

2024-25 GORDON-CONWELL THEOLOGICAL SEMINARY STUDENT HEALTH PLAN

QUALIFYING EVENT ENROLLMENT FORM

Eligible students who have experienced a qualifying event (i.e., loss of other coverage) may request to be enrolled in the GCTS Student Health Plan effective as of the date of the qualifying event. To request enrollment in the GCTS Student Health Plan, this completed form and a copy of the required supporting documentation (see table below) may be submitted to Registration Office at Gordon-Conwell Theological Seminary.

| IMPORTANT NOTES | |
|--|--|
| <ul style="list-style-type: none"> ▪ The request for enrollment must be submitted to the Registration Office at GCTS within 60 days from the qualifying event date. For example, if the request is for enrollment beginning on 12/1/24, your request and supporting documentation must be submitted to GCTS on or before 1/30/25. ▪ Your enrollment request is not considered “submitted” until the required supporting documentation (see table below) is also received by the Registration Office. ▪ The premium due for your enrollment will be based on the month in which your plan becomes effective. See table above for information regarding your plan effective date. The amount due can be provided to you by the Registration Office at GCTS and will be charged to your student account. | <ul style="list-style-type: none"> ▪ No request will be approved if it is submitted to GCTS after the 60th day. ▪ Please be sure to read about the plan’s benefits prior to enrolling. ▪ Students who graduate in the Fall 2024 semester and students who drop below 6 credits for the Spring 2025 semester will be removed from the plan as of 12/31/24. ▪ The Fall 2024 insurance coverage period ends at midnight on 12/31/24. If you will not be eligible for the GCTS Student Health Plan in the Spring 2025 semester, you will be responsible for full the Spring 2025 insurance charge if any claims are paid by Blue Cross Blue Shield on your behalf for a date of service or prescription fill date after 1/1/25. |

| PART A – DEADLINES AND REQUIRED DOCUMENTATION: CHECK THE BOX TO THE LEFT OF YOUR “REASON FOR LATE ENROLLMENT”. | | | | | |
|---|-------------------------------|--|--|--|---|
| If your “Reason” is not listed or the deadline has passed, you are not eligible to enroll at this time and must wait for the next policy year (9/1/25). | | | | | |
| Person To Be Enrolled | Reason for Late Enrollment | A copy of the following documentation is required. | The effective date of the new GCTS coverage will be: | UHP must receive the completed enrollment form and appropriate documentation within: | Check the box next to the line that describes your enrollment reason. |
| Student | Termination of Prior Coverage | Insurance document showing date of termination | the date of prior coverage termination. | 60 days following prior coverage termination. | <input type="checkbox"/> |

| PART B: Student Information All fields are required. | | | | | |
|--|---------------------|------------------|--------------------|----------------|--|
| First Name _____ | Last Name _____ | Student ID _____ | DOB ____/____/____ | | |
| Gender _____ | Email Address _____ | Phone _____ | | | |
| Address _____ | | City _____ | State ____ | Zip Code _____ | |

| PART C: Signature – By signing below, I confirm that I have read and understand all of the “Important Notes” above. | |
|---|------------|
| Student’s Signature _____ | Date _____ |

| PART D: Submission Instructions – Email, fax, or mail this form and required documentation to the Registration Office at GCTS. | |
|--|--|
| EMAIL: healthinsurance@gordonconwell.edu • FAX: 978-468-6691 MAIL: Registration Office, Gordon-Conwell Theological Seminary, 130 Essex St., South Hamilton, MA 01982 | |