

# Endicott College - Student Health Insurance Plan

## Qualifying Life Event Enrollment Form

A qualifying life event is a change in situation, such as an involuntary loss of coverage under another plan that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period. Students who are eligible for the Endicott College Student Health Insurance Plan and have an involuntary loss of other coverage may use this form to enroll.

**Instructions:** Refer below for eligible enrollment reasons, required documentation and applicable deadlines. Email both this completed form and the required documentation to: [info@univhealthplans.com](mailto:info@univhealthplans.com).

| Qualifying Event       | Required Documentation                      | Deadline to submit the completed enrollment form <u>and</u> documentation: | Effective Date                         |
|------------------------|---------------------------------------------|----------------------------------------------------------------------------|----------------------------------------|
| Loss of Other Coverage | Insurance document showing termination date | 60 days following prior coverage termination                               | The date of prior coverage termination |
| Entry into U.S.        | Dated passport state or Form I-20           | 60 days following date of entry into the U.S.                              | U.S. entry date                        |

**IMPORTANT:** If your event is not listed above or the deadline has passed, you are not eligible to enroll. Entry into U.S. is limited to students whose permanent residence was outside the United States prior to entry. Temporary international travel, vacations, or study abroad programs are not qualifying events.

### Student Information: Complete all sections

|                                                                   |                                  |                |             |
|-------------------------------------------------------------------|----------------------------------|----------------|-------------|
| First Day Without Coverage or Date of US Entry: _____/_____/_____ |                                  |                |             |
| Student ID:                                                       | Last Name:                       |                | First Name: |
| Gender (M/F/X):                                                   | Date of Birth: _____/_____/_____ | Email Address: |             |
| U.S. Mailing Address:                                             |                                  |                |             |
| City:                                                             | State:                           | Zip Code:      |             |

### Enrollment Notices

- The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured or the date you entered the US. Please allow 3-5 business days for enrollment to be completed.
- Benefit information is available at [www.universityhealthplans.com/endicott](http://www.universityhealthplans.com/endicott)
- The pro-rated premium will be added to your student account. You will need to arrange payment with Endicott College. Please contact University Health Plans for premium amount at 833-251-1725.
- Blue Cross Blue Shield will not issue a physical ID card. You will be able to access your member information via the Insurance ID card link at [www.universityhealthplans.com/endicott](http://www.universityhealthplans.com/endicott) then use that Member ID to register at <https://member.bluecrossma.com/register>.

**Student Certification:** By signing below, I confirm that I have reviewed the Summary of Benefits, meet the plan eligibility requirements for coverage, understand that premiums are refundable only if I am determined ineligible, and elect to enroll in the Student Health Insurance Plan.

|                    |                         |
|--------------------|-------------------------|
| Student Signature: | Date: _____/_____/_____ |
|--------------------|-------------------------|

If you have any questions, please contact University Health Plans at 833-251-1725 or [info@univhealthplans.com](mailto:info@univhealthplans.com)