

**University of Maryland, Baltimore Student Health Insurance Plan  
Petition to Waive due to Qualifying Event**

(Please print clearly)

**Student Name** \_\_\_\_\_ **UMB ID: @** \_\_\_\_\_  
Last Name First Name

**Address** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Gender** \_\_\_\_\_  
Street City State Zip Code (mm/dd/yyyy) (male or female)

**Telephone Number** \_\_\_\_\_ **E-mail Address** \_\_\_\_\_  
(area code)

**Qualifying Events**

Student can request to terminate coverage for the student health insurance plan if the student becomes eligible for coverage due to:

- Marriage

There will be a pro-rata refund of premium for students whose request to terminate coverage is approved.

Terminate Coverage \_\_\_\_\_ Date of Qualifying Event \_\_\_\_\_

Briefly explain the qualifying event: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Required Documentation** The required documentation must be applicable to the qualifying event. Please attach a copy of the appropriate documentation.

- Certificate of marriage
- Copy of new insurance ID card (front and back)

**This form will not be processed without the appropriate documentation.**

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please email completed form to: [EnrollmentTeam@gallagherstudent.com](mailto:EnrollmentTeam@gallagherstudent.com)