

Drew University Student Medical Plan Qualifying Event Enrollment Form

STUDENT INFORMATION:

Student Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____

Student ID: _____ Gender: ____ Email Address: _____ Telephone #: ____ - ____ - ____

Mailing Address: (Street Address) _____

(City) _____ (State) _____ (Zip Code) _____

First Day Without Coverage: _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and the deadlines. The effective date of your new Drew University plan will be retroactively effective 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 at this time and must wait until the next policy period begins.**

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 Drew University coverage will be:
Student	Termination of Prior Coverage	Insurance document showing the date of termination	60 days following prior coverage termination.	the date of prior coverage termination.

PREMIUM INFORMATION: Upon receipt of this enrollment form and all required documentation, University Health Plans will contact Drew University to have the insurance premium amount added to the student account. To find out what the amount for your enrollment would be, please contact University Health Plans.

EFFECTIVE DATE: The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured.

BENEFITS: Benefit information is available at www.universityhealthplans.com

SUBMISSION INSTRUCTIONS: To submit your request, you may email the completed form and a copy of the required supporting documentation (refer to table above) to info@univhealthplans.com.

INSURANCE CARDS: Insurance ID cards are electronic. After both the required form and supporting documentation is received by University Health Plans and your enrollment has been processed you may visit our website <http://www.universityhealthplans.com/Drew>. In the left side navigation menu please select the “Insurance ID Card” link and select the Undergraduate or Graduate Student option to create your online account and download your insurance ID card.

ENROLLMENT REQUIREMENTS CHECKLIST:

- Submit this completed this form.
- Include the required documentation (see above table). ALL enrollments require something in addition to this form. Your enrollment request cannot be processed without it.

Student Signature: _____ Date: _____

*****If you have any questions, please contact University Health Plans at 833-251-1730 or info@univhealthplans.com.*****