

**Principia College  
Student Health Insurance Plan**

**Qualifying Event Enrollment Form**

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If you waived the Principia Student Health Plan and your other insurance has terminated, or you are returning to campus and your current coverage is not comprehensive in Illinois, you may use this form to enroll in the Student Health Plan due to your qualifying event.

**STUDENT INFORMATION:**

Student ID \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Email Address \_\_\_\_\_ Phone # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**REQUIRED INSURANCE DOCUMENTATION:** When sending this enrollment form due to a loss of other coverage, you must include a copy of a letter or certificate from your other insurance company that clearly indicates your name and the date that your plan ended or will be ending. Documentation is not required for returning to campus.

**EFFECTIVE DATE:** When enrolling due to a qualifying event, the Student Health Plan will be made effective as of the first date you became or will become uninsured.

**PAYMENT:** The health insurance premium will be added to your student account after the enrollment form and appropriate documentation is received. To find out the amount that will be added to your student account, please contact University Health Plans at 1-800-437-6448. Premium is prorated by semester of enrollment.

**DEADLINE:** University Health Plans must receive your completed enrollment form and the required insurance documentation by the 30<sup>th</sup> day following the date of your other insurance plan's termination. Example: If your other insurance plan terminates on 12/31/25, University Health Plans must receive all enrollment items by 1/30/26. Any enrollment requests received by University Health Plans after the deadline will not be accepted.

**DELIVERY INSTRUCTIONS:** Please return the enrollment documents by e-mail to [info@univhealthplans.com](mailto:info@univhealthplans.com)

Your insurance ID card will be available to download online approximately 5-7 business days after your enrollment items are received.

*By signing below, you are requesting that Principia enrolls you in the Student Health Plan and are authorizing your school 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 a matriculated student 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:** \_\_\_\_\_

**UNIVERSITY HEALTH PLANS CONTACT INFORMATION: [info@univhealthplans.com](mailto:info@univhealthplans.com) or 800-437-6448**