

# 2018-19 GORDON-CONWELL THEOLOGICAL SEMINARY STUDENT HEALTH PLAN

## QUALIFYING EVENT ENROLLMENT FORM

Eligible students and/or dependents who have experienced a qualifying event (i.e. loss of other coverage, birth/adoption, marriage to student, or entry into U.S.) may request to be enrolled in the GCTS Student Health Plan effective as of the date of the qualifying event. To request enrollment in the GCTS Student Health Plan, this completed form and a copy of the required supporting documentation (see table below) may be submitted to Office of Student Life Services at Gordon-Conwell Theological Seminary.

### IMPORTANT NOTES

- The request for enrollment must be submitted to the Office of Student Life Services at GCTS within 60 days from the qualifying event date. For example, if the request is for a baby born on 12/1/18, your request and supporting documentation must be submitted to GCTS on or before 1/30/19.
- Your enrollment request is not considered "submitted" until the required supporting documentation (see table below) is also received by the Office of Student Life Services.
- The premium due for your enrollment will be based on the month in which your plan becomes effective. See table above for information regarding your plan effective date. The amount due can be provided to you by the Office of Student Life Services at GCTS and will be charged to your student account.
- No request will be approved if it is submitted to GCTS after the 60<sup>th</sup> day.
- Please be sure to read about the plan's benefits prior to enrolling.
- Students who graduate in the Fall 2018 semester and students who drop below 6 credits for the Spring 2018 semester will be removed from the plan as of 1/15/19.
- The Fall 2018 insurance coverage period ends at midnight on 1/14/19. If you will not be eligible for the GCTS Student Health Plan in the Spring 2019 semester, you will be responsible for full the Spring 2019 insurance charge if any claims are paid by Blue Cross Blue Shield on your behalf for a date of service or prescription fill date after 1/15/19.

### PART A – DEADLINES AND REQUIRED DOCUMENTATION: CHECK THE BOX TO THE LEFT OF YOUR "REASON FOR LATE ENROLLMENT".

If your "Reason" is not listed or the deadline has passed, you are not eligible to enroll at this time and must wait for the next policy year (9/1/18).

Person To Be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required.	The effective date of the new GCTS coverage will be:	UHP must receive the completed enrollment form and appropriate documentation within:	Check the box next to the line that describes your enrollment reason.
Student	Termination of Prior Coverage	Insurance document showing date of termination	the date of prior coverage termination.	60 days following prior coverage termination.	<input type="checkbox"/>
Spouse	Termination of Prior Coverage	Insurance document showing date of termination	the date of prior coverage termination.	60 days following prior coverage termination.	<input type="checkbox"/>
Spouse	Entry into U.S.	Passport pages showing identification & U.S. entry date	the date of entry into U.S.	60 days following date of entry into U.S.	<input type="checkbox"/>
Spouse	Marriage to Student	Marriage certificate	the date of marriage.	60 days following date of marriage.	<input type="checkbox"/>
Child(ren)	Termination of Prior Coverage	Insurance document showing date of termination	the date of prior coverage termination.	60 days following prior coverage termination.	<input type="checkbox"/>
Child(ren)	Birth	Birth certificate or hospital birth record	the date of birth.	60 days following date of birth.	<input type="checkbox"/>
Child(ren)	Adoption	Official adoption papers showing date of adoption	the date of adoption.	60 days following adoption.	<input type="checkbox"/>

### PART B: Student Information – Complete this section even if the request is only for the termination of a dependent's plan. All fields are required.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Student ID \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Gender \_\_\_\_\_ Email Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

### PART C: Dependent(s) Requesting Enrollment – If applicable, list dependent(s) for whom you are requesting enrollment.

First Name	Last Name	DOB	Gender (Circle One)
Spouse: _____	_____	____/____/____	M   F
Child: _____	_____	____/____/____	M   F
Child: _____	_____	____/____/____	M   F
Child: _____	_____	____/____/____	M   F

### PART D: Signature – By signing below, I confirm that I have read and understand all of the "Important Notes" above.

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

### PART E: Submission Instructions – Email, fax, or mail this form and required documentation to the Office of Student Life Services at GCTS.

EMAIL: healthinsurance@gordonconwell.edu • FAX: 978-468-6691

MAIL: Office of Student Life Services, Gordon-Conwell Theological Seminary, 130 Essex St., South Hamilton, MA 01982