

# Roger Williams University

## 2018-2019 Student Health Insurance Plan: **Qualifying Life Event Enrollment Form**

A **qualifying life event** is a change in situation – such as an involuntary loss of coverage under another plan – that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period.

Students who have an **involuntary loss of other coverage** while continuing to be eligible for the Roger Williams Student Health Insurance Plan may use this form to enroll.

**Student Information (all information required):**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_  
RWU Email: \_\_\_\_\_ Grad, Undergrad or Law Student: \_\_\_\_\_  
Last Date of Prior Insurance Coverage: \_\_\_\_\_

**Required Insurance Documentation:** You must include a letter or certificate from your prior insurance company that clearly indicates your name and the date that your plan ended or will be ending.

**Effective Date:** The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured. Coverage will end as of the last day of the policy period, August 13, 2019.

**Payment:** Contact University Health Plans for premium information at 1-800-437-6448. Make check or money order payable to **Consolidated Health Plans.**

**Deadline:** University Health Plans must receive your completed enrollment form, the required insurance documentation and payment by the **31<sup>st</sup> day following the date of your other insurance plan's termination.** Example: If your other insurance plan terminates on 12/31/18, University Health Plans must receive all enrollment items by 1/31/2019.

**Delivery Instructions:** Mail: (1) the completed enrollment form, (2) a copy of the required supporting documentation and (3) check or money order to: **University Health Plans, 15 Pacella Park Drive, Randolph, MA 02368.**

Once your enrollment has been processed you will receive an email from Consolidated Health Plans with instructions for downloading your online ID card approximately 10 business days after all three items have been processed by University Health Plans. **All three items must be received within 31 days of the qualifying event.**

**Notice to Student:** By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form; 2) The student meets the eligibility requirements for this coverage; 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 4) Other than eligibility, the premium is not refundable.

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

**If you have any questions, please contact University Health Plans at 800-437-6448 or [info@univhealthplans.com](mailto:info@univhealthplans.com).**