WELLESLEY COLLEGE Blue Cross Blue Shield – Student Health Insurance Plan 2021-2022 Qualifying Event Enrollment Form

Eligible students who have experienced a qualifying event may request to be enrolled in the Wellesley College Student Health Insurance Plan (SHIP) effective as of the date of the qualifying event.

STUDENT INFORMATION: (ALL fields are required)					
Student ID	_Last Name	_ First Name	MI Gender		
Date of Birth /	/ Email Address		Phone #		
Address					
City		State Zip Cod	e		

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and applicable deadlines. If your "Qualifying Event" is not listed below or the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy period begins.

Qualifying Event	Required Documentation	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	Wellesley College SHIP Effective Date
Loss of Other	Insurance document	60 days following prior coverage	The date of prior
Coverage	showing termination date	termination	coverage termination
Move to	N/A		
Massachusetts	UHP will confirm the student's plan to study on campus with the College	60 days following date of arrival in MA	01/01/2021
Entry into U.S.	Passport showing identification and	60 days following date of entry into the U.S.	The date of entry into
	U.S. entry date		the U.S.

PREMIUM INFORMATION: The health insurance premium will be added to your student account after the enrollment form and required documentation is received. <u>To find out the amount that will be added to your student account, please contact University</u> <u>Health Plans.</u>

DELIVERY INSTRUCTIONS: Please return the completed form and supporting documentation by e-mail to <u>patti@univhealthplans.com</u>.

Once your enrollment has been processed you can access your Blue Cross Blue Shield Member ID through the Insurance ID Card link at <u>www.universityhealthplans.com/wellesley</u>. Hard copies of the ID cards are **not** mailed. You should download the MyBlue Member app at: <u>www.bluecrossma.com/mobile</u>. Your suffix is 00 and your social security number has not been provided to BCBS. Use the Student ID field and enter your Wellesley College student ID# including the B or C.

By signing below, you are requesting that Wellesley College enrolls you in the Student Health Insurance Plan and are authorizing the College to add the full insurance premium amount to your student account. You will be responsible for paying the premium to Wellesley College. To be eligible for this plan, you must be considered a full time student and you must attend classes for the 31 days following the termination date of your other insurance coverage. Wellesley College will verify your enrollment eligibility. If Student Financial Services finds that you are ineligible for this plan, your enrollment packet will be returned back to you.

Student Signature:

Date:

If you have any questions, please contact: University Health Plans at 800-437-6448 or <u>info@univhealthplans.com</u>