

BENTLEY UNIVERSITY
Blue Cross Blue Shield – Student Health Insurance Plan
2021-2022 Qualifying Event Enrollment Form

Eligible students who have experienced a qualifying event may request to be enrolled in the Bentley University Student Health Insurance Plan (SHIP) effective as of the date of the qualifying event.

STUDENT INFORMATION: *(ALL fields are required)*

Student ID **B** _____ Last Name _____ First Name _____ MI _____ Gender _____
 Date of Birth ____ / ____ / ____ Email Address _____ Phone # ____ - ____ - ____
 Address _____
 City _____ State _____ Zip Code _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and applicable deadlines. **If your “Qualifying Event” is not listed below or the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy period begins.**

Qualifying Event	Required Documentation	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	Bentley University SHIP Effective Date
Loss of Other Coverage	Insurance document showing termination date	60 days following prior coverage termination	The date of prior coverage termination
Entry into U.S.	Passport showing identification and U.S. entry date	60 days following date of entry into the U.S.	The date of entry into the U.S.

PREMIUM INFORMATION: The health insurance premium will be added to your student account after the enrollment form and required documentation is received. **To find out the amount that will be added to your student account, please contact University Health Plans.**

DELIVERY INSTRUCTIONS: Please return the completed form and supporting documentation by e-mail to patti@univhealthplans.com. You will receive an insurance ID card approximately 10 business days after your enrollment items are received.

By signing below, you are requesting that Bentley University enrolls you in the Student Health Plan and are authorizing Bentley University to add the insurance premium amount to your student account. You will be responsible for paying the premium to Bentley University. Bentley University will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____

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