

Worcester State University
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan

2026-2027 Qualifying Event Enrollment Form

If you waived the Worcester State University Student Health Plan for the 2026-27 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.

STUDENT INFORMATION:

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

PAYMENT: The health insurance premium must be paid in full. Please submit a check payment or proof of payment with the submission of this form. The premium amount due is determined by the month in which your Student Health Plan must be made effective. **To find out the amount that will be added to your student account, please contact UHP at 800-437-6448 or Bursar's Office at 508-929-8816.**

DEADLINE: Bursar's office must receive: 1) your completed enrollment form; 2) the required insurance documentation by the 60th day following the date of your other insurance plan's termination; and 3) a check payment or proof of payment. Example: If your other insurance plan terminates on 12/31/26, Bursar's Office must receive all enrollment items by 3/1/27. Your enrollment will not be considered "received" until all required items arrive at bursar's office. Any enrollment request received by bursar's office after the deadline will not be accepted and will be returned to the student.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to lbrowning@worchester.edu, by fax to 508-929-8182, or directly to Bursar's Office. ***All ID cards for the 2026–2027 plan year will be digital only. Blue Cross Blue Shield of Massachusetts (BCBSMA) will not mail a physical ID card.*** To access your digital ID card, first look up your BCBSMA Member ID number at <https://www.universityhealthplans.com/worcesterstate>. Then use that Member ID to register at <https://member.bluecrossma.com/register>. **Important Note:** Your Social Security number was not provided to BCBSMA. When registering, use your Student ID number.

ENVELOPE CHECKLIST: All items must be sent to Bursar's Office to complete your enrollment request.

- ☐ Completed Qualifying Event Enrollment Form; and
- ☐ Required Insurance Documentation; and
- ☐ Proof of Online Payment.

By signing below, you are requesting that Worcester State University enrolls you in the Student Blue Plan and are authorizing your university to add the full insurance premium amount to your student account. You will be responsible for paying the premium to your school. To be eligible for this plan, you must be a matriculated student and you must attend classes for 31 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility. If Bursar's Office finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.

Student Signature: _____ **Date:** _____

WORCESTER STATE UNIVERSITY BURSAR'S OFFICE CONTACT INFORMATION ~ Fax: 508-929-8182
UNIVERSITY HEALTH PLANS CONTACT INFORMATION ~ info@univhealthplans.com OR 800-437-6448