



**Eligibility:** Berklee students who are on Optional Practical Training (OPT) are eligible to enroll in this plan.

StudentName		
Last	First	Initial

Home Address			
Street	City	State	Zip Code

Berklee ID # \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
MM DD YYYY

Phone Number	Email Address
--------------	---------------

----- Copy of Employment Authorization Document (OPT card) or;  
----- Pages 1 and 2 of the student's most recent I-20. OPT dates are on page 2, above the travel signature.  
----- OPT recommendation on a student's Form I-20

Dates of Coverage	Annual (08/15/20- 08/14/21)	Fall (08/15/20-12/31/21)	Spring (01/1/21-08/14/21)	Summer (05/15/21-08/14/21)	Total Premium
Student	\$2,650	\$1,136	\$1,569	\$703	
Spouse	\$3,463	\$1,461	\$2,032	\$888	
One Child	\$3,463	\$1,461	\$2,032	\$888	
Family	\$8,522	\$3,604.00	\$5,008	\$2,196	
Deadline to Enroll	9/15/20	9/15/20	2/15/21	06/15/21	
				Processing Fee	\$15.00
				Total Payment	

**Notice to Students:** Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Student Health & Special Risk. By signing below, the student acknowledges the following: 1) He/She has carefully read the above eligibility and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) Student meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) Other than for eligibility reasons, the premium is not refundable.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**Charge to my (check one):**      **Visa**      **Master Card**

Card Number: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name and Address of Card holder

Make check or money order payable to **Gallagher Student Health & Special Risk**. Mail enrollment form along with premium payment to:

## Gallagher Student Health & Special Risk

**P.O. Box 845663**  
**Boston MA 02284-5663**  
**Email: [enrollmentteam@gallagherstudent.com](mailto:enrollmentteam@gallagherstudent.com)**

You must be eligible to enroll in the Plan in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

Contact Gallagher Student Health & Special Risk toll free 1-800-391-8057 or by going to [www.gallagherstudent.com/Berklee](http://www.gallagherstudent.com/Berklee) and clicking on the Customer Service link.