

# Wake Forest School of Medicine

## 2022-2023 Student Health Insurance Plan: STUDENT QUALIFYING EVENT ENROLLMENT FORM

A **qualifying life event** is a change in situation – such as losing health coverage or no longer living in your plan’s coverage area – that qualifies you for a special enrollment period outside of the yearly open enrollment period. Students who lose their other coverage, or no longer live in their plan’s coverage area, while continuing to be eligible for the student insurance plan, may use this form to enroll.

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_ Student Type: \_\_\_\_\_

**Required Insurance Documentation:** If you lost your other coverage, you must include a letter or certificate from your prior insurance company or employer that clearly indicates your name and your last day of coverage under your prior plan. If your plan’s coverage area recently changed, and you no longer live in the coverage area, you must include a letter or certificate from your prior insurance company or employer confirming the change in network coverage area.

**Effective Date:** If all enrollment documents are submitted by the deadline, the Student Health Insurance Plan will be effective the first day without coverage under your prior plan or the date you no longer lived in the plan’s coverage area. Refer the plan documents for your last day of coverage.

**Deadline:** University Health Plans must receive the enrollment form and required insurance documentation within 30 days of your loss of other coverage or the date you no longer lived in your plan’s coverage area.

**Payment:** The prorated premium will be added to your student account. Contact University Health Plan at 800-437-6448 or [info@univhealthplans.com](mailto:info@univhealthplans.com) for the prorated amount.

**Delivery Instructions:** email the completed enrollment form and required documentation to: [erin@univhealthplans.com](mailto:erin@univhealthplans.com).

**Plan Information:** Benefit Information can be found on the left hand side of the page at [www.universityhealthplans.com/WFSM](http://www.universityhealthplans.com/WFSM). Once your enrollment has been processed, you will receive an email from UHCSR with instructions for downloading your online ID card. Physical ID cards are **not** mailed. A link to the online ID card is also available at [www.universityhealthplans.com/WFSM](http://www.universityhealthplans.com/WFSM). Refer to the plan summary for the last day of coverage under 2020-2021 plan. Dependent eligibility expires concurrently with the student.

**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).