

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 60 days of your qualifying event. If the Petition to Add form and required documentation are not received within 60 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.



Mount Ida College Student Blue Plan Petition to Add Student ONLY 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 _____

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

Date of Birth: _____ Telephone #: _____ Email: _____

Student Status: _____ Domestic _____ International Class Level: _____ Undergrad _____ Graduate

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

Relationship to Student _____

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

- ✓ 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

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

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 processed, my petition 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 60 days of your last day of coverage. If this form is not received within 60 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.

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, 500 Victory Road, Quincy, MA 02171 or email enrollmentteam@gallagherstudent.com

To be completed by Gallagher Student Health

____ Approved _____ Denied Date _____ Effective Date _____ Initials _____

Mount Ida College

2017-2018 Policy Year Student Petition to Add Form Premium Calculation Reference Sheet

If you are an eligible student enrolled at Mount Ida College and experience a qualifying event in which you lose your other medical insurance coverage, then you may complete this Petition to Add application requesting to be added to the Student Blue Plan. You must provide documentation of the loss of coverage and submit it with this completed form and applicable payment to Gallagher Student Health & Special Risk within 60 days of the qualifying event. If the 60 day deadline is missed, coverage will be effective the day this form is postmarked or faxed to Gallagher Student Health & Special Risk with the required documentation.

Once the premium is received, your 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.**

Financial aid cannot be used as payment to Gallagher Student Health & Special Risk.

Please refer to the below table to determine your insurance premium. Indicate your last date of Insurance Coverage and check the applicable box below.

Date Insurance Coverage terminated: _____.

Last Date of Coverage, between	Check <input checked="" type="checkbox"/>	Premium Due
4/10/2018 and 5/9/2018	<input type="checkbox"/>	\$851.04 + \$15 processing fee*
5/10/2018 and 6/9/2018	<input type="checkbox"/>	\$638.28 + \$15 processing fee*
6/10/2018 and 7/9/2018	<input type="checkbox"/>	\$425.52 + \$15 processing fee*
7/10/2018 and 8/9/2018	<input type="checkbox"/>	\$212.76 + \$15 processing fee*

*The processing fee is a one-time charge

PAYMENT INSTRUCTIONS:

Charge to my (check one): _____ Visa _____ Master Card Credit Card Number: _____

Amount Charged: \$_____ + \$15 Processing Fee = _____ **Card 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.**

_____ **Enclosed is my check \$** _____ **+ \$5 Processing Fee =** _____

If it is discovered that you do not meet the requirements, your premium will be refunded, less any processing fee.