



Colby-Sawyer College Direct Pay Petition to Add

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

Please print clearly to ensure accurate processing.

Date _____

Student's Name _____ Student ID Number _____

Address _____ Gender ☐ Male ☐ Female
Street or P.O. Box City State Zip

Date of Birth _____ Telephone # _____ Email _____

Check Here	Enrollment Period	Plan period	Premium
<input type="checkbox"/>	Annual*	08/15/2011-08/14/2012	\$636
<input type="checkbox"/>	Spring**	01/01/2012-08/14/2012	\$318

*Select Annual Coverage if loss is before 1/1/2012. ** Select Spring Coverage is on or after 1/1/2012.

Students can only add coverage if there is a qualifying event. Please check qualifying event:

- ☐ 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

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.

Please complete form with payment and return it with a letter from your previous carrier confirming loss of coverage to:

**Gallagher Koster
P.O. Box 845663
Boston MA 02284-5663
Fax No. 1-617-479-0860**

PAYMENT INSTRUCTIONS:

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

Card Number: _____ Amount Charged: \$ _____ Expiration Date: _____

Print Name and Address of Card holder _____

Please include an additional \$10.00 Processing Fee with your enrollment form

Check or money order (International checks are not accepted)

Make check or money order payable to **Gallagher Koster**.

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.