

MASSACHUSETTS COLLEGE OF LIBERAL ARTS

Student Health Insurance Plan: Qualifying Life Event Enrollment Form

A **qualifying life event** is a change in situation – such as an involuntary loss of coverage under another plan that makes you eligible to enroll in the Student Health Insurance Plan outside of the initial enrollment period.

Students who have an **involuntary loss of other coverage** while continuing to be eligible for the Massachusetts College of Liberal Arts Student Health Insurance Plan may use this form to enroll.

Student ID _____ Last Name _____ First Name _____ MI _____

Gender _____ Date of Birth ____ / ____ / ____ Email Address _____

Address _____

City _____ State _____ Zip Code _____

First Day Without Coverage or Date of US Entry: _____

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> documentation within: | MCLA SHIP Effective Date |
|------------------------|---|---|--|
| Loss of Other Coverage | Insurance document showing termination date | 60 days following prior coverage termination | The date of prior coverage termination |
| Entry into U.S. | Passport showing identification and U.S. entry date | 60 days following date of entry into the U.S. | The date of entry into the U.S. |

Effective Date: The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured or the date you entered the US.

Benefits: Benefit information is available at www.universityhealthplans.com/MCLA

Payment: Contact University Health Plans for premium amount at 833-251-1709. The premium will be added to your student account.

Delivery Instructions: Email both this form and the required insurance documentation together to: info@univhealthplans.com.

ID Card: Once your enrollment has been processed your BCBS ID card will be mailed to the address you provide on this form. You can access your BCBS Member ID at www.universityhealthplans.com

Notice to Student: By signing below and enrolling, the student acknowledges the following: 1) Student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form. 2) Student meets the eligibility requirements for this coverage. 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company. 4) Other than eligibility, the premium is not refundable.

Student Signature: _____ **Date:** _____

If you have any questions, please contact University Health Plans at 833-251-1709 or info@univhealthplans.com