

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 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?

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

Student Insurance Petition to Add Student ONLY Form

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

University of Maryland, Baltimore

Date _____

Please print clearly to ensure accurate processing.

Student's Name _____ Student ID _____
Family/Last First MI

Address _____ Gender ☐ Male ☐ Female
Street City State Zip

Date of Birth ____/____/____ Telephone # _____ Email _____
MM / DD / YYYY

Student Status: ☐ Nursing ☐ Pharmacy ☐ Medical ☐ Dental ☐ Law
☐ Social Work ☐ Graduate (MS/PhD) ☐ Public Health

Name of Individual Completing Form _____ Relationship to Student _____
(if other than student)

Students can only add coverage if there is a qualifying event. A qualifying event is defined as:

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

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

I understand that this Petition to Add is subject to the approval of University of Maryland at Baltimore and subject to the payment of any applicable premium. Premium is pro-rated using a monthly rate. Once your petition has been processed, coverage cannot be cancelled, except for eligibility reasons.

If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your 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 your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at University of Maryland, Baltimore.

Signature of Person Completing Form _____

Date _____

Please complete form and return it with a letter from your previous carrier confirming loss of coverage to:
University of Maryland, 601 W. Lombard Street, Suite 206, Baltimore, MD 21201

To be completed by University of Maryland at Baltimore

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