

BRIDGEWATER STATE UNIVERSITY
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan

2020-21 Qualifying Event Enrollment Form

If you waived the Bridgewater State University Student Health Plan for the 2020-21 Policy Year and your other insurance has terminated, you may use this form to enroll in the Student Health Plan due to your qualifying event.

CONTACT UNIVERSITY HEALTH PLANS TO DISCUSS WHETHER YOU ARE ELIGIBLE TO ENROLL, WHAT YOUR SPECIFIC DEADLINE WILL BE, AND HOW MUCH THE REQUIRED PREMIUM WILL BE.

STUDENT INFORMATION:

Student ID _____ Last Name _____ First Name _____ MI _____ Gender _____

Date of Birth ____ / ____ / ____ Email Address _____ Phone # _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____

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| REQUIRED DOCUMENTATION: | When sending this enrollment form, you must include a copy of a letter or certificate from your other insurance company that clearly indicates your name and the date that your plan ended or will be ending. |
| EFFECTIVE DATE: | When enrolling due to a qualifying event, the Student Health Plan will be made effective as of the first date you became or will become uninsured. |
| PAYMENT: | Payment for your Student Health Plan must be included with this enrollment form. The premium amount due is determined by the month in which your Student Health Plan must be made effective. To find out the amount due, <u>you must contact UHP to the request pro-rated premium amount</u> . Please make your check payable to University Health Plans. Partial payments will not be accepted. Credit card payments are not available. |
| DEADLINE: | UHP must receive: 1) your completed enrollment form, 2) the required insurance documentation, and 3) full payment by the 60 th day following the date of your other insurance plan's termination. Example: If your other insurance plan terminates on 10/31/20, UHP must receive all three enrollment items by 12/31/20. Your enrollment will not be considered "received" until all three required items arrive at UHP. Any enrollment request received by UHP after the deadline will not be accepted and will be returned to the student. |
| MAILING INSTRUCTIONS: | Mail the completed enrollment form, the required insurance documentation, and check/money order to: <u>University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368</u> . You will receive an insurance card approximately 10 business days after your three enrollment items are received by UHP. |
| ENVELOPE CHECKLIST: | <i>All three of these items must be sent to UHP to complete your enrollment request.</i> <input type="checkbox"/> Completed Qualifying Event Enrollment Form; <input type="checkbox"/> Required Insurance Documentation; and <input type="checkbox"/> Check or money order for the full premium made payable to University Health Plans. |
| UHP CONTACT INFORMATION: | info@univhealthplans.com OR 800-437-6448 |

By signing below, you are requesting that UHP enrolls you in the Student Blue Plan sponsored by your college or university. To be eligible for this plan, you must be registered for 75% of a full-time course load and you must attend those classes for the 31 days following the termination date of your other insurance coverage. UHP may contact your college or university to confirm your eligibility for this plan. If UHP finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.

Student Signature: _____ **Date:** _____