



The Massachusetts Community College 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 _____

School Name: _____

Student's Name _____ Student ID Number _____

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

Date of Birth _____ Telephone # _____ Email _____
DD/MM/YYYY

Date Insurance Coverage Terminated: ____ / ____ / ____
DD MM YYYY

Students can only add coverage if they meet the eligibility requirements and there is a qualifying event.

Eligibility Requirement: All students carrying nine credits or more are eligible to enroll in the MA Community College Student Injury and Sickness Insurance 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

I understand that this Petition is subject to the approval of Gallagher Koster and subject to the payment of any applicable premium. I also understand that Gallagher Koster will confirm my eligibility with the College before my petition request is processed.

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 and payment are received at Gallagher Koster.

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

Gallagher Koster, P.O. Box 845663, Boston MA 02284-5663
Fax: 617-479-0860

Determining your premium payment:

Please refer to the attached premium calculation sheet 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 Discover Card Number: _____

Amount Charged: \$ _____ + \$10 Processing Fee = _____ Card Number 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 Koster.

Enclosed is my check \$ _____ + \$10 Processing Fee = _____

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

Massachusetts Community College

2011-2012 Petition to Add

Student Injury and Sickness Insurance Plan

Premium Calculation Reference Sheet

If you are an eligible student enrolled at a Massachusetts Community College 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 Injury and Sickness Insurance Plan. You must provide documentation of the loss of coverage and submit it with this completed form and applicable payment to Gallagher Koster within 31 days of the qualifying event. If the 31 day deadline is missed, coverage will be effective the day this form is postmarked or faxed to Gallagher Koster with the required documentation. Once the premium is received, coverage will remain effective until the end of the policy year. **The required premium must be received by Gallagher Koster in order to activate the coverage.**

Please refer to the below schedule to determine your insurance premium. Mark the checkbox for the range of your last date of prior insurance coverage.

Last Date of Coverage, between	Check <input type="checkbox"/>	Premium Due
09/01/11 and 9/30/11	<input type="checkbox"/>	\$928.00 + 10.00 processing fee
10/01/11 and 10/31/11	<input type="checkbox"/>	\$847.00 + 10.00 processing fee
11/01/11 and 11/30/11	<input type="checkbox"/>	\$770.00 + 10.00 processing fee
12/01/11 and 12/31/11	<input type="checkbox"/>	\$693.00 + 10.00 processing fee
1/01/12 and 1/31/12	<input type="checkbox"/>	\$616.00 + 10.00 processing fee
2/01/12 and 2/29/12	<input type="checkbox"/>	\$539.00 + 10.00 processing fee
3/01/12 and 3/31/12	<input type="checkbox"/>	\$462.00 + 10.00 processing fee
4/01/12 and 4/30/12	<input type="checkbox"/>	\$385.00 + 10.00 processing fee
5/01/12 and 5/31/12	<input type="checkbox"/>	\$308.00 + 10.00 processing fee
6/01/12 and 6/30/12	<input type="checkbox"/>	\$231.00 + 10.00 processing fee
7/01/12 and 7/31/12	<input type="checkbox"/>	\$154.00 + 10.00 processing fee
8/01/12 and 8/31/12	<input type="checkbox"/>	\$77.00 + 10.00 processing fee