

Qualifying Event—Enrollment Form for the University of Georgia Mandatory Student Health Insurance Plan

NATURE OF YOUR QUALIFYING EVENT:

If you experience a qualifying event (e.g., loss of insurance coverage, no longer eligible on your parent's insurance, marriage) during the plan year (8/1–7/31), you can enroll yourself or eligible dependents in the University of Georgia Mandatory SHIP insurance for the remainder of the current coverage period. The fall coverage period ends December 31, and the spring/summer coverage period ends July 31. Please complete the form and sign and date in the Enrollment Certification box below.

Reason for Qualifying Event:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Loss of coverage/eligibility on another plan | <input type="checkbox"/> Guardianship Appointment | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Marriage | <input type="checkbox"/> Arrival of Spouse/Dependents in Country
(within 30 days of arrival date) Internationals | _____ |
| <input type="checkbox"/> Adoption of a Child/Birth of a Child | | |

STUDENT INFORMATION:

Name: _____		<input type="checkbox"/> Male
(Last name, first name)		<input type="checkbox"/> Female
Student ID (81x#): _____	(Required)	Birth Date: _____
		(mm/dd/yyyy)
Georgia Address: _____		
Student Phone #: _____	(Home phone or cell phone)	UGA E-mail Address: _____
	<input type="checkbox"/> Male	
Spouse Name: _____	(Last name, first name)	Spouse Birth Date: _____
(If enrolling your spouse)		(mm/dd/yyyy)
	<input type="checkbox"/> Female	
Child Name: _____	(Last name, first name)	Child Birth Date: _____
(If enrolling your child)		(mm/dd/yyyy)
	<input type="checkbox"/> Male	
Child Name: _____	(Last name, first name)	Child Birth Date: _____
(If enrolling your child)		(mm/dd/yyyy)
	<input type="checkbox"/> Female	

ENROLLMENT CERTIFICATION:

I wish to enroll in the University of Georgia Mandatory SHIP insurance available to University of Georgia mandated students. I understand my coverage will continue through the end of the current coverage period. The charge for the insurance will be pro-rated and I acknowledge that payment for the insurance premium is due at the time of enrollment. I understand that payment must be made by credit card. UnitedHealthcare will provide a payment link upon approval of this form

Student/Parent Signature: _____ **Today's Date:** _____

SUBMITTING THE FORM:

This form, along with the required supporting documentation, must be submitted for review to University of Georgia Human Resources, 215 South Jackson Street, Athens, GA 30602, or via fax to 706-542-7321.

FOR MORE INFORMATION:

If you have any questions, please contact UGA Human Resources at gshiplan@uga.edu or via telephone at 706-542-2222.

SCHOOL APPROVAL: To be completed by University of Georgia Insurance Coordinator

Date of Qualifying Event: _____ **Effective Enrollment & Termination Dates:** _____

UHCSR Quoted Premium: _____ **HR Approval Signature & Date:** _____