

# 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.



## Florida International University Student Health Insurance Plan 2017-2018 Petition to Add – International

(Please Print)

Student Name \_\_\_\_\_  
Last
First
Initial

Local Address \_\_\_\_\_  
Street
City
State
Zip

Student ID# \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM
D D
YYYY

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

**Students who wish to enroll in the Florida International University 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:**

Dates of Coverage	Annual (8/17/17 – 8/16/18)	Fall (8/17/17-12/31/17)	Spring/Summer (1/1/18-8/16/18)	Summer A/C (5/6/18-8/16/18)	Total Premium
<b>Previous coverage ended between:</b>	8/17/17 and 12/31/17	8/17/17 and 12/31/17	1/1/18 and 5/4/18	5/5/17 and 8/16/18	
<b>Student</b>	\$2,141	\$804	\$1,337	\$604	
<b>Processing Fee</b>					\$15.00
<b>Total Payment</b>					

**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 am completing this petition as a result of myself losing coverage under a previous insurance carrier due to a qualifying event and must include a letter from the previous carrier confirming loss of coverage and the last date of coverage.

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. If this form is not received within 31 days of the last day of previous coverage the effective date will be the date this form is received by Gallagher Student Health & Special Risk.

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: \_\_\_\_\_

**PAYMENT INSTRUCTIONS: 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**. Return form and supporting documentation to:

**Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663**

**Email: [enrollmentteam@gallagherstudent.com](mailto:enrollmentteam@gallagherstudent.com)**