

# Geneva College

## Dependent Enrollment Form

### 2020-21 Student Health Insurance Plan

Dependent coverage is only available if student is enrolled under the plan. **Dependent enrollment period starts and ends concurrently with the student enrollment period.** If the dependent enrollment request is due to a loss of other coverage, contact UHP about qualifying for special enrollment rights.

***Student Information (all information required):***

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Email: \_\_\_\_\_

Coverage cost per dependent is additional to the student premium which is added to the Geneva College tuition bill.

<b>Coverage Dates</b>	8/1/2020 – 7/31/2021	1/1/2021 – 7/31/2021
<b>Coverage Period</b>	Full Year	Spring
<b>Cost <u>Per</u> Dependent</b>	\$1,761	\$1,022

**Make check or money order payable to:** University Health Plans

**Mail to:** University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368

**Deadline:** August 28, 2020 for annual enrollments  
January 15, 2020 for dependents of ***new*** spring students

***Dependent Information (all information required):***

**Spouse:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

**Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

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**Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

**Child:** Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender: \_\_\_\_\_

**Notice to Student:** By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll his/her dependents as indicated on this enrollment form; 2) The student and dependents meet the eligibility requirements for this coverage; 3) If it is later determined that the student or dependent 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: _____
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