2014-2015 Quinnipiac University Summer Petition to Add Full-time Undergraduate & Graduate Students

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

	nsure accurate	processing.		Date	
Student's NameAddress			Student ID Number		
					Gender \square Male \square Female
Street or P.O.	Box City		Zip		
Date of Birth	Telephone #	<i></i>	Email		
Enrollment P	'eriod	Plan	period		Premium
Summer Cov	erage	05/15/2015	5-08/14/2015		\$382
		Processing Fee	(non-refundabl	e)	\$10
		Total Payme	ent Submitted		\$392
Loss of health ins Involuntary loss of 	of coverage from	another health	insurance plar		Ith & Special Risk and
	of coverage from	to the approval	insurance plan	Student Heal	
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Check or money order (International checks are not accepted) Make check or money order payable to Gallagher Student Health & Special Risk

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.