Gallagher | STUDENT HEALTH & SPECIAL RISK

Florida International University Student Health Insurance Plan
2018-2019 Petition to Add – College of Medicine/College of Nursing/Physician Assistant

(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: _____

Program of Study (College of Medicine, College of Nursing, Physician Assistant): _____

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 which to enroll yourself.

_____
_____
_____

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) The Student 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) The Student 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: _____

Florida International University
2018-2019 College of Medicine, College of Nursing, Physician Assistant Premium Calculation Reference Sheet

If you are an eligible College of Medicine, College of Nursing, or Physician Assistant student enrolled at Florida International University and experience a qualifying event in which you lost your other medical insurance coverage, then you may complete this Petition to Add application requesting to be added to the Student Health Insurance Plan. You must provide documentation of the loss of coverage and submit it with this completed form and applicable payment to Gallagher Student Health within 31 days of the qualifying event. 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. 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 in order to activate the coverage.**

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

Please refer to the below schedule to determine your insurance premium. Indicate your last date of Insurance Coverage and check the applicable box below. Your coverage under the Student Health Insurance Plan should begin the day after your other coverage terminates.

Date Insurance Coverage terminated: _____.

For Coverage to Start between	Check ✓	Premium Due
9/17/2018 and 10/16/2018		$2,171.62 + $15 processing fee*
10/17/2018 and 11/16/2018		$1,974.20 + $15 processing fee*
11/17/2018 and 12/16/2018		$1,776.78 + $15 processing fee*
12/17/2018 and 1/16/2019		$1,579.36 + $15 processing fee*
1/17/2019 and 2/16/2019		$1,381.94 + $15 processing fee*
2/17/2019 and 3/16/2019		$1,184.52 + $15 processing fee*
3/17/2019 and 4/16/2019		$987.10 + $15 processing fee*
4/17/2019 and 5/16/2019		$789.68 + $15 processing fee*
5/17/2019 and 6/16/2019		$592.26 + $15 processing fee*
6/17/2019 and 7/16/2019		$394.84 + $15 processing fee*
7/17/2019 and 8/16/2019		$197.42 + $15 processing fee*

*The processing fee is a one-time charge

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**.
Email or mail enrollment form along with premium payment to: enrollmentteam@gallagherstudent.com
Gallagher Student Health & Special Risk, P.O. Box 845663, Boston, MA 02284-5663

Prepared by Gallagher Student Health & Special Risk
November 2018