Petition to Add Frequently Asked Questions

Please read the information below carefully before completing a Petition to Add form.

If I lose coverage under another insurance policy, can I enroll in the school's plan?

Yes, all registered domestic and international students with qualifying life events may submit a Petition to Add form (see specific question below). Make sure you read the form carefully as it contains very specific information on the Petition to Add process, including required documentation to show proof of loss. We will need to confirm your plan eligibility with your school before processing your request. Petition to Add forms are processed within 5-7 business days after confirming plan eligibility with your school.

Am I eligible to Petition to Add?

You need to meet the definition of your plan's eligibility statement which you can find in your school's FAQ or in the plan brochure. To access these documents, click the "My Benefits and Plan Information" located on the left-hand side of this homepage.

What is considered a qualifying event?

- Reaching the age limit of another health insurance plan (Example: Turning Age 26)
- Loss of health insurance through a marriage or divorce
- Involuntary loss of coverage through my parents health insurance plan
- Involuntary loss of coverage through my employer

What other information do I need to submit with the Petition to Add form?

You must include documentation from your insurance company (for example a letter on the company's letterhead or Confirmation of Coverage form) confirming your loss of coverage and indicating your last date of coverage. The following are supporting documentation requirements:

- Must have the student's full name
- Must have the last date of your coverage (termination date)
- COBRA eligibility letters can only be accepted if the letter states the student's full name and termination date. A
 COBRA letter is not an official termination letter. COBRA eligibility letters are sent to you prior to losing
 coverage.

Also please note the following:

- Supporting documents need to be in pdf format; they cannot be in Word doc or email format for authenticity reasons
- Screenshots will not be accepted.

Will I have a break in coverage?

You will not have a break in coverage if the Petition to Add form and applicable documents are received within 60 days of your qualifying event. If the Petition to Add form and required documentation are not received within 60 days of your qualifying event, the effective date will be the date this form and applicable documentation are received at Gallagher Student Health.

Will the premium be pro-rated?

Yes, the premium you pay will be pro-rated on a daily basis determined by the date of your Qualifying Event.

Petition to Add Coverage – Student Health Insurance Plan (SHIP) – Student Only

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE CONSIDERED Please print clearly to ensure accurate processing

ame of School: Date:			
Student Name:			
Last	First		Middle Initial
Address:Street or P.O. Box	City	State	 Zip
Student ID#:	Male: Female:	Date of Birth:	
		N	IM DD YYYY
Phone Number: Email A	Address:		
Person Completing Form:	Relationship to Student:		
Please check all that apply: Domestic Internationa	al Undergraduate Gradua	ate Other:	
 Reaching the age limit of another health insurance Loss of health insurance through a marriage or div Involuntary loss of coverage from another health Please provide detail on the circumstances of the QE and I 	vorce; or insurance.		
Notice to Students: I understand this Petition is subject t and the payment of any applicable premium. I also under my petition request is processed. If it is discovered that I	rstand that GSH will confirm my	eligibility with n	ny school befo
processed. Premium is prorated on a daily basis. The effective date of has been processed, coverage cannot be cancelled, exceptions.	•		•
All required documentation must be included. Forms with processed.	hout supporting documentation	of the QE will n	ot be
In order to not have a lapse in coverage, this form and su days of the QE. If this form and supporting documentatio date this form is received by GSH.	• •	•	
By signing below, the student acknowledges the following			
indicated on this form. 2) I meet the eligibility requireme	_		
indicated on this form. 2) I meet the eligibility requireme Signature of Student: Student being enrolled must sign form in order to be processed	Date:		

To be completed by Gallagher Student Health

____ Approved ____ Denied Date: ____ Effective Date: ____ Initials: _____