

Post University

2023-2024 Student Health Insurance Plan: **Qualifying Life Event Enrollment Form**

A **qualifying life event** is a change in situation, such as a loss of other coverage, moving to the US or moving from your plan's service area, that makes you eligible for special enrollment rights.

Students with a **qualifying life event**, while continuing to be an active eligible student, may use this form to enroll in the student insurance plan. Eligibility will be verified before enrollment is processed.

Student Information (all information required):

Last Name: _____ First Name: _____ Student ID #: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____
Post Email: _____ Domestic or International: _____
First day without insurance coverage under prior plan: _____

Required Insurance Documentation: You must include a letter or certificate from your prior insurance company or employer that clearly indicates your name and the date that your coverage ends.

Effective Date: The Student Health Insurance Plan will be effective the first day without coverage under your prior plan. The required insurance documentation will confirm the last day of coverage under your prior plan. Coverage in the Post Student Insurance Plan will end as of the last day of the policy period, August 13, 2024

Payment: Contact University Health Plans for premium information at info@univhealthplans.com or 1-800-437-6448. **Make check or money order payable to University Health Plans.** The quoted premium is based on a daily rate. Please confirm the effective date quoted matches your insurance documentation to avoid delays in processing your enrollment.

Deadline: University Health Plans must receive your completed enrollment form, the required insurance documentation and payment by the **31st day following the date of your other insurance plan's termination**. Example: If your other insurance plan terminates on 12/31/23, University Health Plans must receive all enrollment items by 1/31/2024.

Delivery Instructions: Mail: (1) the completed enrollment form, (2) a copy of the required supporting documentation and (3) check or money order to: **University Health Plans, 15 Pacella Park Drive, Randolph, MA 02368**. All three items must be received within 31 days of the qualifying event.

Plan Information: Benefit Information can be found on the left-hand side of the page at www.universityhealthplans.com/post. Once your enrollment has been processed, approximately 10 business days after all three items have been processed by University Health Plans, you will receive an email from Wellfleet Student with instructions for downloading your online ID card. **Physical ID cards are not mailed.** A link to the online ID card is also available at www.universityhealthplans.com/post.

Notice to Student: By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form; 2) The student meets the eligibility requirements for this coverage; 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 4) Other than eligibility, the premium is not refundable.

Student Signature: _____ Date: _____

If you have any questions, please contact University Health Plans at 800-437-6448 or info@univhealthplans.com.