,206.00
CHILD	\$ 1,206.00
2 OR MORE CHILDREN	\$ 2,412.00
SPOUSE + 2 OR MORE CHILDREN	\$ 3,618.00

STUDENT'S SIGNATURE

DATE