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 parent/guardian's 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 31 days of your qualifying event. If the Petition to Add form and required documentation are not received within 31 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?

The premium is not pro-rated. Your plan has designated coverage periods and the premium you pay is determined by the coverage period in which the date of your Qualifying Event occurs. You will be responsible for paying the full premium for the coverage period.

Please reference the example below (your school's dates may be different):

Coverage Plan Effective Date	Date of Qualifying Event	Applicable Premium
Annual: 9/1/17-8/31/18	11/16/17	Annual Premium
Spring Semester: 1/1/18-8/31/18	4/5/18	Spring Semester Premium

Please refer to the brochure or the Frequently Asked Questions under 'My Benefits and Plan Information' for the effective dates of each coverage period and the applicable premium for each coverage period. Once your petition has been processed, coverage cannot be cancelled except for eligibility reasons.

Gallagher | STUDENT HEALTH & SPECIAL RISK

Petition to Add Coverage – Student Health Insurance Plan (SHIP) – Student Only

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE CONSIDERED

Please print clearly to ensure accurate processing

Name of School: _____ Date: _____

Student Name: _____ _____ _____
Last First Middle Initial

Address: _____ _____ _____ _____
Street or P.O. Box City State Zip

Student ID#: _____ Male: ☐ Female: ☐ Date of Birth: ____/____/_____
MM DD YYYY

Phone Number: _____ Email Address: _____

Person Completing Form: _____ Relationship to Student: _____

Please check all that apply: ☐ Domestic ☐ International ☐ Undergraduate ☐ Graduate ☐ Other: _____

Coverage can only be added if there is a Qualifying Event (QE). A QE is defined as:

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

Please provide detail on the circumstances of the QE and reason for this request.

_____

_____

_____

Notice to Students: I understand this Petition is subject to the approval of Gallagher Student Health & Special Risk (GSH) and the payment of any applicable premium. I also understand that GSH will confirm my eligibility with my school before my petition request is processed. If it is discovered that I do not meet the eligibility requirements, this form will not be processed.

The premium is not prorated. The effective date of coverage will determine premium due. Once your petition has been processed, coverage cannot be cancelled, except for eligibility reasons or as specifically stated in the policy.

All required documentation must be included. Forms without supporting documentation of the QE will not be processed.

In order to not have a lapse in coverage, this form and supporting documentation must be received by GSH within 31 days of the QE. If this form and supporting documentation are not received within 31 days, the effective date will be the date this form is received by GSH.

By signing below, the student acknowledges the following: 1) I have carefully read the brochure and elect to enroll as indicated on this form. 2) I meet the eligibility requirements for this coverage as described in the plan materials.

Signature of Student: _____ Date: _____

Student being enrolled must sign form in order to be processed.

Return form and supporting documentation to: Gallagher Student Health & Special Risk
Mail: P.O. Box 845663, Boston, MA 02284-5663 Fax: 617-479-0860 E-mail: enrollmentteam@gallagherstudent.com

To be completed by Gallagher Student Health

_____ Approved _____ Denied Date: _____ Effective Date: _____ Initials:_____

Gallagher | STUDENT HEALTH & SPECIAL RISK

Petition to Add Coverage – Student Health Insurance Plan (SHIP) – Dependents

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE CONSIDERED

Please print clearly to ensure accurate processing

If you are a currently enrolled, or are Petitioning to Add coverage for yourself, under the SHIP and your dependent experiences a Qualifying Event (QE), you may complete this Form requesting to add him/her to the SHIP. You must provide documentation of the QE and submit it with this completed form within 31 days of the QE. Forms received more than 31 days after the QE will not be processed.

Name of School: _____ Date: _____

Student Name: _____ _____ _____
Last First Middle Initial

Student ID#: _____ Male: ☐ Female: ☐ Date of Birth: ____/____/_____
MM DD YYYY

Phone Number: _____ Email Address: _____

Coverage can only be added if there is a Qualifying Event (QE). A QE is defined as:

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

Please provide detail on the circumstances of the QE and reason for this request.

_____

_____

_____

Dependent Information				
First Name	**Last Name**	**Date of Birth**	**Gender**	**Spouse or Child**

Notice to Students: I understand this Petition is subject to the approval of Gallagher Student Health & Special Risk (GSH) and the payment of any applicable premium. The effective date of coverage will determine premium due. **Please contact GSH to determine premium due.** Once the petition and payment have been processed, coverage cannot be cancelled, except for eligibility reasons or as specifically stated in the policy.

All required documentation must be included. Forms without supporting documentation of the QE will not be processed.

In order to not have a lapse in coverage, this form and supporting documentation must be received by GSH within 31 days of the QE. If this form and supporting documentation are not received within 31 days, the form will not be processed.

By signing below, the student acknowledges the following: 1) I have carefully read the brochure and elect to enroll my dependent(s) as indicated on this form. 2) I meet the eligibility requirements for this coverage as described in the plan materials.

Signature of Student: _____ Date: _____

Student being enrolled must sign form in order to be processed.

****A $15 processing fee applies to all transactions****

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**. Email, mail, or fax enrollment form along with premium payment to: Gallagher Student Health & Special Risk
Mail: P.O. Box 845663, Boston MA 02284-5663 Fax: 617-479-0860 Email: enrollmentteam@gallagherstudent.com

To be completed by Gallagher Student Health

_____ Approved _____ Denied Date: _____ Effective Date: _____ Initials:_____