



Student Health Insurance – Qualifying Event Enrollment Form AY2024-25

If you waived UMass Chan Student Health Insurance Plan during the annual open enrollment period and you are now involuntarily terminated from your own insurance plan, you may enroll in the UMass Chan Student Health Insurance Plan due to your qualifying event by using this form.

STUDENT INFORMATION:

Student's Name: _____ Student's ID: _____
Mailing Address: _____ Date of Birth: _____

Gender: _____
Last Date of Own Insurance Coverage: _____

REQUIRED DOCUMENTATION:

- 1. Qualifying Event Enrollment form
- 2. Letter or certificate from your own insurance carrier indicating your name, termination date, and reason
- 3. Payment of premium

EFFECTIVE DATE:

The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured.

PREMIUM AMOUNT:

The premium amount due is determined by the month and day in which your Student Health Insurance Plan must be made effective, per the below schedule.

DEADLINE:

The Bursar's Office must receive the above required documents and premium payment by the 60th day following the date of your own insurance plan's termination. Your enrollment request will not be considered "received" until all of these items are submitted to the Bursar's Office. Any enrollment request received by the Bursar's Office after the deadline will not be accepted.

I hereby request enrollment in UMass Chan Student Health Insurance Plan at this time because:

Student Signature

Date

Bursar's Office Use:

Received By: _____

- Qualifying Event Enrollment form
- Termination Letter or Certificate
- Premium Payment

<u>Month of Enrollment</u>	<u>Dates of Coverage</u>	<u>Premium Amount</u>
<input type="checkbox"/> September	9/01/24-08/31/25	\$5,643
<input type="checkbox"/> October	10/01/24-08/31/25	\$5,174
<input type="checkbox"/> November	11/01/24-08/31/25	\$4,704
<input type="checkbox"/> December	12/01/24-08/31/25	\$4,234
<input type="checkbox"/> January	1/01/25-08/31/25	\$3,764
<input type="checkbox"/> February	2/01/25-08/31/25	\$3,294
<input type="checkbox"/> March	3/01/25-08/31/25	\$2,824
<input type="checkbox"/> April	4/01/25-08/31/25	\$2,355
<input type="checkbox"/> May	5/01/25-08/31/25	\$1,885
<input type="checkbox"/> June	6/01/25-08/31/25	\$1,415
<input type="checkbox"/> July	7/01/25-08/31/25	\$945
<input type="checkbox"/> August	8/01/25-08/31/25	\$475

(If own insurance terminates during the month instead of last day of the month, premium amount will be prorated by the days and Bursar's Office will communicate to student the premium amount after receiving Termination Letter.)

Submitted to UHP Date: _____