



# Lesley University Undergraduate 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 City State Zip

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_  
MM/DD/YYYY

Gender ☐ Male ☐ Female

**STUDENTS CAN ONLY ADD COVERAGE IF THERE IS A QUALIFYING EVENT (SEE BELOW) AND ELIGIBILITY REQUIREMENTS ARE MET.**

**Eligibility Requirement:** Undergraduate students enrolled in 9 or more on campus credits are eligible to enroll in the Lesley University Student Blue 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

**Date Insurance Coverage Terminated:** \_\_\_\_\_

I understand that this Petition is subject to the approval of Gallagher Koster and subject to the payment of any applicable premium. Your premium must be paid directly to Gallagher Koster by check, money order or credit card. Financial aid cannot be used as payment to Gallagher Koster. I also understand that **Gallagher Koster will confirm my eligibility with the University 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 following Premium Calculation grid 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 ☐ Credit Card Number: \_\_\_\_\_

Amount Charged: \$ \_\_\_\_\_ + \$10 Processing Fee = \_\_\_\_\_ Card 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 \$ \_\_\_\_\_ + \$3 Processing Fee = \_\_\_\_\_

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

# Lesley University

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

### Premium Calculation Reference Sheet

If you are an eligible undergraduate 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		\$1,455.00 + \$10 processing fee*
9/15/13 and 10/14/13		\$1,333.75 + \$10 processing fee*
10/15/13 and 11/14/13		\$1,212.50 + \$10 processing fee*
11/15/13 and 12/14/14		\$1,091.25 + \$10 processing fee*
12/15/14 and 1/14/14		\$970.00 + \$10 processing fee*
1/15/14 and 2/14/14		\$848.75 + \$10 processing fee*
2/15/14 and 3/14/14		\$727.50+ \$10 processing fee*
3/15/14 and 4/14/14		\$606.25+ \$10 processing fee*
4/15/14 and 5/14/14		\$485.00 + \$10 processing fee*
5/15/14 and 6/14/14		\$363.75 + \$10 processing fee*
6/15/14 and 7/14/14		\$242.50 + \$10 processing fee*
7/15/14 and 8/14/14		\$121.25 + \$10 processing fee*

\*The processing fee is a one-time charge