

NEW ENGLAND COLLEGE OF OPTOMETRY
Blue Cross Blue Shield – Student Blue PPO Health Plan
Qualifying Event Enrollment Form

Eligible students who have experienced a qualifying event may request to be enrolled in the New England College of Optometry Student Health Insurance Plan (SHIP) effective as of the date of the qualifying event.

STUDENT INFORMATION: *(ALL fields are required)*

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

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

Address _____

City _____ State _____ Zip Code _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and the deadlines. The effective date of your new Student Health Plan will be retroactively effective 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 at this time and must wait until the next policy year which will start in fall semester.**

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the SHIP coverage will be:
Student	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination	60 days following prior coverage termination.	The date of prior coverage termination.
Student	Entry into U.S. or return to campus from remote learning	Passport showing identification and U.S. entry date or proof of return to campus	60 days following date of entry into the U.S. or return to campus from remote learning	The date of entry into the U.S. or return to campus

PREMIUM INFORMATION: The health insurance premium will be added to your student account after the enrollment form and appropriate documentation is received. **To find out the amount that will be added to your student account, please contact University Health Plans at 800-437-6448.**

DEADLINE: University Health Plans must receive your completed enrollment form and the required insurance documentation by the **60th day following the date of your other insurance plan’s termination.** Example: If your other insurance plan terminates on 1/31/25, University Health Plans must receive all enrollment items by 3/31/25.

By signing below, you are requesting that the College enroll you in the Student Health Plan and authorize the College to add the required insurance premium to your student account. You will be responsible for paying the premium to your school. To be eligible for this plan, you must be registered and you must attend classes for the 31 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____

Service Agent for the College Sponsored Health Plan:
~ UNIVERSITY HEALTH PLANS CONTACT INFORMATION ~
info@univhealthplans.com OR 800-437-6448