

American International College

Student Health Insurance Plan: **Qualifying Life Event Enrollment Form**

A **qualifying life event** is a change in situation – such as an involuntary loss of coverage under another plan or moving from your other plan’s service area– that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period.

Students who have an **involuntary loss of other coverage** while continuing to be eligible for the American International College Insurance Plan may use this form to enroll.

Student Information (all information required):

Last Name: _____ First Name: _____ AIC email: _____
Address: _____ AIC Student ID: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____
Student Type (Undergraduate, Graduate, Doctoral) _____
International Student (Y or N): _____ **First Day Without Coverage or Change in Residence:** _____

Required Insurance Documentation:

Loss of Other Coverage: You must include a letter or certificate from your prior insurance company that clearly indicates your name and the date that your plan ended or will be ending. Or, the date the plan no longer provides coverage in Massachusetts.

Change in Residence: Identification page of Passport and page with U.S. entry date stamp or documentation of move from prior plan's coverage area.

Effective Date: The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured or the date you changed residence. Coverage will end as of the last day of the policy period, July 31, 2023.

Benefits: Benefit information is available at www.universityhealthplans.com/AIC.

Payment: Contact University Health Plans for premium information at 1-800-437-6448. The premium will be added to your student billing statement.

Deadline: University Health Plans must receive your completed enrollment form and the required insurance documentation within **60 days following the date of your other insurance plan's termination or your change in residence**. Example: If your other insurance plan terminates on 12/31/22, University Health Plans must receive all enrollment items by 3/1/2023.

Delivery Instructions: Email both the form and the required insurance documentation together from your AIC email address and/or include your student ID number to: clambert@univhealthplans.com.

Once your enrollment has been processed your BCBS ID card will be mailed to the address on this form. You can access your 2022-2023 BCBS Member ID at www.universityhealthplans.com/AIC.

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.