



University of South Florida

Petition to Add

Student Injury and Sickness Insurance Plan

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 _____ **Campus** _____
Street or P.O. Box City State Zip

Gender ☐ Male ☐ Female **Date of Birth** _____ **Telephone** _____ **Email** _____
mm/dd/yyyy

Please check all that apply:

☐ Domestic ☐ International ☐ Undergraduate ☐ Graduate

Students can only add coverage if they meet the eligibility requirements (please see reverse) and there is a qualifying event.

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

A letter from your previous insurance plan confirming termination of coverage must be provided

Date Insurance Coverage Terminated: ____/____/_____
dd mm yyyy

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. If it is discovered that you do not meet eligibility requirements, this form will not be processed and your premium will be refunded.

In order not to have a lapse in coverage, this petition and payment must be received within 31 days of your last day of coverage. If this form and payment are 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 the letter from your previous insurance plan confirming termination of coverage to: Gallagher Koster, P.O. Box 845663, Boston MA 02284-5663 or fax all documentation to 617-479-0860.

Determining your premium payment: Please refer to the following 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: \$ _____ **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 \$ _____

University of South Florida

Petition to Add – Voluntary

2013-2014 Premium Calculation Reference Sheet

These premiums are applicable to the following group of students: all registered degree seeking undergraduate students enrolled in a minimum of six credit hours and graduate students in a degree seeking program, cooperative education students, students with internships, students with disabilities, students enrolled in their graduating semester, and certificate students are eligible to participate on a voluntary basis.

If you experience a qualifying event in which you lost your other medical insurance coverage, then you may complete this form 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, you will not be able to enroll until the next open enrollment period. 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. Circle the correct age-banded rate to indicate the last date of prior insurance coverage.

Last Date of Coverage (Date of Qualifying Event) between	Premium Due (Under Age 24)	Premium Due (Age 24-29)	Premium Due (30 and Older)
08/17/13 and 09/16/13	\$1,657	\$2,089	\$3,051
9/17/13 and 10/16/13	\$1,519	\$1,915	\$2,797
10/17/13 and 11/16/13	\$1,381	\$1,741	\$2,543
11/17/13 and 12/16/13	\$1,243	\$1,567	\$2,288
12/17/13 and 1/16/14	\$1,105	\$1,393	\$2,034
1/17/14 and 2/16/14	\$967	\$1,219	\$1,780
2/17/14 and 3/16/14	\$829	\$1,045	\$1,526
3/17/14 and 4/16/14	\$690	\$870	\$1,271
4/17/14 and 5/16/14	\$552	\$696	\$1,017
5/17/14 and 6/16/14	\$414	\$522	\$763
6/17/14 and 7/16/14	\$276	\$348	\$509
7/17/14 and 8/16/14	\$138	\$174	\$254