

OLIN COLLEGE OF ENGINEERING
UnitedHealthcare StudentResources
2024-2025 Qualifying Event Enrollment Form

Eligible students who have experienced a qualifying event may request to be enrolled in the Olin College Student Health Insurance Plan (SHIP) effective as of the date of the qualifying event.

STUDENT INFORMATION: *(ALL fields are required)*

Student ID _____ Last Name _____ First Name _____ MI _____ Gender _____

Date of Birth ____ / ____ / ____ Email Address _____ Phone # _____ - _____ - _____

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 Olin College insurance 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 Fall 2025.**

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 Olin College coverage will be:
Student	Involuntary Termination of Prior Coverage	Insurance document showing the date of termination	60 days following prior coverage termination.	The date of prior coverage termination.
Student	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.

PREMIUM INFORMATION: You must include a check or money order for the pro-rated premium for the Student Health Plan made payable to Olin College of Engineering with this enrollment form. Online payments may be accommodated. Please contact Olin College Student Accounts for additional details. The premium amount due is determined by the date of prior coverage termination. **To find out the amount that will be added to your student account, please contact University Health Plans.**

DEADLINE: The Student Accounts Office must receive: 1) your completed enrollment form; 2) the required insurance documentation and 3) payment for the pro-rated premium by the 60th day following the date of your other insurance plan’s termination; Example: If your other insurance plan terminates on 1/1/25 the Student Accounts Office must receive all enrollment items by 3/1/25. Your enrollment will not be considered “received” until all required items arrive at the Student Accounts Office. Any enrollment request received after the deadline will not be accepted and will be returned to the student.

By signing below, you are requesting that the college enroll you in the Student Health Plan and authorize the College 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 registered 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.

Student Signature: _____ **Date:** _____

Service Agent for the College Sponsored Health Plan:
~ UNIVERSITY HEALTH PLANS CONTACT INFORMATION ~
info@univhealthplans.com OR 888-251-1152