

Drop by Qualifying Event

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|--|--|---|
| <input type="checkbox"/> Purdue West Lafayette | <input type="checkbox"/> Purdue Fort Wayne | <input type="checkbox"/> Purdue Northwest |
| <input type="checkbox"/> Graduate Staff | <input type="checkbox"/> International | <input type="checkbox"/> International |
| <input type="checkbox"/> International | <input type="checkbox"/> Domestic | <input type="checkbox"/> Domestic |
| <input type="checkbox"/> Domestic | | |

Student Name	First	Middle Initial	Last	Student ID Number
School Name				

LIST DEPENDENTS TO BE DROPPED BELOW

Dependent	First Name	MI	Last Name	Date of Birth (MM/DD/YYYY)	Gender (M/F)	Social Security Number (if applicable)
Spouse				/ /		- -
Child 1				/ /		- -
Child 2				/ /		- -
Child 3				/ /		- -

QUALIFYING EVENT INFORMATION AND REQUIRED DOCUMENTATION

Identify the qualifying event which caused the addition of other medical coverage for you and your eligible dependents. You must submit the appropriate required documentation, proof of prior or current coverage, and this completed form. **Application for disenrollment must be submitted within 31 days in which the qualifying event occurred. Improper documentation will result in a delay of drop of coverage.**

QUALIFYING EVENT DATE: ____/____/____

QUALIFYING EVENT TO DROP	DOCUMENTATION REQUIRED
<p>Please check the box below that is applicable to your situation. A box MUST be checked and the appropriate required documentation MUST accompany this form to drop.</p>	<p>Proper documentation is required for any reason listed.</p>
<input type="checkbox"/> Acquired eligibility of another plan: Cause of acquisition: _____ _____	Proof of other coverage: Should include coverage effective date and the name should match the name listed above. Who is dropping coverage: <input type="checkbox"/> Student <input type="checkbox"/> Dependent
<input type="checkbox"/> Loss of a dependent - Divorce, Annulment, Death.	Legal documentation required.
<input type="checkbox"/> Loss of a dependent - Leaving the US.	Travel documentation required.

A credit of the premium paid, for coverage after the termination date will be made to your bank account or to the card on file. Coverage will be terminated as of the last day of the month in which the Qualifying Event occurred.

STUDENT SIGNATURE: _____ DATE: _____