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

2018-2019 Qualifying Event Enrollment Form

Not available to Online Only Students

If you waived the MCPHS University Student Health Plan for the 2018-2019 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 must be paid in full. Please submit a check payment or proof of payment with the submission of this form. The premium amount due is determined by the month in which your Student Health Plan must be made effective. **To find out the amount that will be added to your student account, please contact UHP or Student Financial Services.**

DEADLINE: Student Financial Services must receive: 1) your completed enrollment form; 2) the required insurance documentation by the 60th day following the date of your other insurance plan's termination; and 3) a check payment or proof of payment. Your enrollment will not be considered "received" until all required items arrive at Student Financial Services. Any enrollment request received by Student Financial Services after the deadline will not be accepted and will be returned to the student.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to sfs@mcphs.edu, by fax to 617-732-2082, or directly to Student Financial Services. You will receive an insurance card approximately 10 business days after your three enrollment items are received.

ENVELOPE CHECKLIST: *All items must be sent to Student Financial Services to complete your enrollment request.*

- ☐ Completed Qualifying Event Enrollment Form; and
- ☐ Required Insurance Documentation; and
- ☐ Proof of Online Payment.

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, your enrollment packet will be mailed back to you.

Student Signature: _____ **Date:** _____

MCPHS UNIVERSITY STUDENT FINANCIAL SERVICES CONTACT INFORMATION ~ Fax: 617-732-2082
UNIVERSITY HEALTH PLANS CONTACT INFORMATION ~ info@univhealthplans.com OR 800-437-6448