Gallagher | STUDENT HEALTH & SPECIAL RISK

The Massachusetts Community College 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**_____

Name of Community College: _____

Student's Name_____ **Student ID Number**_____

Address_____ **Gender** ☐ **Male** ☐ **Female**
Street or P.O. Box City State Zip

Date of Birth_____ **Telephone #** _____ **Email**_____
MM/DD/YYYY

STUDENTS CAN ONLY ADD COVERAGE IF THERE IS A QUALIFYING EVENT (SEE BELOW) AND ELIGIBILITY REQUIREMENTS ARE MET.

Eligibility Requirement: All students carrying nine credits or more are eligible to enroll in the MA Community College Student Injury and Sickness Insurance Plan.

Please check qualifying event:

__ Reached the age limit of another health insurance plan
__ Loss of health insurance through a marriage/divorce or loss of employment
__ Involuntary loss of coverage from another health insurance plan

Date Insurance Coverage Terminated:_____

_____

STATEMENT OF UNDERSTANDING

I understand this Petition to Add is subject to the approval of Gallagher Student Health and subject to the payment of applicable premium. I understand premium must be paid directly to Gallagher Student Health by check, money order or credit card and that Financial aid cannot be used as payment to Gallagher Student Health. I also understand that Gallagher Student Health will confirm my eligibility with the College before my petition request is processed.

In order to avoid a lapse in coverage, this petition must be received within 60 days of my last day of coverage. If this form is not received within 60 days of my 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 & Special Risk, P.O. Box 845663, Boston MA 02284-5663
Fax: 617-479-0860

Determining your premium payment: Please refer to the Premium Calculation grid on the following page 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 Number 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 & Special Risk.**

____Enclosed is my check $_____+ $10 Processing Fee = _____

If it is discovered that you do not meet the requirements, your premium will be refunded.

The Massachusetts Community College System
2016-2017 Policy Year Petition to Add Form

Premium Calculation Reference Sheet

If you are an eligible student enrolled at a Massachusetts Community College and experience a qualifying event in which you lost your other medical insurance coverage, 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, coverage 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 the last date you were covered under your insurance plan: _____. Your effective date of coverage in the Student Health Insurance Plan is the day after this date.

However, if this formed is received more than 60 days after the last date you were covered, your effective date in the Student Health Insurance Plan will be the date we receive this form and payment.

Effective date of coverage in the Student Health Insurance Plan, between:	Check ✓	Premium Due
10/01/16 and 10/31/16		$1,493.25 + $10 processing fee*
11/01/16 and 11/30/16		$1,357.50 + $10 processing fee*
12/01/16 and 12/31/16		$1,221.75 + $10 processing fee*
1/01/17 and 1/31/17		$1,086.00 + $10 processing fee*
2/01/17 and 2/28/17		$950.25 + $10 processing fee*
3/01/17 and 3/31/17		$814.50 + $10 processing fee*
4/01/17 and 4/30/17		$678.75 + $10 processing fee*
5/01/17 and 5/31/17		$543.00 + $10 processing fee*
6/01/17 and 6/30/17		$407.25 + $10 processing fee*
7/01/17 and 7/31/17		$271.50 + $10 processing fee*
8/01/17 and 8/31/17		$135.75 + $10 processing fee

*The processing fee is a one-time charge