



**Wellfleet Insurance Company - Student Medical Plan
2024-2025 Qualifying Event Enrollment Form**

STUDENT INFORMATION:

Student Name: (Last) _____ (First) _____ (MI) _____ Date of Birth: ____ / ____ / ____

SSN: ____-____-____ Student ID: _____ Gender: ____ Email Address: _____ Tel #: ____ - ____ - ____

Mailing Address: (Street Address) _____

(City) _____ (State) _____ (Zip Code) _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and the deadlines. The effective date of your new MGHIHP plan will be retroactively effective to the date noted in the table. **If your “reason for late enrollment” is not listed below or if the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy year which will start 5/1/25.**

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	UHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the new MGHIHP coverage will be:
Student	Termination of Prior Coverage	Insurance document showing the date of termination	60 days following prior coverage termination.	the date of prior coverage termination.

PREMIUM INFORMATION: Upon receipt of this enrollment form and all required documentation, University Health Plans will contact MGHIHP to have the insurance premium amount added to the student account. To find out what the amount for your enrollment would be, please contact University Health Plans at 800-437-6448.

SUBMISSION INSTRUCTIONS: To submit your request, you may email this completed form and a copy of the required supporting documentation (refer to table above) to **University Health Plans** at:

EMAIL: megan.kearney@univhealthplans.com

INSURANCE CARDS: You will receive an insurance card approximately 10 business days after both the required form and supporting documentation is received by University Health Plans.

ENROLLMENT REQUIREMENTS CHECKLIST:

- Submit this completed this form.
- Include the required documentation (see above table). ALL enrollments require something in addition to this form. Your enrollment request cannot be processed without it.

Student Signature: _____ Date: _____

*****If you have any questions, please contact University Health Plans at 833-251-1706 or info@univhealthplans.com.*****