

# 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.



# Vanderbilt University Student Insurance Dependent Petition to Add Form

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

Please print clearly to ensure accurate processing.

Date \_\_\_\_\_

Student's Name \_\_\_\_\_ Student ID Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Dependent Name 1: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female      Dependent Type:  Spouse  Child

Dependent Name 2: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female      Dependent Type:  Spouse  Child

Dependent Name 3: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender  Male  Female      Dependent Type:  Spouse  Child

Name of Individual Completing Form \_\_\_\_\_  
(if other than student)

Relationship to Student \_\_\_\_\_

Dependent coverage can only be added if there is a qualifying event. A qualifying event is defined as:

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that this Petition is subject to the approval of Gallagher Student Health & Special Risk and subject to the payment of any applicable premium. Once your petition has been processed, it cannot be cancelled, except for eligibility reasons.

If you are completing this petition as a result of your dependent losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from the 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 the last day of coverage. Forms received more than 31 days after the qualifying even will not be processed.

Signature of Person Completing Form \_\_\_\_\_

Date \_\_\_\_\_

Please complete form and return it **with a letter from your previous carrier confirming loss of coverage to:**

Gallagher Student Health & Special Risk, 500 Victory Road, Quincy, MA 02171 or email

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

**To be completed by Gallagher Student Health & Special Risk**

\_\_\_\_ Approved/ \_\_\_\_ Denied Date \_\_\_\_\_ Effective Date \_\_\_\_\_ Initials \_\_\_\_\_

**Vanderbilt University**  
**2017-2018 Policy Year Dependent Petition to Add Form**  
**Premium Calculation Reference Sheet**

If you are a currently enrolled in the Vanderbilt University Student Health Insurance Plan and your dependent experiences a qualifying event, then you may complete this Petition to Add application requesting to add him/her to the Student Health Insurance Plan. You must provide documentation of the qualifying event and submit it with this completed form and applicable payment to Gallagher Student Health & Special Risk within 31 days of the qualifying event. Forms received more than 31 days after the qualifying even will not be processed. Once the premium is received, coverage will be activated and 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.**

Other than for newborns, the **premium is not prorated.** If you are enrolling a newborn, please contact Gallagher Student Health & Special Risk for the applicable premium.

Please refer to the below to determine the insurance premium. Indicate the date of the qualifying event and circle the applicable premium below. **Date of Qualifying Event on:** \_\_\_\_\_.

<b>Undergraduate Dates of Coverage</b>	<b>Annual (8/12/17-8/11/18)</b>	<b>Spring (1/1/18-8/11/18)</b>	<b>May Mester (5/1/18-8/11/18)</b>	<b>Summer (6/1/18-8/11/18)</b>	<b>Total Premium</b>
<b>Last date of Coverage</b>	8/12/17 - 12/30/17	12/31/17 - 4/29/18	4/30/18 - 5/30/18	5/31/18 - 8/11/18	
Spouse	\$1,929	\$1,178	\$545	\$381	
One Child	\$1,929	\$1,178	\$545	\$381	
Two or More Children	\$3,858	\$2,356	\$1,090	\$762	
Spouse & Two or More Children	\$5,787	\$3,534	\$1,635	\$1,145	
<b>Processing Fee</b>					\$15.00
<b>Total Payment Amount (Premium plus Processing Fee)</b>					

<b>Graduate/ International Dates of Coverage</b>	<b>Annual (8/12/17-8/11/18)</b>	<b>Spring (1/1/18-8/11/18)</b>	<b>May Mester (5/1/18-8/11/18)</b>	<b>Summer (6/1/18-8/11/18)</b>	<b>Total Premium</b>
<b>Last date of Coverage</b>	8/12/17 - 12/30/17	12/31/17 - 4/29/18	4/30/18 - 5/30/18	5/31/18 - 8/11/18	
Spouse	\$3,233	\$1,975	\$913	\$638	
One Child	\$3,233	\$1,975	\$913	\$638	
Two or More Children	\$6,466	\$3,950	\$1,826	\$1,276	
Spouse & Two or More Children	\$9,699	\$5,925	\$2,739	\$1,916	
<b>Processing Fee</b>					\$15.00
<b>Total Payment Amount (Premium plus Processing Fee)</b>					

**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 or mail enrollment form along with premium payment to:

**Gallagher Student Health & Special Risk**  
**P.O. Box 845663**  
**Boston MA 02284-5663**  
**Email: [enrollmentteam@gallagherstudent.com](mailto:enrollmentteam@gallagherstudent.com)**