WELLESLEY COLLEGE
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan

2015-16 Qualifying Event Enrollment Form

If you waived the Wellesley College Student Health Plan for the 2015-16 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 Insurance Plan will be made effective as of the first date you became or will become uninsured.

PAYMENT: The health insurance premium will be added to your student account after the enrollment form and appropriate documentation is received. **To find out the amount that will be added to your student account, please contact UHP or Student Financial Services.**

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 10/31/15, University Health Plans must receive all enrollment items by 12/31/15.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to kristend@univhealthplans.com, by fax to 617-472-6419, or mail to University Health Plans at One Batterymarch Park, Quincy, MA 02169. You will receive an insurance card approximately 10 business days after your enrollment items are received.

By signing below, you are requesting that Wellesley College enrolls you in the Student Blue 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:** _____

WELLESLEY STUDENT FINANCIAL SERVICES CONTACT INFORMATION ~ sfs@wellesley.edu OR Tel: 781-283-2360

UNIVERSITY HEALTH PLANS CONTACT INFORMATION ~ info@univhealthplans.com OR 800-437-6448