



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 University: Brandeis University

Student's Name _____ Student ID Number _____

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

Gender: ☐ Male ☐ Female

Date of Birth _____ Telephone # _____ Email _____
Mm/dd/yyyy

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

Name of Individual Completing Form _____
(if other than student)

Relationship to Student _____

Students can only add coverage if they experience 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 Brandeis University 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 Brandeis University.

Signature of Person Completing Form _____

Date _____

Please complete form and return it **with a letter from your previous carrier confirming loss of coverage to:**
ATTN: Diana Baccari - Student Health Center – Golding Building, Brandeis University, MS 034, Waltham, MA 02454

To be completed by Gallagher Koster

☐ Approved/ ☐ Denied Date _____

Effective Date _____ Initials _____