RUTGERS UNIVERSITY
Rutgers Graduate Fellows/Partial TAs-GAs
UnitedHealthcare StudentResources - Student Health Insurance Plan
2023-2024 Dependent Qualifying Event Enrollment Form

STUDENT INFORMATION: *(ALL fields are required)*

Student Name: (Last)_____ (First):_____ (MI):_____ Date of Birth: _____ / _____ / _____

Student ID#: _____ Sex assigned at birth: _____ Email Address: _____

Mailing Address: (Street Address) _____

(City)_____ (State) _____ (Zip Code)_____Telephone #:_____-_____-_____

DEPENDENT INFORMATION: *(if applicable)*

Spouse's Name: (Last)_____ (First)_____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: _____

Child's Name: (Last)_____ (First)_____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: _____

Child's Name: (Last)_____ (First)_____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: _____

Child's Name: (Last)_____ (First)_____ Date of Birth: ____ / ____ / ____ Sex assigned at birth: _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation, and applicable deadlines. The effective date of your Rutgers Graduate Fellow/Partial TAs-GAs Student Accident and Sickness Plan will be made retroactive 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 period begins.**

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form and appropriate documentation within:	The effective date of the new coverage will be:
Spouse	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination	30 days following prior coverage termination.	the date of prior coverage termination.
Spouse/Child	Entry into U.S.	Identification page of Passport and page with U.S. entry date stamp	30 days following date of entry into the U.S.	the date of entry into the U.S.
Spouse	Marriage to Student	Marriage certificate	30 days following date of marriage.	the date of marriage.
Child(ren)	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination	30 days following prior coverage termination.	the date of prior coverage termination.
Child(ren)	Birth	Birth certificate, if available	60 days following date of birth.	the 61st day after date of birth.
Child(ren)	Adoption	Official adoption papers showing date of adoption	30 days following adoption.	the date of adoption.

PREMIUM INFORMATION: Please contact University Health Plans for information about premium. If you have already done so, **please make check or money order payable to RSC Insurance Brokerage.** In the memo section include: Student's Name, Student ID, and School Name.

MAILING INSTRUCTIONS: Mail (1) the completed enrollment form, (2) a copy of the required supporting documentation (refer to table above) and (3) check or money order to: *University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368.* You can download your dependent(s) online ID card approximately 10 business days after all three items are received by University Health Plans. **ALL THREE ITEMS MUST BE RECEIVED WITHIN THE STATED ABOVE DEADLINE.**

ENROLLMENT REQUIREMENTS CHECKLIST:

- ☐ Contact University Health Plans for premium information.
- ☐ Include the required documentation (see above table). ALL enrollments require something in addition to this form. Your enrollment request cannot be processed without it.
- ☐ Include check/money order made payable to University Health Plans.

Student Signature: _____ Date: _____

*****If you have any questions, please contact University Health Plans at 800-437-6448 or info@univhealthplans.com.*****