

**CLARK UNIVERSITY STUDENT HEALTH INSURANCE PLAN
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan**

2022-2023 Qualifying Event Enrollment Form

A Qualifying Event is the loss of other health insurance coverage while being an active student enrolled at least ¾ full-time. If you waived the Clark University Student Health Plan for the 2022-2023 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.

STUDENT INFORMATION:

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

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

Address _____

City _____ State _____ Zip Code _____

Last Date of Prior Insurance Coverage _____ Undergraduate _____ Graduate _____

REQUIRED INSURANCE 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: Please contact University Health Plans for information about premium that you will need to include with this form. *Please note Credit Card payments are not accepted. Payment should be made in the form of a Personal Check, US Bank Check or US Money Order payable to University Health Plans.*

DEADLINE: University Health Plans must receive your completed enrollment form and the required insurance documentation by the **60th day following the date of your other insurance plan's termination**. Example: If your other insurance plan terminates on 9/30/22, University Health Plans must receive all enrollment items by 11/29/22.

DELIVERY INSTRUCTIONS: Please return this form, required insurance documentation, and payment to University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368. You will receive an insurance card approximately 10 business days after your enrollment items are received.

By signing below, you are requesting that Clark University enrolls you in the Student Health Plan and are authorizing your university to add the insurance premium amount to your student account. You will be responsible for paying the premium to your school. To be eligible for this plan, you must be a student and you must attend classes for the 30 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____