

## University of South Florida Student Health Insurance Plan 2016-2017 Petition to Add – Mandated Plan

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

(Please Print)					
Student Name					
Last		First		Initial	
Address					
Street or P.O. Box	City	State	Zip	Campus	
Student ID#	Male	Female	Date of Birth	//_	
			Ν	/M DD	YYYY
Phone NumberE	Email Address				
Please check all that apply: Domestic Intern	ational				
Undergraduate Graduate Department Paye	ee College	of Marine Scien	ce USF Wellne	ess Employee	;
College of Medicine OPT/CPT College of	of Pharmacy	Intercollegiate	Athlete Progr	am Mandate	d Student
Students who wish to enroll in the University of South F only add coverage if there is a qualifying event. A qualif • Reaching the age limit of another health insuran	fying event is defi		lan after the enrolln	nent deadlin	e can

- Loss of health insurance through a marriage or divorce; or
- Involuntary loss of coverage from another health insurance.

Please detail your extenuating circumstances explaining the reason you which to enroll yourself.

## Enrollment Period: Please indicate the coverage period you are requesting enrollment for:

**Notice to Students:** I understand that this Petition is subject to the approval of Gallagher Student Health & Special Risk and the payment of any applicable premium. I also understand that Gallagher Student Health & Special Risk 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 to not have a lapse in coverage, this petition and payment must be received by Gallagher Student Health & Special Risk within 31 days of the last day of previous coverage. If this form and payment are not received within 31 days of the last day of previous coverage the effective date will be the date this form is received by Gallagher Student Health & Special Risk.

By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) He/She meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) Other than for eligibility reasons, the **premium is not refundable**.

Signature of Student:

Date:

**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: Please add \$10 credit card processing fee Charge to my (check one): \_\_\_\_ Visa \_\_\_ Master Card \_\_\_ Discover

Card Number: \_\_\_\_

Amount Charged: \$ Expiration Date:

\_\_\_\_\_ Expiration Date: \_\_\_

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 & Special Risk**. Mail or fax enrollment form along with premium payment to:

Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663

Fax: 617-479-0860

## University of South Florida Petition to Add – Mandated/Supported 2016-2017 Premium Calculation Reference Sheet

These premiums are applicable to the following group of students: International Students, INTO USF students, Department Payees, Intercollegiate Athletes, USF Wellness Employees, College of Medicine, OPT/CPT, College of Marine Science, College of Pharmacy and program Mandated students.

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 Student Health & Special Risk 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 Student Health & Special Risk in order to activate the coverage.** 

Please refer to the below schedule to determine your insurance premium. Mark the correct checkbox to indicate the last date of prior insurance coverage.

Last Date of Coverage between	✓ Check	Premium Due
8/17/16 and 9/16/16		\$2,016
9/17/16 and 10/16/16		\$1,848
10/17/16 and 11/16/16		\$1,680
11/17/16 and 12/16/16		\$1,512
12/17/16 and 1/16/17		\$1,344
1/17/17 and 2/16/17		\$1,176
2/17/17 and 3/16/17		\$1,008
3/17/17 and 4/16/17		\$840
4/17/17 and 5/16/17		\$672
5/17/17 and 6/16/17		\$504
6/17/17 and 7/16/17		\$336
7/17/17 and 8/16/17		\$168