

# **Lesley University Graduate Student 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's Name		Student ID Number			
Address	Street or P.O. Box				
			State	•	
Date of Birth MM/DD	Telephone #	Email		<del></del>	
Gender Male	Female				
STUDENTS CAN ONL' REQUIREMENTS ARE	Y ADD COVERAGE IF THERE IS A	QUALIFYING EVENT (SE	E BELOW) AND EL	IGIBILITY	
Eligibility Requirem Lesley University Stu	nent: Graduate students enrolled indent Blue Plan.	in 7 or more on campus cr	redits are eligible t	o enroll in the	
Loss of health	ing event: ge limit of another health insuran insurance through a marriage or ss of coverage from another health	divorce			
Date Insurance Cov	erage Terminated:				
applicable premium. Financial aid cannot l confirm my eligibili In order not to have a If this form is not rec	Petition is subject to the approval Your premium must be paid directly used as payment to Gallagher by with the University before my lapse in coverage, this petition meived within 31 days of your last the received at Gallagher Koster.	ctly to Gallagher Koster by Koster. I also understand by petition request is produst be received within 31	y check, money or that <b>Gallagher Ko</b> cessed. days of your last	der or credit card.  ster will  day of coverage.	
Please complete for termination of cover				plan confirming	
		ox 845663, Boston MA 0228 617-479-0860	34-5663		
<b>Determining your p</b> Please refer to the fol to submit with this Pe	lowing Premium Calculation grid	d to determine the insuran	ce premium amou	nt you are required	
PAYMENT INSTRUCT Charge to my (check of	CTIONS: one): Visa Master Card	_ Credit Card Number:			
Amount Charged: \$	+ \$10 Processing Fee =	Card Expir	ation Date:	<u></u>	
Print Name and Addres	s of Card holder				
Check or money order	(International checks are not acc	epted) Make check or mone	y order payable to G	allagher Koster.	
Enclosed is my ch	eck \$+ \$3 Processin	ng Fee =			
If it is discovere	d that you do not meet the requireme	ents, your premium will be re	efunded, less any pro	ocessing fee.	

Revised September 2013

## **Lesley University**

# 2013-2014 Policy Year Graduate Student Petition to Add Form

#### **Premium Calculation Reference Sheet**

If you are an eligible graduate student enrolled at Lesley University 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 Health 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, your coverage will be activated and 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.

### Financial aid cannot be used as payment to Gallagher Koster.

Please refer to the below schedule to determine your insurance premium. Indicate your last date of Insurance Coverage and check the applicable box below. Date of Insurance Coverage terminated on:\_\_\_\_\_\_\_

Last Date of Coverage, between	Check ✓	Premium Due
08/15/13 and 9/14/13		\$2,559.96 + \$10 processing fee*
9/15/13 and 10/14/13		\$2,346.63 + \$10 processing fee*
10/15/13 and 11/14/13		\$2,133.30 + \$10 processing fee*
11/15/13 and 12/14/14		\$1,919.97 + \$10 processing fee*
12/15/14 and 1/14/14		\$1,706.64 + \$10 processing fee*
1/15/14 and 2/14/14		\$1,493.31 + \$10 processing fee*
2/15/14 and 3/14/14		\$1,279.98 + \$10 processing fee*
3/15/14 and 4/14/14		\$1,066.65 + \$10 processing fee*
4/15/14 and 5/14/14		\$853.32 + \$10 processing fee*
5/15/14 and 6/14/14		\$639.99 + \$10 processing fee*
6/15/14 and 7/14/14		\$426.66 + \$10 processing fee*
7/15/14 and 8/14/14		\$213.33 + \$10 processing fee*

<sup>\*</sup>The processing fee is a one-time charge