

2018-19 GORDON-CONWELL THEOLOGICAL SEMINARY STUDENT HEALTH PLAN

TERMINATION REQUEST FORM

Students and/or dependents who have comparable coverage from another source that is in effect on or before 1/15/19 may request to be removed from the GCTS Student Health Plan for the Spring 2019 semester. To request the Spring 2019 termination, submit this completed form to the Office of Student Life Services at Gordon-Conwell Theological Seminary.

IMPORTANT NOTES

- **Termination Request Eligibility:** The other plan must be in effect on or before 1/15/19. Current enrollees obtaining coverage that will become effective after 1/15/19 are ineligible to request termination from the GCTS Student Health Plan for the 2018-19 Policy Year.
- **Required Documentation:** A copy of a letter/certificate from the employer or insurance company proving the effective date meets this requirement must be submitted with this form.
- **Deadline:** This form must be submitted to the Office of Student Life Services at GCTS within 30 days of the new plan's effective date or before 1/15/19, whichever is later. For example, if the other coverage begins on 1/7/19, your request must be submitted to that office on or before 2/7/19. If the other coverage has been effective throughout the Fall 2018 semester, your request must be submitted before 1/15/19.
- **Premium:** This Termination Request will not result in a prorated Fall premium. If this request is approved, the GCTS plan will be terminated as of 1/14/2019 and the Spring 2019 premium will not be required. You will remain charged for the full Fall 2018 semester premium.
- No request will be approved if it is submitted to the Office of Student Life Services after the deadline or if the plan becomes effective later than 1/15/19.
- This termination request will only be approved if the enrollee(s) requesting termination have not used the plan on or after 1/15/19. Example: If the new coverage becomes effective on 1/7/19, this request must be submitted by 2/7/19. As part of the review process, Blue Cross Blue Shield will need to confirm that the plan in this example has not been used on or after 1/15/19. If the plan has been used on or after 1/15/19, this Termination Request will be denied and the enrollee(s) will remain on the GCTS Student Health Plan for the entire Spring 2019 semester and will be responsible for the related premium.
- Once submitted to GCTS, University Health Plans will be contacted to review your request. It will take about 4-12 business days for your request to be reviewed. If your request is approved, University Health Plans will notify GCTS to adjust your Spring 2019 charge accordingly.

PART A: 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 ____/____/____ Email Address _____ Phone _____

PART B: Enrollee(s) Requesting Termination – List the current enrollee(s) for whom you are requesting termination.

First Name	Last Name	DOB	Relation to Student (Circle One)		
_____	_____	____/____/____	Self	Spouse	Child
_____	_____	____/____/____		Spouse	Child
_____	_____	____/____/____		Spouse	Child
_____	_____	____/____/____		Spouse	Child

PART C: Other Insurance Information – All fields are required. This form cannot be processed without all fields completed.

Is the new insurance plan from a US-based insurance company? (Circle One.) Yes No
Policy or ID #: _____ Insurance Company Name: _____
Insurance Company Address: _____ City: _____ State: _____ Zip Code: _____
Subscriber Name: _____ Relation to Student: (Circle One) Self Spouse Child Parent/Guardian

PART D: Signature – Signature is required.

By signing below, I confirm that: 1) I have read and understand all of the "Important Notes" above; 2) The "Other Insurance" in Part C was in effect before or will be in effect before 1/15/19; and 3) If the request is for the termination of the student's GCTS plan: a) I have determined the other insurance to be comparable to the GCTS Student Health Plan; and b) the other insurance will be active through the end of the 2018-10 academic year.

Student's Signature _____ Date _____

PART E: Submission Instructions – Email, fax, or mail this form 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

**This request will not be considered "submitted" unless:
Parts A, B, and C are completed; Part D is signed; and the form is accompanied by the required documentation.**