

RHODE ISLAND SCHOOL OF DESIGN ▪ 2024-2025 QUALIFYING EVENT ENROLLMENT FORM

If you waived the RISD 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. Please Note: You may ONLY enroll due to your qualifying event if you are within 31 days of your termination date.

To enroll, follow each of these steps:

- INSURANCE DOCUMENTATION:** Obtain and make 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. If the plan was purchased through an employer, a copy of a letter from the employer on the company's letterhead indicating your name and the date that your plan ended or will be ending will also suffice.
- ENROLLMENT FORM:** Complete the "Student Information" section of this form. Sign and date the bottom after reading the acknowledgement.
- PAYMENT:** From the "Premium Table" below, determine the payment amount required based on the date your other coverage terminated. Then, make a payment for that amount to Student Financial Services through your Workday account.
- DELIVERY INSTRUCTIONS:** A copy of your insurance documentation, completed form, and payment receipt should be delivered to University Health Plans (UHP) by email (ahulsey@univhealthplans.com), or by fax (617-472-6419).

Read this additional very important information:

- EFFECTIVE DATE:** The Student Health Plan will be made effective as of the first date you became or will become uninsured even if that date has already passed, assuming you meet the submission deadline.
- PREMIUM AMOUNT:** Refer to the table below to determine the amount due for your enrollment.

If your other insurance plan ended or will be ending between:	Number of Months	you must pay the corresponding amount below.
09/01/24 - 09/30/24	12	Annual Premium
10/01/24 - 10/31/24	11	\$1,870.00
11/01/24 - 11/30/24	10	\$1,700.00
12/01/24 - 12/31/24	9	\$1,530.00
01/01/25 - 01/31/25	8	\$1,360.00
02/01/25 - 02/29/25	7	\$1,190.00
03/01/25 - 03/31/25	6	\$1,020.00
04/01/25 - 04/30/25	5	\$850.00
05/01/25 - 08/31/25		Contact Student Financial Services to determine your eligibility.

- SUBMISSION DEADLINE:** UHP must receive your completed form and insurance documentation by the 31st day following the date of your other insurance plan's termination. Example: If your other insurance plan terminates on 10/29/24, UHP must receive all enrollment items by 11/29/24. Your enrollment will not be considered "received" until required items arrive at UHP. Any enrollment request received by UHP after the deadline will not be accepted and will be returned to the student.

STUDENT INFORMATION:

Last Date of Prior Coverage ___/___/___ Student ID _____ Last Name _____ First Name _____ MI _____
 Gender ___ Date of Birth ___/___/___ Email Address _____ Phone # _____ - _____ - _____
 Address _____ City _____ State _____ Zip Code _____

By signing below, you are requesting that RISD enrolls you in the Student Health Plan and you are authorizing RISD to add the insurance premium amount to your student account. To be eligible for this plan, you must be a matriculated student and you must attend classes for the 31 days immediately 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 request packet will be sent back to you.

Student Signature: _____ Date: _____