

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 daily basis determined by the date of your Qualifying Event.



2017-2018 Quinnipiac University Petition to Add Undergraduate & Graduate Students

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

Please print clearly to ensure accurate processing.

Date _____

Student's Name _____ Student ID Number _____

Address _____ Gender ☐ Male ☐ Female
Street or P.O. Box City State Zip

Date of Birth _____ Telephone # _____ Email _____

Enrollment Period	Plan period	Premium
Annual Undergraduate	08/15/2017-08/14/2018	\$2,150
Annual Graduate	08/15/2017-08/14/2018	\$3,100
Spring/Summer Undergraduate	01/01/2018-08/14/2018	\$1,290
Spring/Summer Graduate	01/01/2018-08/14/2018	\$1,940
	Processing Fee (non-refundable)	\$15
	Total Payment Submitted	\$

Students can only add coverage if there is a qualifying event. Please check qualifying event:

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

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.

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 Gallagher Student Health & Special Risk.

Please complete form with payment and return it with a letter from your previous carrier confirming loss of coverage to EnrollmentTeam@gallagherstudent.com or to:

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

PAYMENT INSTRUCTIONS:

Charge to my (check one): ☐ Visa ☐ Master Card

Card Number: _____ Amount Charged: \$ _____ 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**

You must be eligible to enroll in the Plan and meet the enrollment deadline in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

**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 InitialStudent 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 or mail enrollment form along with premium payment to: Gallagher Student Health & Special Risk

Mail: P.O. Box 845663, Boston MA 02284-5663

Email: enrollmentteam@gallagherstudent.com**To be completed by Gallagher Student Health**

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