

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: _____

