Elizabethtown College
Student Insurance Petition to Add Student ONLY Form

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

Please print clearly to ensure accurate processing.   Date_____

Name of College or University_____

Student's Name_____ **Student ID Number**_____

Address_____**Gender** ☐ Male ☐ Female

         Street or P.O. Box   City   State   Zip

Date of Birth_____ **Telephone #** _____ **Email**_____

Student Status: ☐ **International /** ☐ **Domestic**   **Class Level:** ☐ **Undergrad /** ☐ **Graduate**

                                                             ☐ **Law/** ☐ **Medical**

Name of Individual Completing Form_____
(if other than student)

Relationship to Student_____

Students can only add coverage if there is a qualifying event. A qualifying event is defined as:

- ✓ Reaching 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

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

I understand that this Petition is subject to the approval of Gallagher Koster and subject to the payment of any applicable premium.
If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage. In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at Gallagher Koster.

_____ _____
Signature of Person Completing Form   **Date**

Please complete form and return it <u>with a letter from your previous carrier confirming loss of coverage</u> to:
Gallagher Koster, 500 Victory Road, Quincy, MA 02171 or fax 617-479-0860

To enroll your eligible dependent, download and complete a dependent enrollment form at:
www.gallagherkoster.com

To be completed by Gallagher Koster

☐ Approved/ ☐ Denied Date _____Effective Date_____Initials_____

Revised 1/12/2012