

Ringling College of Art & Design

Student Health Insurance Plan: **Qualifying Life Event Enrollment Form**

A **qualifying life event** is a change in situation – such as losing health 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 a **qualifying life event** while continuing to be eligible for the student health insurance plan may use this form to enroll.

Student Information (all information required):

Last Name: _____ First Name: _____ Student ID #: _____
Address: _____
City: _____ State: _____ Zip: _____
Date of Birth: _____ Gender: _____
Ringling Email: _____ Domestic or International Student: _____
First day without insurance coverage under prior plan: _____

Premium: Please contact University Health Plans for the prorated premium at 800-437-6448 or info@univhealthplans.com.

Effective Date: When enrolling due to a Qualifying Life Event, the Student Health 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, 2023.

Benefit Information: Plan documents and provider search tools are available at www.universityhealthplans.com/ringling

Required Insurance Documentation: When you submit this enrollment form, you must include a copy of 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.

Payment: 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 12/31/22, University Health Plans must receive all enrollment items by 1/30/2023.

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, Randolph, MA 02368.**

All three items must be received within 30 days of the qualifying event. Once your enrollment has been processed you can access your *Online Insurance ID Card* via the link in the left hand column at www.universityhealthplans.com/ringling.

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.