Gallagher | STUDENT HEALTH & SPECIAL RISK

University of South Florida
The UnitedHealthcare Insurance Company
2017-2018 Continuation Plan Enrollment Form – GA/TA/RA Plan

Student's Last Name _____ First Name _____ Initial _____ Student ID # _____

Street Address _____ City _____ State _____ Zip Code _____ ( ) Telephone Number _____

Email _____ Gender (male/female) _____ Date of Birth (mm/dd/yyyy) _____

Eligibility Requirement: All Graduate/Teaching/Research Assistants who no longer meet the eligibility requirements for the GA/TA/RA Plan, but have been continuously insured under the school's student policy for at least one semester are eligible to continue their coverage for a period of not more than three (3) months under the school's policy in effect at the time of such continuation. If an Insured Person is still eligible for continuation at the beginning of the next Policy Year, the Insured must purchase coverage under the new policy as chosen by the school. Coverage under the new policy is subject to the rates and benefits selected by the school for that Policy Year.

Calculate Your Premium

You must decide at the time of enrollment the period of coverage to purchase. You cannot re-enroll in the Continuation Plan after your Period of Coverage has expired. Enrollment in this Continuation Plan must be made within **15 days** from the date that coverage terminates under the student's active Student Injury and Sickness Insurance Plan. You must be eligible to enroll in the plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered you do not meet the requirements your premium will be refunded.
Use the chart below to calculate the number of months you wish to continue coverage for yourself and your dependents. Add the amounts in the Total Premium Column to confirm total payment.

	Monthly Rate	x Number of Months (3 maximum) =	Total Premium
Student Only	$178.83		
Spouse	$178.83		
One Child	$178.83		
2 or More Children	$357.66		
Spouse & 2 or More Children	$536.49		
		Processing fee:	$15.00
		Total Payment Enclosed:	

Continuation coverage for dependents must be purchased at the same time of student enrollment. Dependents can be enrolled only if, (a) they were previously enrolled under the active Student Injury and Sickness Insurance Plan, (b) the student enrolls in the Continuation Plan and (c) they are enrolled for the same period of coverage as the enrolled student. **List Dependents to be insured below**

DEPENDENT NAME RELATIONSHIP DATE OF BIRTH (mm/dd/yyyy)

_____

_____

_____

Notice to student: By signing below, the student acknowledges the following: 1) He/She elects to continue coverage for the number of months as indicated above; 2) Continuation coverage can only be purchased for a maximum of three (3) continuous months and is non-renewable; and 3) If it is later determined that the eligibility or enrollment requirements have not been met, coverage will be terminated and the premium will be refunded.

Signature of Student:_____ **Date:**_____

PAYMENT INSTRUCTIONS:
Charge to my (check one): ___Visa ___Master Card

Card Number: _____ Amount Charged: $_____ Expiration Date: _____

Name and Address of Card holder_____

Check or money order (International checks are not accepted)
Make check or money order payable to **Gallagher Student Health & Special Risk**. Mail or fax enrollment form along with premium payment to:

Gallagher Student Health & Special Risk
P.O. Box 845663
Boston MA 02284-5663
Fax: 617-479-0860

Please include an additional $15.00 Processing Fee with your enrollment form