

JOHNSON & WALES UNIVERSITY
UnitedHealthcare StudentResources
Student Health Insurance Plan
2021-2022 Qualifying Event Enrollment Form

If you waived the Johnson & Wales University (JWU) Student Health Insurance Plan (SHIP) for the 2021-2022 Policy Year (8/1/21-7/31/22) and your other insurance has terminated involuntarily, you may use this form to enroll in the Student Health Insurance Plan due to your qualifying event. Please note, that students who enroll directly through University Health Plans (UHP) due to a qualifying event during the fall semester are enrolled only until 12/31/2021. If students maintain eligibility for spring 2022, JWU will automatically add the insurance premium amount to the student's account and the student will be responsible for paying that premium to the University.

STUDENT INFORMATION: *All fields are required. Your enrollment form cannot be processed without all of the information requested below.*

Student ID: J _____ Last Name: _____ First Name: _____ Gender: _____
Date of Birth: ____ / ____ / ____ Student Type: (Check One): Undergraduate Graduate
JWU Email Address: _____ Phone # (____) ____ - ____
Address: _____
City: _____ State: _____ Zip Code: _____
Campus (check one): Providence Charlotte

DEADLINE & EFFECTIVE DATE: When enrolling due to a qualifying event, the Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured. UHP must receive: 1) your completed enrollment form, 2) the required insurance documentation, and 3) full payment by the 31st day following the date of your other insurance plan's termination. Any enrollment request received by UHP after that deadline will not be accepted and will be returned to the student.

Example: If your other insurance plan terminates on 12/31/21, UHP must receive all three enrollment items by 1/31/22. Your enrollment will not be considered "received" until all three required items arrive at UHP. Your coverage under the SHIP will be effective as of 1/1/22 and the premium will be pro-rated accordingly.

PAYMENT & PREMIUM INFORMATION: **Please contact University Health Plans at 800-437-6448 to obtain the premium amount due.** Payment for your Student Health Insurance Plan must be included with this enrollment form. The premium amount due is determined by the month in which your Student Health Insurance Plan must be made effective. **Please make your check or money order payable to University Health Plans.** Partial payments will not be accepted. Credit card payments are not available.

REQUIRED INSURANCE DOCUMENTATION: When sending this enrollment form, you must include a copy of a letter or certificate from your other health insurance company that clearly indicates your name and the exact date that your plan ended or will be ending.

MAILING INSTRUCTIONS & ENVELOPE CHECKLIST: Mail the completed enrollment form with a check or money order for the full premium and a copy of the required insurance documentation to: **University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368.** You will receive an insurance card approximately 10 business days after your three enrollment items are received by UHP. *All three items must be sent to UHP within 31 days of your qualifying event for your enrollment request to be processed.*

- Completed Qualifying Event Enrollment Form;
- Required Insurance Documentation; and
- Check or money order for the full premium made payable to University Health Plans.

By signing below, you are (1) requesting that UHP enrolls you in the Johnson & Wales University Student Health Insurance Plan and (2) authorizing the University to add the insurance premium amount to your student account for any subsequent semesters in which you are eligible for the SHIP. Your school will verify your enrollment eligibility. You must attend classes for the first 31 days following the termination date of your other insurance coverage. If UHP finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.

Student Signature: _____ Date: _____