

Petition to Add Frequently Asked Questions

Please read the information below carefully before completing a Petition to Add form.

If I lose coverage under another insurance policy, can I enroll in the school's plan?

Yes, if you waived the Student Health Insurance Plan and then lose coverage under that plan due to a qualifying event (see specific question below) you may submit a Petition to Add form. Make sure you read the form carefully as it contains very specific information on the Petition to Add process, including required documentation to show proof of loss. We will need to confirm your plan eligibility with your school before processing your request. Petition to Add forms are processed within 5-7 business days after confirming plan eligibility with your school.

Am I eligible to Petition to Add?

You need to meet the definition of your plan's eligibility statement which you can find in your school's FAQ or in the plan brochure. To access these documents, click the "My Benefits and Plan Information" located on the left-hand side of this homepage.

Students who enroll on a voluntary basis are not eligible to petition to add and will need to wait until the enrollment period for the next plan coverage period in order to purchase coverage.

What is considered a qualifying event?

- Reaching the age limit of another health insurance plan (**Example: Turning Age 26**)
- Loss of health insurance through a marriage or divorce
- Involuntary loss of coverage through my parents health insurance plan
- Involuntary loss of coverage through my employer

What other information do I need to submit with the Petition to Add form?

You must include documentation from your insurance company (for example a letter on the company's letterhead or Confirmation of Coverage form) confirming your loss of coverage and indicating your last date of coverage. The following are supporting documentation requirements:

- Must have the student's full name
- Must have the last date of your coverage (termination date)
- COBRA eligibility letters can only be accepted if the letter states the student's full name and termination date. **A COBRA letter is not an official termination letter. COBRA eligibility letters are sent to you prior to losing coverage.**

Also please note the following:

- Supporting documents need to be in pdf format; they cannot be in Word doc or email format for authenticity reasons.
- Screenshots will not be accepted.

Will I have a break in coverage?

You will not have a break in coverage if the Petition to Add form and applicable documents are received within 60 days of your qualifying event. If the Petition to Add form and required documentation are not received within 60 days of your qualifying event, the effective date will be the date this form and applicable documentation are received at Gallagher Student Health.

Will the premium be pro-rated?

Yes, the premium you pay will be pro-rated on a monthly basis determined by the date of your Qualifying Event.



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 EnrollmentTeam@gallagherstudent.com or 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: \$ _____ + \$15 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 \$ _____ + \$5 Processing Fee = _____

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

The Massachusetts Community College System 2017-2018 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 form 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
10/01/17 and 10/31/17		\$1,569.33 + \$15 processing fee*
11/01/17 and 11/30/17		\$1,426.66 + \$15 processing fee*
12/01/17 and 12/31/17		\$1,283.99 + \$15 processing fee*
1/01/18 and 1/31/18		\$1,141.32 + \$15 processing fee*
2/01/18 and 2/28/18		\$998.68 + \$15 processing fee*
3/01/18 and 3/31/18		\$855.98 + \$15 processing fee*
4/01/18 and 4/30/18		\$713.31 + \$15 processing fee*
5/01/18 and 5/31/18		\$570.64 + \$15 processing fee*
6/01/18 and 6/30/178		\$427.97 + \$15 processing fee*
7/01/18 and 7/31/18		\$285.30 + \$15 processing fee*
8/01/18 and 8/31/18		\$142.63 + \$15 processing fee

*The processing fee is a one-time charge