

**ANNA MARIA COLLEGE STUDENT HEALTH INSURANCE PLAN
Blue Cross Blue Shield – Blue Care Elect Preferred PPO Plan**

2019-2020 Qualifying Event Enrollment Form

If you waived the Anna Maria College Student Health Plan for the 2019-2020 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 _____

Last 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 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.**

DEADLINE: University Health Plans must receive your completed enrollment form and the required insurance documentation by the **60th day following the date of your other insurance plan's termination**. Example: If your other insurance plan terminates on 10/31/19, University Health Plans must receive all enrollment items by 12/31/19.

DELIVERY INSTRUCTIONS: Please return the form by e-mail to Jennifer@univhealthplans.com, by fax to 617-472-6419, or mail to University Health Plans at 15 Pacella Park Drive Suite 130, Randolph, MA 02368. You will receive an insurance card approximately 10 business days after your enrollment items are received.

By signing below, you are requesting that Anna Maria College enrolls you in the Student Health Plan and are authorizing your university to add the insurance premium amount to your student account. You will be responsible for paying the premium to your College. To be eligible for this plan, you must be a student and you must attend classes for the 30 days following the termination date of your other insurance coverage. Your College will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____