

**Westfield State University- College of Graduate & Continuing
Education Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan**

2024-25 Qualifying Event Enrollment Form

If you waived the Westfield State University Student Health Plan for the 2024-25 Policy Year and your other insurance has terminated, 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 _____
Termination Date of Prior Insurance Coverage _____

REQUIRED INSURANCE DOCUMENTATION: When sending this enrollment form, 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.

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 must be paid in full. Please submit a check payment with the submission of this form. The premium amount due is determined by the month in which your Student Health Plan must be made effective. **To find out the amount that will be added to your student account, please contact UHP at 800-437-6448 or the College of Graduate & Continuing Education at 413-572-8029.**

DEADLINE: The College of Graduate & Continuing Education Office must receive: 1) your completed enrollment form; 2) the required insurance documentation by the 60th day following the date of your other insurance plan’s termination; and 3) a check payment. Example: If your other insurance plan terminates on 12/31/24, CGCE must receive all enrollment items by 3/1/25. Your enrollment will not be considered “received” until all required items arrive at CGCE. Any enrollment request received by CGCE after the deadline will not be accepted and will be returned to the student.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to **jgogol@westfield.ma.edu**, or directly to CGCE. You will receive an insurance card approximately 10 business days after your three enrollment items are received.

ENVELOPE CHECKLIST: *All items must be sent to CGCE to complete your enrollment request.*

- Completed Qualifying Event Enrollment Form; and
- Required Insurance Documentation; and
- Payment.

By signing below, you are requesting that Westfield State University enrolls you in the Student Blue Plan and are authorizing your university 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 31 days following the termination date of your other insurance coverage. Your school will verify your enrollment eligibility. If Student Accounts Office finds that you are ineligible for this plan, your enrollment packet will be mailed back to you.

Student Signature: _____ **Date:** _____

**WSU COLLEGE OF GRADUATE & CONTINUING EDUCATION CONTACT INFO ~ TEL:
413-572-8029 UNIVERSITY HEALTH PLANS CONTACT INFO ~ info@univhealthplans.com OR
800-437-6448**