



Berklee College of Music Petition to Add Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE ENROLLED

Please print clearly to ensure accurate processing.

Date: _____

Student Name: _____ Student ID Number: _____

Address: _____
Street or P.O. Box City State Zip

Telephone #: _____ Email: _____

Date of Birth: _____ Gender: _____ Male _____ Female
MM/DD/YYYY

STUDENTS CAN ONLY ADD COVERAGE IF THERE IS A QUALIFYING EVENT (SEE BELOW) AND ELIGIBILITY REQUIREMENTS ARE MET.

Eligibility Requirement: Undergraduate students enrolled in 9 or more on campus credits are eligible to enroll in the Berklee College of Music Student Blue Plan.

Please check qualifying event:

- ☐ Reached the age limit of another health insurance plan
- ☐ Loss of health insurance through a marriage or divorce
- ☐ Involuntary loss of coverage from another health insurance plan

Date Insurance Coverage Terminated: _____

I understand that this Petition is subject to the approval of Gallagher Student Health and subject to the payment of any applicable premium. Your premium must be paid directly to Gallagher Student Health by check, money order or credit card. Financial aid cannot be used as payment to Gallagher Student Health. I also understand that **Gallagher Student Health will confirm my eligibility with the University before my petition request is processed.** Once my petition is processed, it cannot be cancelled, except for eligibility reasons.

In order not to have a lapse in coverage, this petition must be received within 60 days of your last day of coverage.

Please complete form with payment and return it with a letter from your previous insurance plan confirming termination of coverage to: Enrollmentteam@gallagherstudent.com

Or by mail to: Gallagher Student Health, P.O. Box 845663, Boston MA 02284-5663

Determining your premium payment: Please refer to the following Premium Calculation grid to determine the insurance premium amount you are required to submit with this Petition to Add form.

PAYMENT INSTRUCTIONS:

Charge to my (check one): _____ Visa _____ Master Card Credit Card Number: _____

Amount Charged: \$ _____ + \$15 Processing Fee = _____ Card 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.**

_____ Enclosed is my check \$ _____ + \$5 Processing Fee = _____

If it is discovered that you do not meet the requirements, your premium will be refunded, less any processing fee.

Berklee College of Music

2019-2020 Student Petition to Add Form

Premium Calculation Reference Sheet

If you are an eligible undergraduate student enrolled at Berklee College of Music and experience a qualifying event in which you lose your other medical insurance coverage, then you may complete this Petition to Add application requesting to be added to the Student Blue 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 60 days of the qualifying event. 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 Blue 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
9/15/2019 and 10/14/2019	<input type="checkbox"/>	\$2,352.04 + \$15 processing fee*
10/15/2019 and 11/14/2019	<input type="checkbox"/>	\$2,142.03 + \$15 processing fee*
11/15/2019 and 12/14/2019	<input type="checkbox"/>	\$1,932.03 + \$15 processing fee*
12/15/2019 and 1/14/2020	<input type="checkbox"/>	\$1,722.03 + \$15 processing fee*
1/15/2020 and 2/14/2020	<input type="checkbox"/>	\$1,512.02 + \$15 processing fee*
2/15/2020 and 3/14/2020	<input type="checkbox"/>	\$1,302.02 + \$15 processing fee*
3/15/2020 and 4/14/2020	<input type="checkbox"/>	\$1,092.02 + \$15 processing fee*
4/15/2020 and 5/14/2020	<input type="checkbox"/>	\$882.01 + \$15 processing fee*
5/15/2020 and 6/14/20	<input type="checkbox"/>	\$672.01 + \$15 processing fee*
6/15/2020 and 7/14/2020	<input type="checkbox"/>	\$462.01 + \$15 processing fee*
7/15/2020 and 8/14/2020	<input type="checkbox"/>	\$252.00 + \$15 processing fee*

*The processing fee is a one-time charge