

Geneva College
Dependent Enrollment Form
2023-2024 Student Health Insurance Plan

Dependent enrollment period starts and ends concurrently with the student enrollment period. Dependent coverage is only available if student is enrolled under the plan. If the dependent enrollment request is due to qualifying life event, 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 Dates	8/1/2023 – 7/31/2024	1/1/2024 – 7/31/2024
Coverage Period	Full Year	Spring
Cost <u>Per</u> Dependent	\$1,755	\$1,021

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: September 22, 2023 for annual enrollments
 January 19, 2024 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: _____

Child: Last Name: _____ First Name: _____ Date of Birth _____ Gender: _____

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: _____
--------------------------	-------------