

MCPHS University
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan

2021-2022 Qualifying Event Enrollment Form
Not available to Online Only Students

If you waived the MCPHS University Student Health Plan for the 2021-2022 Policy Year and your other insurance has terminated, you may use this form to enroll in the Student Health Plan due to your qualifying event.

STUDENT INFORMATION:

Student ID _____ Last Name _____ First Name _____ MI _____ Gender _____

Date of Birth ____ / ____ / ____ Email Address _____ Phone # _____ - _____ - _____

Address _____

City _____ State _____ Zip Code _____

Campus _____ Last Date of Prior Insurance Coverage _____

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

EFFECTIVE DATE: When enrolling due to a qualifying event, the Student Health Plan will be made effective as of the first date you became or will become uninsured.

PAYMENT: The health insurance premium will be added to your student account. The health insurance premium must be paid in full. Please submit a check payment or proof of payment with the submission of this form. **To find out the amount that will be added to your student account, please contact UHP (1-800-437-6448) or email info@univhealthplans.com**

DEADLINE: Student Financial Services must receive a check payment or proof of payment of the premium amount added to your student bill by the 60th day following the date of your other insurance plan's termination. Your enrollment will not be considered "received" until payment is completed. Any enrollment request received after the 60th day following your other plan termination will not be accepted and will be returned to the student.

DELIVERY INSTRUCTIONS: Please return the form and documentation by e-mail to meghan@univhealthplans.com, by fax to 617-472-6419, or to University Health Plans at info@univhealthplans.com. You will receive an insurance card approximately 10 business days after your enrollment is processed.

CHECKLIST: *All items must be completed in order to process your enrollment request.*

- Completed Qualifying Event Enrollment Form sent to University Health Plans; and
- Required Insurance Documentation sent to University Health Plans; and
- Proof of Online Payment to MCPHS for the prorated premium charge.

By signing below, you are requesting that MCPHS University enrolls you in the Student Blue Plan and are authorizing your University to add the insurance premium amount to your student account. You will be responsible for paying the premium to your school. To be eligible for this plan, you must be a matriculated student and you must attend classes for the 60 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility. If Student Financial Services finds that you are ineligible for this plan, you will be notified and will not be enrolled.

Student Signature: _____ **Date:** _____

MCPHS			
2021-22 PRORATED PREMIUM SCHEDULE			
Coverage Period	# of Months		Charge to Student
ANNUAL August 15 – August 14	12	=	\$3,417.00
FALL ONLY August 15 – December 31	4.75	=	\$1,299.40
September 1 – August 14	11.5		\$3,269.80
October 1 – August 14	10.5	=	\$2,993.80
November 1 – August 14	9.5	=	\$2,717.80
December 1 – August 14	8.5	=	\$2,441.80
SPRING ONLY January 1 – August 14	7.5	=	\$2,131.80
February 1 – August 14	6.5	=	\$1,885.80
March 1 – August 14	5.5	=	\$1,579.80
April 1 – August 14	4.5	=	\$1,303.80
SUMMER May 1 – August 14	3.5	=	\$995.80
June 1 – August 14	2.5	=	\$719.80
July 1 – August 14	1.5	=	\$443.80
August 1 – August 14	0.5	=	\$167.80

If you effective date for the plan does not begin on the 1st of the month, you MUST contact University Health Plans by phone or email info@univhealthplans.com OR 833-251-1707 to have the pro-rated premium calculated for you.