



## Vanderbilt University Student Insurance Dependent 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 \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Dependent Name 1: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Dependent Type: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

Dependent Name 2: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Dependent Type: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

Dependent Name 3: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_ Male \_\_\_\_\_ Female Dependent Type: \_\_\_\_\_ Spouse \_\_\_\_\_ Child

Name of Individual Completing Form \_\_\_\_\_  
(if other than student)

Relationship to Student \_\_\_\_\_

Dependent coverage can only be added if there is a qualifying event. A qualifying event is defined as:

- ✓ Reaching the age limit of another health insurance plan
- ✓ Adoption, Birth, Marriage or Divorce
- ✓ Involuntary loss of coverage from another health insurance plan

Please detail your extenuating circumstances explaining the reason you wish to enroll your dependent:

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I understand that this Petition is subject to the approval of Gallagher Student Health & Special Risk and subject to the payment of any applicable premium. Once your petition has been processed, it cannot be cancelled, except for eligibility reasons.

If you are completing this petition as a result of your dependent losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from the 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 the last day of coverage. Forms received more than 31 days after the qualifying event will not be processed.

Signature of Person Completing Form \_\_\_\_\_

Date \_\_\_\_\_

Please complete form and return it with a letter from your previous carrier confirming loss of coverage to:  
Gallagher Student Health & Special Risk, 500 Victory Road, Quincy, MA 02171 or fax 617-479-0860

To be completed by Gallagher Student Health & Special Risk

\_\_\_\_ Approved/ \_\_\_\_ Denied Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Initials \_\_\_\_\_

# Vanderbilt University

## 2016-2017 Policy Year Dependent Petition to Add Form

### Premium Calculation Reference Sheet

If you are a currently enrolled in the Vanderbilt University Student Health Insurance Plan and your dependent experiences a qualifying event, then you may complete this Petition to Add application requesting to add him/her to the Student Health Insurance Plan. You must provide documentation of the qualifying event and submit it with this completed form and applicable payment to Gallagher Student Health & Special Risk within 31 days of the qualifying event. Forms received more than 31 days after the qualifying even will not be processed. Once the premium is received, 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 & Special Risk in order to activate the coverage.**

Other than for newborns, the **premium is not prorated.** If you are enrolling a newborn, please contact Gallagher Student Health & Special Risk for the applicable premium.

Please refer to the below to determine the insurance premium. Indicate the date of the qualifying event and circle the applicable premium below. **Date of Qualifying Event on:** \_\_\_\_\_.

<b>Undergraduate Dates of Coverage</b>	<b>Annual (8/12/16-8/11/17)</b>	<b>Spring (1/1/17-8/11/17)</b>	<b>May Mester (5/1/17-8/11/17)</b>	<b>Summer (6/1/17-8/11/17)</b>	<b>Total Premium</b>
<b>Last date of Coverage</b>	8/12/16 - 12/31/16	1/1/17 - 4/30/17	5/1/17 - 5/31/17	6/1/17 - 8/11/17	
Spouse	\$1,863	\$1,138	\$527	\$369	
One Child	\$1,863	\$1,138	\$527	\$369	
Two or More Children	\$3,725	\$2,276	\$1,054	\$738	
Spouse & Two or More Children	\$5,589	\$3,414	\$1,581	\$1,107	
<b>Processing Fee</b>					\$10.00
<b>Total Payment Amount (Premium plus Processing Fee)</b>					

<b>Graduate/International/ Post Doc Dates of Coverage</b>	<b>Annual (8/12/16-8/11/17)</b>	<b>Spring (1/1/17-8/11/17)</b>	<b>May Mester (5/1/17-8/11/17)</b>	<b>Summer (6/1/17-8/11/17)</b>	<b>Total Premium</b>
<b>Last date of Coverage</b>	8/12/16 - 12/31/16	1/1/17 - 4/30/17	5/1/17 - 5/31/17	6/1/17 - 8/11/17	
Spouse	\$3,049	\$1,862	\$862	\$603	
One Child	\$3,049	\$1,862	\$862	\$603	
Two or More Children	\$6,098	\$3,724	\$1,724	\$1,206	
Spouse & Two or More Children	\$9,147	\$5,586	\$2,586	\$1,809	
<b>Processing Fee</b>					\$10.00
<b>Total Payment Amount (Premium plus Processing Fee)</b>					

#### PAYMENT INSTRUCTIONS:

**Charge to my (check one):**      ☐ Visa      ☐ Master Card

Card Number: \_\_\_\_\_ Amount Charged: \$ \_\_\_\_\_ 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**