

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, if you waived the Student Health Insurance Plan and then lose coverage under that plan due to a qualifying event (see specific question below) you may submit a Petition to Add form. 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.

Students who enroll on a voluntary basis are not eligible to petition to add and will need to wait until the enrollment period for the next plan coverage period in order to purchase coverage.

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 30 days of your qualifying event. If the Petition to Add form and required documentation are not received within 30 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 monthly basis determined by the date of your Qualifying Event.



**Florida International University Student Health Insurance Plan
2019-2020 Petition to Add – International Student**

(Please Print)

Student Name: _____
Last First Initial

Local Address: _____
Street City State Zip

Student ID#: _____ Male _____ Female _____ Date of Birth ____/____/____
MM D D YYYY

Phone Number: _____ Email Address: _____

Students who wish to enroll in the Florida International University Student Health Insurance Plan after the enrollment deadline can only add coverage if there is a qualifying event. A qualifying event is defined as:

- Reaching the age limit of another health insurance; or
- Loss of health insurance through a marriage or divorce; or
- Involuntary loss of coverage from another health insurance.

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself.

Notice to Students: I understand that this Petition is subject to the approval of Gallagher Student Health & Special Risk and the payment of any applicable premium. I am completing this petition as a result of myself losing coverage under a previous insurance carrier due to a qualifying event and must include a letter from the previous carrier confirming loss of coverage and the last date of coverage.

In order to not have a lapse in coverage, this petition and payment must be received by Gallagher Student Health & Special Risk within 31 days of the last day of previous coverage. If this form is not received within 31 days of the last day of previous coverage the form will not be processed.

By signing below, the student acknowledges the following: 1) The Student has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) The 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: _____

Florida International University

2019-2020 International Student Premium Calculation Reference Sheet

If you are an eligible International student enrolled at Florida International University and experience a qualifying event in which you lost your other medical insurance coverage, then you may complete this Petition to Add application requesting to be added to the Student Health Insurance Plan. You must provide documentation of the loss of coverage and submit it with this completed form and applicable payment to Gallagher Student Health within 31 days of the qualifying event. If this form is not received within 31 days of the last day of previous coverage, the form will not be accepted and/or processed. Once the premium is received, your coverage will be activated and will remain effective until the end of the policy year. **The required premium must be received by Gallagher Student Health in order to activate the coverage.**

Financial aid cannot be used as payment to Gallagher Student Health.

Please refer to the below schedule to determine your insurance premium. Indicate your last date of Insurance Coverage and check the applicable box below. Your coverage under the Student Health Insurance Plan should begin the day after your other coverage terminates.

Date Insurance Coverage terminated: _____.

For Coverage to Start between	Check <input checked="" type="checkbox"/>	Premium Due
9/17/2019 and 10/16/2019	<input type="checkbox"/>	\$2,446.62 + \$15 processing fee*
10/17/2019 and 11/16/2019	<input type="checkbox"/>	\$2,224.20 + \$15 processing fee*
11/17/2019 and 12/16/2019	<input type="checkbox"/>	\$2,001.78 + \$15 processing fee*
12/17/2019 and 1/16/2020	<input type="checkbox"/>	\$1,779.36 + \$15 processing fee*
1/17/2020 and 2/16/2020	<input type="checkbox"/>	\$1,556.94 + \$15 processing fee*
2/17/2020 and 3/16/2020	<input type="checkbox"/>	\$1,334.52 + \$15 processing fee*
3/17/2020 and 4/16/2020	<input type="checkbox"/>	\$1,112.10 + \$15 processing fee*
4/17/2020 and 5/16/2020	<input type="checkbox"/>	\$889.68 + \$15 processing fee*
5/17/2020 and 6/16/2020	<input type="checkbox"/>	\$667.26 + \$15 processing fee*
6/17/2020 and 7/16/2020	<input type="checkbox"/>	\$444.84 + \$15 processing fee*
7/17/2020 and 8/16/2020	<input type="checkbox"/>	\$222.42 + \$15 processing fee*

*The processing fee is a one-time charge

PAYMENT INSTRUCTIONS: Charge to my (check one): ☐ Visa ☐ Master Card ☐ Discover

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.**

Email or mail enrollment form along with premium payment to: enrollmentteam@gallagherstudent.com

Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663