

Emerson College

2022-2023 Student Health Insurance Plan: Qualifying Life Event Enrollment Form

A **qualifying life event** is a change in situation, such as a loss of other coverage, moving to the US or moving from your plan's service area, that makes you eligible for **special enrollment rights**.

Students with a **qualifying life event**, while continuing to be an active eligible student, may use this form to enroll in the Student Health Insurance Plan. Eligibility will be verified with Emerson prior to enrollment. Online only students are not eligible for the plan.

Student Information (all information required):

Last Name: _____ First Name: _____ Student ID #: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____
Emerson Email: _____ Undergraduate or Graduate Student: _____
First Day Without Coverage or date moving to the US: _____

Required Insurance Documentation: When sending this enrollment form you must include supporting documentation.

- If you recently lost your other coverage 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.
- If you are moving to the US, you must provide the identification page of your passport and a copy of your entry stamp.
- If you moved from your plan's service area you must document your prior coverage and the date of your move.

Effective Date: When enrolling due to a Qualifying Life Event, the Student Health Plan will be made effective as of the first day you are uninsured or the first day you move to the US. Coverage will end as of the last day of the policy period, July 31, 2023.

Payment: Contact University Health plans for premium information at 1-800-437-6448. Make check or money order payable to **RSC Insurance Brokerage, Inc.** *In the memo section include: Name, Student ID and School Name.*

Deadline: University Health Plans must receive your completed enrollment form, the required insurance documentation and payment by the **60th day following the date of your other insurance plan's termination**. Example: If your other insurance plan terminates on 1/31/2023, University Health Plans must receive all enrollment items by 03/31/2023.

Delivery Instructions: 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, Randolph, MA 02368**. **All three items must be received within 60 days of the qualifying event.**

Once your enrollment has been processed you can access your Blue Cross Blue Shield Member ID through the Insurance ID Card link at www.universityhealthplans.com/emerson. **Hard copies of the ID cards are not mailed.** You should download the MyBlue Member app at: www.bluecrossma.com/mobile. Your suffix is 00 and your social security number has not been provided to BCBS. Your Social Security Number has not been provided to BCBS. Use the Student ID field and enter your Emerson ID including the E.

Notice to Student: By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form; 2) The student meets the eligibility requirements for this coverage; 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 4) Other than eligibility, the premium is not refundable.

Student Signature: _____ Date: _____

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