



University of South Florida Student Health Insurance Plan
2017-2018 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 MM DD YYYY

Phone Number Email Address

Please check all that apply: Domestic International

Undergraduate Graduate Department Payee College of Marine Science USF Wellness Employee

College of Medicine OPT/CPT College of Pharmacy Intercollegiate Athlete Program Mandated Student

Students who wish to enroll in the University of South Florida Student Health Insurance Plan after the enrollment deadline can only add coverage if there is a qualifying event. A qualifying event is defined as:

- Reaching the age limit of another health insurance; or
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 wish 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.

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.

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 \$15 credit card processing fee

Charge to my (check one): Visa Master Card Discover

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

# University of South Florida

## Petition to Add – Mandated/Supported

### 2017-2018 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
8/17/17 and 9/16/17		\$2,174
9/17/17 and 10/16/17		\$1,995.62
10/17/17 and 11/16/17		\$1,814.20
11/17/17 and 12/16/17		\$1,632.78
12/17/17 and 1/16/18		\$1,451.36
1/17/18 and 2/16/18		\$1,269.94
2/17/18 and 3/16/18		\$1,088.52
3/17/18 and 4/16/18		\$907.10
4/17/18 and 5/16/18		\$725.68
5/17/18 and 6/16/18		\$544.26
6/17/18 and 7/16/18		\$362.84
7/17/18 and 8/16/18		\$181.42