

**MASSACHUSETTS COLLEGE OF ART & DESIGN**  
**Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan**

**2017-2018 Qualifying Event Enrollment Form**

If you waived the Massachusetts College of Art & Design Student Health Plan for the 2017-18 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.

**CONTACT UNIVERSITY HEALTH PLANS TO DISCUSS WHETHER YOU ARE ELIGIBLE TO ENROLL, WHAT YOUR SPECIFIC DEADLINE WILL BE, AND HOW MUCH THE REQUIRED PREMIUM WILL BE.**

**STUDENT INFORMATION:**

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_ / \_\_\_ / \_\_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**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:** Payment for your Student Health Plan must be included with this enrollment 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 due, **you must contact UHP to the request pro-rated premium amount.** Please make your check payable to University Health Plans. Partial payments will not be accepted. Credit card payments are not available.

**MAILING INSTRUCTIONS:** Mail the completed enrollment form, the required insurance documentation, and check/money order 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.

**DEADLINE:** University Health Plans must receive: 1) your completed enrollment form; and 2) the required insurance documentation by the 60<sup>th</sup> day following the date of your other insurance plan's termination. Example: If your other insurance plan terminates on 12/31/17, University Health Plans must receive both enrollment items by 3/1/18. Your enrollment will not be considered "received" until both required items and payment arrive at University Health Plans. Any enrollment request received after the deadline will not be accepted and will be returned to the student.

*By signing below, you are requesting that UHP enrolls you in the Student Blue Plan sponsored by your college or university. To be eligible for this plan, you must be registered for 75% of a full-time course load and you must attend classes for the 31 days following the termination date of your other insurance coverage. UHP may contact your college or university to confirm your eligibility for this plan. If UHP finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.*

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Service Agent for the College Sponsored Health Plan:**

~ **UNIVERSITY HEALTH PLANS CONTACT INFORMATION** ~  
**info@univhealthplans.com OR 800-437-6448**