# Wright State Boonshoft Medical Qualifying Life Event Request

## NATURE OF YOUR QUALIFYING LIFE EVENT:
If you experience a Qualifying Life Event (QLE) (e.g., loss of health insurance coverage, no longer eligible on your parent's health insurance, marriage, etc.) during the plan year (19-20) you can enroll in the Wright State Boonshoft Medical health insurance for the remainder of the current coverage period. Please complete this form and sign and date it.

**Reason for Qualifying Event:**
- ☐ Loss of coverage under another plan
- ☐ Marital Status
- ☐ Adoption of a Child/Birth of a Child
- ☐ Guardianship Appointment
  - International Students: Arrival of Spouse/Dependents in Country
- ☐ Other (please detail): ______________________________

**Date of Qualifying Life Event:** ____________________________

## PRIMARY INSURED INFORMATION:
**Name:** ____________________________ (Last name, first name)

**School ID #:** _______________________ (Required)

## ENROLLMENT & PAYMENT INSTRUCTIONS:
A QLE is required for the primary insured and dependents to be eligible to enroll in the school health insurance plan at a time outside of the enrollment period. Enrollment in the plan must occur within 30 days of the QLE. Premiums are not pro-rated.

To pay with a credit card or eCheck: Email this completed form and your school injury and sickness insurance enrollment form to SIDHelp@uhcsr.com. Your coverage request will be registered and you will be sent a notification email with instructions for making your premium payment online. You may also fax this form to 469-229-5612.

**Student Signature:** ____________________________ **Date:** ____________________________

## FOR MORE INFORMATION: Call 1-866-782-4768 or Email customerservice@uhcsr.com.

## FOR ADMINISTRATIVE USE ONLY:
**Date:** ____________________________ **Approved By:** ____________________________

**Effective Enrollment Date:** ____________________________ **Premium Amount:** ____________________________

[Logo: UnitedHealthcare]