

PROVIDENCE COLLEGE
Student Health Insurance Plan

2021-2022 Qualifying Event Enrollment Form

A **Qualifying Event** for a student is the involuntary loss of other health insurance coverage while being an active student. A student must be enrolled in at least 9 credit hours to be eligible. If you waived the Providence College 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 _____

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 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 1-800-437-6448.**

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.**

DELIVERY INSTRUCTIONS: Please return (1) the completed form and (2) the coverage termination letter by e-mail to rshea@univhealthplans.com, by fax to 617-472-6419, or mail to University Health Plans at 15 Pacella Park Drive, Suite 130, Randolph, MA 02368. You will receive an email from Wellfleet with instructions for downloading your online ID card approximately 10 business days after both items are received by University Health Plans. **ALL ITEMS MUST BE RECEIVED WITHIN 60 DAYS AFTER THE QUALIFYING EVENT.**

By signing below, you are requesting that Providence College enroll you in the Student Health Plan and are authorizing Providence College to add the insurance premium amount to your student account. You will be responsible for paying the premium to Providence College. To be eligible for this plan, you must be enrolled as a full-time student (9 or more credits) at Providence College and you must attend classes for the 30 days following the termination date of your other insurance coverage. Providence College will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____