

GORDON-CONWELL THEOLOGICAL SEMINARY

Student Health Plan 2009-10 Spring Change Form

STUDENT INFORMATION: (All fields in the "Student Information" section are required.)

Student Name: (Last) _____ (First) _____ SID: _____

Email Address: _____ Phone #: _____

Complete Section 1 or Section 2 below. Do not complete both sections.

SECTION 1 – COMPLETE TO WAIVE THE SPRING 2010 PLAN

Complete this section ONLY if you have other insurance and want to terminate your GCTS Insurance Plan as of 1/24/10. If this waiver is accepted, the charge for the Spring 2010 Student Health Plan will be removed from or credited on your student account statement. Please provide the following information about the plan that will cover you from 1/25/10 through 8/31/10. *ALL FIELDS ARE REQUIRED.* If this section is not completed properly, your GCTS plan will not be cancelled.

Insurance Company Name: _____ Insurance Phone #: _____

Insurance Address: _____ City: _____ State: ____ Zip Code: _____

Policy or ID Number: _____ Is your insurance through a US Carrier: Yes No

Subscriber Name: _____ Relation: Self / Spouse / Parent / Guardian / Domestic Partner

SECTION 2 – COMPLETE TO ADD OR REMOVE DEPENDENTS FOR THE SPRING 2010 PLAN

Complete this section ONLY if you want to add or remove dependents on your GCTS Student Health Plan as of 1/25/10. The change in your total Spring 2010 Student Health Plan premium will appear on your student account statement. Please provide the following information about the plan that will cover you from 1/25/10 through 8/31/10. *ALL FIELDS ARE REQUIRED.* If this section is not completed properly, your GCTS plan will not be cancelled.

Request Type*	Dependent Name (Last, First)	Date of Birth	Gender*	Relation*
ADD / REMOVE	_____	___ / ___ / ____	M / F	Spouse / Child
ADD / REMOVE	_____	___ / ___ / ____	M / F	Spouse / Child
ADD / REMOVE	_____	___ / ___ / ____	M / F	Spouse / Child
ADD / REMOVE	_____	___ / ___ / ____	M / F	Spouse / Child

* Circle one.

MAIL OR BRING FORM TO:

Brian Fleming
Assistant Director of Student Life Services
Gordon-Conwell Theological Seminary
130 Essex Street
South Hamilton, MA 01982

FOR QUESTIONS, CONTACT:

Brian Fleming (GCTS):
bfleming@gordonconwell.edu or 978-646-4062
OR
University Health Plans:
info@univhealthplans.com or 800-437-6448