



Boston Conservatory at Berklee Optional Practical Training (OPT) Student Health Insurance Plan
2017-2018 International Student Enrollment Form

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

(Please Print)

Student Name _____
Last First Initial

Home Address _____
Street City State Zip Code

Berklee ID # _____ Male _____ Female _____ Date of Birth ____/____/____
MM DD YYYY

Phone Number _____ Email Address _____

REQUIRED DOCUMENTS: Please attach a copy of one of the following documents to demonstrate eligibility.

- 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

ENROLLMENT Please circle selected coverage.

Dates of Coverage	Annual (08/15/17- 08/14/18)	Spring (01/1/18-08/14/18)	Total Premium
Student	\$2,266.00	\$1325.00	
Deadline to Enroll	10/15/2017	1/30/2018	
		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: _____

PAYMENT INSTRUCTIONS:

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

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

Print 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 enrollment form along with premium payment to:

Gallagher Student Health & Special Risk

P.O. Box 845663

Boston MA 02284-5663

Fax: 617-479-0860 Email: www.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 and clicking on the Customer Service link.