



Enrollment by Qualifying Event

This form must accompany the University of Maine System Annual Qualifying Event Enrollment Form

Student Name	First	Middle Initial	Last	Student ID#	—	—
School Name						

QUALIFYING EVENT INFORMATION AND REQUIRED DOCUMENTATION

Identify the qualifying event which caused the loss of other medical coverage for you. You must submit a Letter of Coverage showing the termination date of your prior coverage, and this completed form. **Application for enrollment must be submitted within 31 days from when the qualifying event occurred. Improper documentation will result in a return of premium and a delay of coverage.**

QUALIFYING EVENT DATE: ____/____/____

IDENTIFY QUALIFYING EVENT		DOCUMENTATION REQUIRED
	A reason and the appropriate required documentation MUST accompany this form.	Letter of Ineligibility (lost coverage) is required for any reason listed.
Loss of coverage reason (example: aged out, job change, divorce, no longer eligible for Maine Care) Reason of Loss of Coverage: _____ _____		Written documentation from insurance company, providing the names of the covered participant, date coverage ends and the reason for loss of eligibility

STUDENT SIGNATURE: _____ DATE: _____

(Signature of Student, or Parent if Student is under age 18)

4959124-19



(PLEASE PRINT CLEARLY or TYPE)

STUDENT INFORMATION										
Student Name		First		Middle Initial			Last			
Local & ID Card Mailing Address		Street or P.O.Box				City		State	Zip Code	
Permanent Address		Street or P.O.Box				City		State	Zip Code	
Email		<i>(A confirmation email will be sent upon enrollment)</i>					Phone/Cell Number		() -	
Male		Female		Date of Birth	(MM/DD/YYYY) / /	SSN	- -	Student ID Number	<i>(must be provided to be processed)</i>	

ENROLLMENT TERMS & CONDITIONS: Coverage will be effective the date of the **Qualifying Event** if required documentation and form are received within 31 days in which the **Qualifying Event** occurred, unless otherwise stated in the Master Policy By signing below, the student acknowledges the following: **1)** Rates are not pro-rated other than as listed on this enrollment form; **2)** Student meets the eligibility requirements for this coverage as described in the brochure; **3)** If it is later determined that the student is not eligible, coverage will be deemed to have not been in force and the premium will be returned; and **4)** Other than entry into the Armed Forces, **the premium is not refundable.** You must take affirmative steps to enroll each policy year if you want coverage. This plan is underwritten by **Anthem Blue Cross Blue Shield.**

I understand my information is protected by privacy laws and will be released only in accordance with these laws.

My signature below certifies that I have read and understand the Student Health Insurance Plan brochure and agree to accept it as applicable to me regarding the terms and conditions stated therein.

WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

SIGNATURE: _____ DATE: _____

(Signature of Student, or Parent if Student is under age 18)

Please note this enrollment form cannot be processed unless you make all your coverage selections on the next page. **CONTINUE ON NEXT PAGE →**



4959124-19



Student Name: _____

Student ID Number: _____

(must be provided to be processed)

(PLEASE CHECK ALL THE APPROPRIATE BOXES)

- Student Category: Domestic/Undergraduate Graduate Law
- Scholar/ Campuses: University of Maine at Orono University of Southern Maine University of Maine at Machias
- University of Maine at Farmington University of Maine at Augusta University of Maine at Presque Isle
- University of Maine at Fort Kent

PERIOD RATE			
COVERAGE DATES	Coverage	Rate	
Qualifying Event Date ____ / ____ / ____ through 07/31/2020	Student	\$	2,157.00
		TOTAL	\$
*THE PREMIUM WILL BE APPLIED TO THE STUDENT ACCOUNT			

PAYMENT INFORMATION. The premium due will be applied to the student account and payable to the University.

RENEWAL INFORMATION. You must take affirmative steps to enroll each policy year if you want coverage. There will be no renewal notice sent at the end of the coverage period.