

SUFFOLK UNIVERSITY
Blue Cross Blue Shield of MA - Student Medical Plan
2019-2020 Qualifying Event Enrollment Form

If you waived the Suffolk University Student Health Insurance Plan for the 2019-20 Policy Year and your other insurance has terminated, you may use this form to enroll in the Student Health Insurance Plan due to your qualifying event.

STUDENT INFORMATION:

Last Name: _____ First Name: _____ MI: _____ Gender: _____

Date of Birth: ___ / ___ / _____ Email Address: _____ Phone #: _____ - _____ - _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student Type (Undergraduate, Graduate, Law): _____

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.

Benefits: Benefit information is available at <https://www.universityhealthplans.com/suffolk>

PAYMENT: Please contact University Health Plans for information about premium that you will 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 University Health Plans.*

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**. Example: If your other insurance plan terminates on 10/31/19, University Health Plans must receive all enrollment items by 12/31/19.

DELIVERY INSTRUCTIONS: Please return this form, required insurance documentation, and payment to University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368. You will receive an insurance card approximately 10 business days after your enrollment items are received.

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*****