



Williams 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:

Email: Enrollmentteam@gallagherstudent.com or by mail: Gallagher Student Health, 500 Victory Road, Quincy, MA 02171

To be completed by Gallagher Student Health

____ Approved _____ Denied Date _____ Effective Date _____ Initials _____

Williams College

2018-2019 Policy Year Student Petition to Add Form Premium Calculation Reference Sheet

If you are an eligible student enrolled at Williams 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.

If your coverage ended before May 15, 2019, your student account will be charged the applicable premium. If your coverage ended on or after May 15, 2019, your premium must be paid directly to Gallagher Student Health & Special Risk by check, money order or credit card.

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

Date Insurance Coverage terminated: _____.

First Date of Coverage, between	Check <input checked="" type="checkbox"/>	Premium Due
8/15/2018 and 5/15/2019	<input type="checkbox"/>	Premium will be charged to student account
5/16/2019 and 6/15/2019	<input type="checkbox"/>	\$494.01 + \$15 processing fee*
6/16/2019 and 7/15/2019	<input type="checkbox"/>	\$329.34 + \$15 processing fee*
7/16/2019 and 8/14/2019	<input type="checkbox"/>	\$164.67 + \$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.