

University of Bridgeport

2023-2024 Student Health Insurance Plan: Qualifying Life Event Enrollment Form

A **qualifying life event** is a change in situation – such as an involuntary loss of coverage under another plan – that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period. Students who have an **involuntary loss of other coverage** while continuing to be eligible for the University of Bridgeport Student Health Insurance Plan may use this form to **enroll within 30 days of the loss of other coverage**.

If you did not recently lose your other coverage or if the deadline has passed, you are not eligible to enroll and must wait until the next policy period begins. **Please Note:** Distance Learning students are not eligible for the student health insurance plan.

Student Information (all information required):

Last Name: _____ First Name: _____ UB ID #: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____
UB Email: _____ Student Status: UG: ____ GR: ____
Last Date of Prior Insurance Coverage: _____

Required Insurance Documentation: You must include a letter or certificate from your prior insurance company that clearly indicates your name and the date that your plan ended or will be ending.

Effective Date: The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured. Coverage will end as of the last day of the policy period, July 31, 2024.

Payment: Contact University Health Plans for premium information at 1-800-437-6448. Make check or money order payable to **University Health Plans**.

Deadline: University Health Plans must receive your completed enrollment form, the required insurance documentation and payment by the **30th day following the date of your other insurance plan's termination**. Example: If your other insurance plan terminates on 12/31/23, University Health Plans must receive all enrollment items by 1/30/2024.

Delivery Instructions: Mail: (1) the completed enrollment form, (2) a copy of the required supporting documentation and (3) check or money order to: **University Health Plans, 15 Pacella Park Drive, Suite 130, Randolph, MA 02368**. **All three items must be received within 30 days of the qualifying event.** If you send a money order please retain your money order receipt until the enrollment is processed.

Plan Information: Benefit Information can be found on the left hand side of the page at www.universityhealthplans.com/UB. Once your enrollment has been processed you will receive an email from National Guardian Life Insurance with instructions for downloading your online ID card approximately 10 business days after all three items have been processed by University Health Plans. **A link to the card is available at www.universityhealthplans.com/UB.**

Notice to Student: By applying, the student acknowledges the following: 1) The student has carefully read the Summary of Benefits and elects to enroll as indicated on this enrollment form; 2) The student meets the eligibility requirements for this coverage; 3) If it is later determined that the student is not eligible, the premium will be refunded by the insurance company; and 4) Other than eligibility, the premium is not refundable.

Student Signature: _____ Date: _____

If you have any questions, please contact University Health Plans at 800-437-6448 or info@univhealthplans.com.