

Geneva College

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

A **qualifying life event** is a change in situation that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period. Students and dependents who have **one of the situations described below**, may use this form to enroll in the Student Health Insurance Plan. Eligibility for the plan will be verified before the enrollment is processed.

STUDENT INFORMATION: *(ALL fields are required)*

Student Name: (Last) _____ (First) _____ (MI) _____ Student ID: _____
 Date of Birth: _____ Gender: _____ Email Address: _____ Student Type: _____
 Mailing Address: (Street Address) _____
 (City) _____ (State) _____ (Zip Code) _____

DEPENDENT INFORMATION: *(if applicable)*

Spouse's Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____ Gender: _____
 Child's Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____ Gender: _____
 Child's Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____ Gender: _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation, and applicable deadlines. The effective date of your Student Health Insurance Plan will be made retroactive 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 and must wait until the next policy period begins.** Contact University Health Plans at **800-437-6448** to confirm the amount due with your enrollment form.

| Person to Be Enrolled | Reason for Late Enrollment | A copy of the following documentation is required. | UHP must receive the completed enrollment form and appropriate documentation within: | The effective date of the new coverage will be: |
|-----------------------------------|------------------------------------|---|--|--|
| Eligible Student, Spouse or Child | Involuntary loss of other coverage | Letter from prior insurance carrier showing the date of termination | 30 days following prior coverage termination. | The date of prior coverage termination. |
| Spouse | Marriage to Student | Marriage certificate | 30 days following date of marriage. | The date of marriage. |
| Child(ren) | Birth/Adoption | Birth certificate or adoption papers showing date of birth/adoption | 30 days following date of birth or adoption. | 31 st day after the date of birth or the date of adoption |

Coverage will end as of the last day of the policy period, July 31, 2023

ENROLLMENT REQUIREMENTS CHECKLIST:

- Complete this form
- Include the required documentation (see table above). Your enrollment request cannot be processed without it.
- Payment: Contact University Health Plans at 800-437-6448 or info@univhealthplans.com for premium information. Make check or money order payable to Wellfleet Group, LLC.
- 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, Suite 130, Randolph, MA 02368.

Once your enrollment has been processed you will receive an email from Wellfleet with instructions for downloading your online ID card approximately 10 business days after all three items have been processed by University Health Plans. **ALL THREE ITEMS MUST BE RECEIVED WITHIN 30 DAYS OF THE QUALIFYING EVENT.** Benefit information can be located at www.universityhealthplans.com/geneva.

Student Signature: _____ Date: _____

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