Vanderbilt University
Student Insurance Petition to Add Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED

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:** _____

Gender: ☐ **Male** ☐ **Female** **Student Status:** ☐ **Undergrad** ☐ **Graduate** ☐ **International**

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

Relationship to Student: _____

Students can only add coverage if there is 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 Gallagher Student Health and subject to the payment of any applicable premium. **If approved, the applicable premium is not pro-rated. Once your petition has been processed, coverage cannot be cancelled, except for eligibility reasons.**

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 Gallagher Student Health.

_____ _____
Signature of Person Completing Form **Date**

Please complete form and return it <u>with a letter from your previous carrier confirming loss of coverage to</u>:
Vanderbilt University, Office of Student Accounts, 110 21st Avenue South, Room 100.

To be completed by Student Accounts Office
☐ Approved/ ☐ Denied Date _____ Effective Date _____ Initials _____

Revised 3/4/2015