Westfield State University
Day Division Students
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan
Qualifying Event Enrollment Form

If you waived the Westfield State University Student Health Plan 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_____

Termination 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 Student Accounts Office at 413-579-3090.**

DEADLINE: Student Accounts 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, Student Accounts Office must receive all enrollment items by 3/1/27. Your enrollment will not be considered "received" until all required items arrive at Student Accounts Office. Any enrollment request received by Student Accounts Office after the deadline will not be accepted and will be returned to the student.

DELIVERY INSTRUCTIONS: Please return the form and payment to Student Accounts 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/westfieldstate. 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 Student Accounts Office to complete your enrollment request.*

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

By signing below, you are requesting that Westfield 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 the 31 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility. If Student Accounts Office finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.

Student Signature: _____ **Date:** _____

WESTFIELD STATE UNIVERSITY STUDENT ACCOUNTS OFFICE CONTACT INFO 413-572-3090
UNIVERSITY HEALTH PLANS CONTACT INFO info@univhealthplans.com OR 800-437-6448