

Wake Forest School of Medicine

2022-2023 Student Health Insurance Plan: **DEPENDENT QUALIFYING EVENT ENROLLMENT FORM**

A **qualifying life event** is a change in situation - like getting married, having a baby, losing health coverage or moving from plan's coverage area – that qualifies you or your dependents for a special enrollment period outside of the yearly open enrollment period. Students **with dependents**, who have one of the **qualifying life events** listed below, while continuing to be eligible for the student insurance plan, may use this form to enroll their eligible dependents. Students looking to enroll themselves should request the student form.

Student Information (all information required):

Last Name: _____ First Name: _____ Student ID #: _____

Address: _____

Date of Birth: _____ Gender: _____ Email: _____ Student Type: _____

Dependent Information (if applicable):

Spouse's Name: (Last) _____ (First:) _____ DOB: _____ Gender: _____ SSN: _____

Child's Name: (Last) _____ (First:) _____ DOB: _____ Gender: _____ SSN: _____

Child's Name: (Last) _____ (First:) _____ DOB: _____ Gender: _____ SSN: _____

Child's Name: (Last) _____ (First:) _____ DOB: _____ Gender: _____ SSN: _____

Person To Be Enrolled	Reason for Late Enrollment	Required documentation	Enrollment deadline	Effective date of coverage
Spouse/Dependent	Termination of prior coverage	Documentation from prior plan confirming last day of coverage	30 days following termination of prior coverage.	First day without coverage under prior plan
Spouse/Dependent	Entry into U.S.	Identification page of Passport and page with U.S. entry date stamp	30 days following date of entry into the U.S.	The date of entry into the U.S.
Spouse/Dependent	No longer living in plan's coverage area	Documentation confirming prior plan's coverage area change and date of move (if applicable)	30 days following the change in coverage area or move from coverage area	First day no longer living in coverage area
Spouse	Marriage to Student	Marriage certificate	30 days following date of marriage.	The date of marriage.
Child(ren)	Birth/Adoption	Birth certificate/adoption papers confirming date of adoption	30 days following date of birth or adoption.	Date of birth or date of adoption.

Payment: Contact University Health Plan at info@univhealthplans.com or 800-437-6448 for the prorated amount due. Make check or money order payable to **University Health Plans**.

Delivery Instructions: Mail: (1) the completed enrollment form, (2) required documentation and (3) check or money order to: **University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368**.

Deadline: University Health Plans must receive all three items by the deadline listed with your reason for late enrollment.

Plan Information: Benefit Information can be found on the left hand side of the page at www.universityhealthplans.com/WFSM. Physical ID cards are **not** mailed. A link to the online ID card is available at www.universityhealthplans.com/WFSM. Refer to the plan summary for the last day of coverage under 2021-2022 plan for your student type. Dependent eligibility expires concurrently with the student. If you have any questions, please contact University Health Plans at 800-437-6448 or info@univhealthplans.com.

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/dependent meets the eligibility requirements for this coverage; 3) If it is later determined that the student/dependent 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: _____