

Cambridge College

Student Health Insurance Plan: Qualifying Event Enrollment Form

A **qualifying life event** is a change in situation that makes you and/or your dependent eligible for special enrollment rights to enroll in the student health insurance plan outside of the initial enrollment period. Students and dependents who have **one of the situations described below**, may use this form to enroll in the Student Health Insurance Plan. Eligibility for the plan will be verified before the enrollment is processed.

STUDENT INFORMATION: *(ALL fields are required)*

Student Name: (Last) _____ (First) _____ (MI) ____ Student ID: _____
 Date of Birth: _____ Gender: ____ Email Address: _____
 Mailing Address: (Street Address) _____
 (City) _____ (State) _____ (Zip Code) _____
 First day without insurance coverage under prior plan: _____ Graduate or Undergraduate: _____

DEPENDENT INFORMATION: *(if applicable)*

Spouse's Name: (Last) _____ (First) _____ (MI) ____ Date of Birth: ____ / ____ / ____ Gender: ____
 Child's Name: (Last) _____ (First) _____ (MI) ____ Date of Birth: ____ / ____ / ____ Gender: ____
 Child's Name: (Last) _____ (First) _____ (MI) ____ Date of Birth: ____ / ____ / ____ Gender: ____

Person to Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the new coverage will be:
Eligible Student, Spouse or Child	Involuntary loss of other coverage	Letter from prior insurance carrier showing the date of termination	60 days following prior coverage termination.	The date of prior coverage termination.
Spouse	Marriage to Student	Marriage certificate	60 days following date of marriage.	The date of marriage.
Child(ren)	Birth/Adoption	Birth certificate or adoption papers showing date of birth/adoption	60 days following date of birth or adoption.	31 st day after the date of birth or the date of adoption

ENROLLMENT INSTRUCTIONS: Refer to the table above for eligible enrollment reasons, required documentation, and applicable deadlines. The effective date of your Student Health Insurance Plan will be made retroactive to the date noted in the table. If your "reason for late enrollment" is not listed below or if the deadline has passed, you are not eligible to enroll and must wait until the next policy period begins. Contact University Health Plans at 800-437-6448 to confirm the amount due with your enrollment form. The last day of coverage under this plan is August 31, 2023.

ENROLLMENT REQUIREMENTS CHECKLIST:

- Complete this form
- Include the required documentation (see table above). Your enrollment request cannot be processed without it.
- Payment: Contact University Health Plans at 800-437-6448 or info@univhealthplans.com for premium information. Make check or money order payable to Wellfleet Group, LLC. 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.
- 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, Suite 130, Randolph, MA 02368.

Once your enrollment has been processed you will receive an email from Wellfleet with instructions for downloading your online ID card approximately 10 business days after all three items have been processed by University Health Plans. **ALL THREE ITEMS MUST BE RECEIVED WITHIN 30 DAYS OF THE QUALIFYING EVENT.** Benefit information can be located at www.universityhealthplans.com/cambridgecollege

Student Signature: _____ Date: _____

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