

**New York School of Interior Design
Student Health Insurance Plan**

2024-2025 Qualifying Event Enrollment Form

If you waived the NYSID Student Health Plan for the 2024-2025 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 _____

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.

BENEFITS: Benefit information is available at <https://www.universityhealthplans.com/nysid>

PAYMENT: Please contact University Health Plans for information about premium that you need to include with this form. **Please note Credit Card payments are not accepted. Payment should be made in the form of a Personal Check, US Bank Check or US Money Order payable to Wellfleet Group.**

DEADLINE: University Health Plans must receive: (1) your completed enrollment form (2) the required insurance documentation and (3) payment for the premium by the 30th day following the date of your other insurance plan's termination.

Example: If your other insurance plan terminates on 12/31/24, University Health Plans must receive all enrollment items by 1/30/25. Any enrollment request received by University Health Plans after the deadline will not be accepted and will be returned to the student.

MAILING INSTRUCTIONS: Please mail the completed enrollment form, a copy of the required documentation and a check or money order for the premium to: **Risk Strategies, Attn: AMS-Legacy Agency Bill Receipt Box, P.O Box 736073, Chicago, IL 60673-6073**. You will receive an insurance card approximately 10 business days after the required form, supporting documentation and payment is received by University Health Plans.

ENROLLMENT REQUIREMENT CHECKLIST:

- Complete this form.
- Include the required documentation. All enrollments require something in addition to this form. Your enrollment request cannot be processed without it.
- Contact University Health Plans for rates.
- Include check/money order made payable to **Wellfleet Group**. Please contact University Health Plans for details.

By signing below, you are requesting that UHP enrolls you in the NYSID Student Health Plan sponsored by your college. To be eligible for this plan, you must be a matriculated student and you must attend classes for the 31 days following the termination date of your other insurance coverage. UHP may contact your college 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:** _____