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 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: Graduate students enrolled in 7 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 Student Health and subject to the payment of any applicable premium. Your premium must be paid directly to Gallagher Student Health by check, money order or credit card. Financial aid cannot be used as payment to Gallagher Student Health. I also understand that **Gallagher Student Health will confirm my eligibility with the University before my petition request is processed.** Once my petition is processed, it cannot be cancelled, except for eligibility reasons.

In order not to have a lapse in coverage, this petition must be received within 60 days of your last day of coverage. If this form is not received within 60 days of your last day of coverage, the effective date will be the date that this form and payment are received at Gallagher Student Health.

Please complete form with payment and return it with a letter from your previous insurance plan confirming termination of coverage to:

Gallagher Student Health, 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 Student Health.**

____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
2016-2017 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 Student Health within 60 days of the qualifying event. If the 60 day deadline is missed, coverage will be effective the day this form is postmarked or faxed to Gallagher Student Health 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 Student Health in order to activate the coverage.**

Financial aid cannot be used as payment to Gallagher Student Health.

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 Insurance Coverage terminated: _____.

For Coverage to Start between	Check ✓	Premium Due
9/15/2016 and 10/14/2016		$3,783.12 + $10 processing fee*
10/15/2016 and 11/14/2016		$3,439.20 + $10 processing fee*
11/15/2016 and 12/14/2016		$3,095.28 + $10 processing fee*
12/15/2016 and 1/14/2017		$2,751.36 + $10 processing fee*
1/15/2017 and 2/14/2017		$2,407.44 + $10 processing fee*
2/15/2017 and 3/14/2017		$2,063.52 + $10 processing fee*
3/15/2017 and 4/14/2017		$1,719.60 + $10 processing fee*
4/15/2017 and 5/14/2017		$1,375.68 + $10 processing fee*
5/15/2017 and 6/14/2017		$1,031.76 + $10 processing fee*
6/15/2017 and 7/14/2017		$687.84 + $10 processing fee*
7/15/2017 and 8/14/2017		$343.92 + $10 processing fee*

*The processing fee is a one-time charge