UNIVERSITY OF MASSACHUSETTS LOWELL

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 UMass Lowell 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 and documentation within:	UMASS Lowell 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/I-94 form	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/UML

Payment: Contact University Health Plans for premium amount at 1-800-437-6448. The premium will be added to your student account.

Delivery Instructions: Email both the form and the required insurance documentation together to: cchiacchia@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/UML

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 800-437-6448 or info@univhealthplans.com