

University of Georgia Qualifying Life Event Request

If you experience a Qualifying Life Event (QLE) during the plan year (08/1/2025 – 7/31/2026), you can enroll in the University of Georgia student health insurance plan (SHIP) for the remainder of the current coverage period. To request a QLE enrollment, please complete this form, sign and date it.

Reason for QLE:	
Loss of coverage under another plan	Other (please explain)
Change in marital status	
Adoption of a child/birth of a child	
Guardianship appointment	
International Students: arrival of spouse/dependents in	
	- <u></u> -
Date of QLE:	
Primary Insured Information:	Gender: M F
Name:	
(Last nar	ne, First name)
Charles ID #	
Student ID #:(Rec	quired)
Birth Date:	
(mm/c	dd/yyyy)
Address	
Address:(Street. Ci	ity, State, ZIP)
(0.000, 0.00)	
Email Address:	Student Phone #: (Home phone or cell phone)
	(Home phone or cell phone)

Enrollment and Payment Instructions:

A QLE is required for primary insureds 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.

This form and your school injury and sickness insurance enrollment form, along with the required supporting documentation, must be submitted to UGA Human Resources at 215 S. Jackson Street; Athens, GA 30602 or via fax to 706-542-7321 for review and approval prior to being sent to UnitedHealthcare Student Resources.

PAYMENT: Once your QLE request is approved by UGA Human Resources, make check or money order payment to UnitedHealthcare Student Resources in US dollars. Mail this completed form, your school injury and sickness insurance enrollment form, required supporting documentation, along with premium payment to: UnitedHealthcare Student Resources; PO Box 809026; Dallas, TX 75380-9026.

To pay with a credit card: Once your QLE request is approved by UGA Human Resources, if you want to pay for your coverage with credit card or eCheck, email this completed form, your school injury and sickness insurance enrollment form, and required supporting documentation to SIDHelp@uhcsr.com or fax it to 469-229-5612. Make sure your email address is correct as we will enter your coverage request into our system and send you an email message with instructions for making your premium payment online with a credit card or eCheck. Your cancelled check or credit card billing is your only receipt and notification of coverage.

To qualify for a QLE enrollment, one of the following documents must be submitted:

- Certificate of prior health coverage
- Marriage certificate
- Birth certificate or adoption papers
- Guardianship appointment papers
- International students: flight itinerary showing date of arrival in country

Student Signature:	 Date:	

For more information

Contact UGA Human Resources at gshiplan@uga.edu or Call 706-542-2222





UNIVERSITY OF GEORGIA

2025-202809-11

Processor Date Stamp Received

PRIMARY INSURED COMPLETE INFORMATION BELOW FOR STUDENT.					
LAST (FAMILY) NAME:	FIRST (GIVEN) NA	AME:		MIDDLE INITIAL:	
	DATE OF BIRTH: (MONTH/DAY/YEAR)				
PERMANENT U.S. ADDRESS: (HOUSE/BUIL	DING # AND STREET NA	AME)			
CITY:		STATE:		ZIP CODE:	
TELEPHONE #:		EMAIL ADDRESS	:		
DEPENDENT INFORMATION Complete information below for dependen the Plan (Please include a blank sheet for			only availa	ble for students insured under	
SPOUSE:	GENDER:	/8	ATE OF BII MONTH/DA		
First (Given) Name:	Middle Initial:	Last (Family) Na	ame:	
CHILD:	GENDER:	/8	ATE OF BII		
First (Given) Name:	Middle Initial:	Last (Family) Na	ame:	
CHILD:	GENDER:	/8	ATE OF BII MONTH/DA		
First (Given) Name:	Middle Initial:	Last (Family) Na	ame:	
CHILD:	GENDER:	/8	ATE OF BII		
First (Given) Name:	Middle Initial:	Last (Family) Na	ame:	
CHILD:	GENDER:	/8	ATE OF BII MONTH/DA		
First (Given) Name:	Middle Initial:	Last (Family) Na	ame:	
NOTICE TO STUDENT: Coverage will be effective the date the correct premium is received by the Company or a representative of the Company or the effective date of the coverage period, whichever is later, unless otherwise stated in the Master Policy. By signing, the student acknowledges the following: 1) The student has carefully read the Certificate of Coverage and elects to enroll as indicated on this enrollment form; 2) Rates are not pro-rated other than as listed on this enrollment form; 3) The student meets the eligibility requirements for this coverage as described in the Certificate of Coverage; and 4) If it is later determined that the student is not eligible, the premium will be refunded. Premium will not be refunded except for ineligibility or entrance into the armed forces.					
NOTICE: Any person who knowingly and with intent to injure, defraud, or deceive any insurer, files a statement of claim containing any false, incomplete, or misleading information may be subject to criminal and/or civil penalties.					
Student's Signature:				Date:	

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Campus/School Attending:				
Please print name of University. Must be completed in order for application to be processed.				
☐ I elect to purchase Injury and Sickness insurance coverage under the University's student insurance plan. Below are the choices I have made.				
PLEASE CHECK ALL APPROPE	RIATE BOXES.			
	□ Voluntary			
ID Codes	Monthly (MX)			
6 Student	□ \$ 344.00			
7 Spouse	□ \$ 378.00			
8 One Child	□ \$ 378.00			
9 Two or more Children	□ \$ 756.00			
10 Spouse and 2 or more Childre	n □ \$ 1,134.00			
	TO CALCULATE YOUR RATE:			
	Rate x# of months eligible = amount due Example: \$344.00 x 3 months = \$1,032.00			
	Please multiply the rate and number of days and/or months to get your total premium.			
Student	\$344.00 x months = \$			
Spouse	\$378.00 x months = \$			
One Child	\$378.00 x months = \$			
Two or More Children	\$756.00 x months = \$			
Spouse and 2 or More Children	\$1,134.00 x months = \$			
Total	\$			
** Please note: premiums are cun	** Please note: premiums are cumulative (Ex. Student + Spouse = Total premium due).			

Termination Date:

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Requested Effective Date: ____/___/____/

NON-DISCRIMINATION NOTICE

UnitedHealthcare Student Resources does not treat members differently because of sex, age, race, color, disability or national origin.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
United HealthCare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC Civil Rights@uhc.com

You must send the written complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again.

If you need help with your complaint, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Complaint forms are available at: https://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html

Phone: Toll-free 1-800-368-1019, 800-537-7697 (TDD)

Mail: U.S. Dept. of Health and Human Services. 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

We also provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call the toll-free member phone number listed on your health plan ID card, Monday through Friday, 8 a.m. to 8 p.m. ET.

LANGUAGE ASSISTANCE PROGRAM

We provide free services to help you communicate with us, such as, letters in other languages or large print. Or, you can ask for free language services such as speaking with an interpreter. To ask for help, please call toll-free 1-866-260-2723, Monday through Friday, 8 a.m. to 8 p.m. ET.

English

Language assistance services are available to you free of charge. Please call 1-866-260-2723.

Albanian

Shërbimet e ndihmës në gjuhën amtare ofrohen falas. Ju lutemi telefononi në numrin 1-866-260-2723.

Amharic

የቋንቋ አርዳታ አባልማሎዮች በነጻ ይነኛሱ። አባክዎ ወደ 1-866-260-2723 ይደውሱ።

Arabic

تنوفر الله خدمات المساعدة اللغوية مجانًا. تصل على الرقم 2723-260-866-1.

Armenian

Ձեզ մատչելի են անվճար լեզվական օգնության Խառայություններ։ Խնդրում ենք զանգահարել 1-866-260-2723 համարով։

Bantu- Kirundi

Uronswa ku buntu serivisi zifatiye ku rurimi zo kugufasha. Utegerezwa guhamagara 1-866-260-2723.

Bisayan- Visayan (Cebuano)

Magamit nimo ang mga serbisyo sa tabang sa lengguwahe nga walay bayad. Palihug tawag sa 1-866-260-2723.

Bengali- Bangala

ঘোষণা : ভাষা সহায়তা পরিষেবা আপনি বিনামূল্য পেতে পারেন। দ্য়া করে 1-866-260-2723-তে কল করুন।

Burmese

ဘာသာစကား အကူအညီ ဝန်ဆောင်မှုများ သင့် အတွက် အခမဲ့ရရှိနိုင်သည်။ ကျေးဇူးပြု၍ ဖုန်း 1-866-260-2723 ကိုခေါ် ပါ။

Cambodian- Mon-Khmer

សេវាជំនួយផ្នែកភាសាដែលឥតគិតថ្លៃ មានសម្រាប់អ្នក។ សុមទូរស័ព្ទទៅលេខ 1-866-260-2723។

Cherokee

\$የጋኬቃፊህ ውፅዬውያኒያ ውፅዬውደፐ ኬን RG6ውቸውዜጋነፐ ከሀደር-G6ው D4ናሪፒ, IGGO Dh ወይ₩6% 1-866-260-2723.

Chinese

您可以免費獲得語言援助服務。請致電 1-866-260-2723。

Choctaw

Chahta anumpa ish anumpuli hokmyt tohsholi yyt peh pilla hochi apela hinla. I paya 1-866-260-2723.

Cushite- Oromo

Tajaajilliwwan gargaarsa afaanii kanfalttii malee siif jira. Maaloo karaa lakkoofsa bilbilaa 1-866-260-2723 bilbili.

Dutch

Taalbijstandsdiensten zijn gratis voor u beschikbaar. Gelieve 1-866-260-2723 op te bellen.

French

Des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-866-260-2723.

French Creole- Haitian Creole

Gen sèvis éd pou lang ki disponib gratis pou ou. Rele 1-866-260-2723.

German

Sprachliche Hilfsdienstleistungen stehen Ihnen kostenlos zur Verfügung. Bitte rufen Sie an unter: 1-866-260-2723.

Greek

Οι υπηρεσίες γλωσσικής βοήθειας σας διατίθενται δωρεάν. Καλέστε το 1-866-260-2723.

Gujarati

ભાષા સહાય સેવાઓ તમારા માટે નિઃશુલ્ક ઉપલબ્ધ છે. કુપા કરીને 1-866-260-2723 પર ક્રૅલ કરો.

Hawaijan

Kōkua manuahi ma kāu 'ōlelo i loa'a 'ia. E kelepona i ka helu 1-866-260-2723.

Hind

आप के लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया 1-866-260-2723 पर कॉल करें।

Hmong

Muaj cov kev pab txhais lus pub dawb rau koj. Thov hu rau 1-866-260-2723.

Ibo

Enyemaka na-ahazi asusu, bu n'efu, diri gi. Kpoo 1-866-260-2723.

Hocano

Adda awan hayadna a serbisio para iti language assistance. Pangngaasim ta tawagam ti 1-866-260-2723.

Indonesian

Layanan bantuan bahasa bebas biaya tersedia untuk Anda. Harap hubungi 1-866-260-2723.

Italian

Sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-866-260-2723.

Japanes

無料の言語支援サービスをご利用いただけます。 1-866-260-2723 までお電話ください。

Kare

က်ကြတါ။ ဧဂဒနာကိုနေမည့် အီးသုဂဲလာတလိဂိုးကျာ်အျှာတည်(စီလို)ညီလီ။ . မသနားသုံးကျိုးတည် 1-866-260-2723တကုန်.

Korear

언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-866-260-2723 번으로 전화하십시오.

Kru- Bassa

Bot ba hola ni kobol mahop ngui nsaa wogui wo ba yé ha i nyuu yon. Sebel i nsinga ini 1-866-260-2723.

Kurdish Sorani

خۇمەتكەتى يارمەتىي زماتى بەخۋر يى بۆ ئۇ دايين دەكرىن. ئىكايە ئەلەقۇن بىكە بۇ زمار دى 272-600-866-1.

Laotian

ມືບໍລິການທາງດ້ານພາສາບໍ່ເສຍຄ່າໃຫ້ແກ່ທ່ານ. ກະລຸນາໂທຫາເບີ 1-866-260-2723

Marathi

भाषेच्या मदतीची सुविधा आपल्याला विनामूल्य उपलब्ध आहे. त्यासाठी 1-866-260-2723 या क्रमांकावर संपर्क करा.

Marshallese

Kwomaroñ bōk jerbal in jipañ in kajin ilo ejjelok wōṇāān. Jouj im kallok 1-866-260-2723.

Micronesian-Pohnpeian

Mie sawas en mahsen ong komwi, soh isepe. Melau eker 1-866-260-2723.

Navajo

Saad bee áka'e'eyeed bee áka'nida'wo'ígíi t'áá jiík'eh bee nich'i' bee ná'ahoot'i'. T'áá shoodi kohji 1-866-260-2723 hodíilnih.

Nepali

भाषा सहायता सेवाहरू निःशुल्क उपलब्ध छन्। कृपया 1-866-260-2723 मा कल गर्नुहोस्।

Nilotic-Dinka

Kāk ē kuny ajuser ē thok atō tīnē yīn abac tē cīn wēu yeke thiēēc. Yīn col 1-866-260-2723.

Norwegian

Du kan få gratis språkhjelp. Ring 1-866-260-2723.

Pennsylvania Dutch

Schprooch iwwesetze Hilf kannscht du frei hawwe. Ruf 1-866-260-2723.

Persian-Farsi

خدمات امداد زباتی به طور رایگان در اختیار شما می باشد. لطفاً با شماره 2723-660-1866 تماس مگیرید.

Polish

Możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-260-2723.

Portuguese

Oferecemos serviço gratuito de assistência de idioma. Ligue para 1-866-260-2723.

Punjabi

ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ 1-866-260-2723 'ਤੇ ਕਾਲ ਕਰੋ।

Romanian

Vi se pun la dispoziție, în mod gratuit, servicii de traducere. Vă rugăm să sunați la 1-866-260-2723.

Russian

Языковые услуги предоставляются вам бесплатно. Звоните по телефопу 1-866-260-2723.

Samoan- Fa'asamoa

O loo maua fesoasoani mo gagana mo oe ma e le totogia. Faamolemole telefoni le 1-866-260-2723.

Serbo-Croatian

Možete besplatno koristiti usluge prevodioca. Molimo nazovite 1-866-260-2723.

Samali

Adeegyada taageerada luqadda oo hilaash ah ayaa la heli karaa. Fadlan wac 1-866-260-2723.

Spanish

Hay servicios de asistencia de idiomas, sin cargo, a su disposición. Llame al 1-866-260-2723.

Sudanic- Fulfulde

B woodi walliinde dow wolde caahu ngam maada. Noodu 1-866-260-2723.

Swahili

Huduma za msaada wa lugha zinapatikana kwa ajili yako bure. Tafadhali piga simu 1-866-260-2723.

Syriac- Assyrian

چەرەئىقەتە دەنبەتە مايغىكە، ئۆركىكەردە، ئەبىلىر ھەنبەت كالەممى . مىزىدەنجە ـــ مەن _ خارەتلىكە 2723-660-1-1.

Tagalog

Ang mga serbisyo ng tulong sa wika ay available para sa iyo ng walang bayad. Mangyaring tumawag sa 1-866-260-2723.

Telugi

లాంగ్వేజ్ అసిస్టెంట్ సర్వీసెస్ మీకు ఉచితంగా అందుబాటులో ఉన్నాయి. దయ చేసి 1-866-260-2723 కి కాల్ చేయండి.

Thai

มีบริการความช่วยเหลือด้านภาษาให้โดยทีคุณไม่ต้องเสียค่าใช้จา ยแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลข

1-866-260-2733

Tongan- Fakatonga

'Oku 'i ai pē 'a e sēvesi ki he lea' ke tokoni kiate koe pea 'oku 'atā ia ma'au 'o 'ikai ha totongi. Kātaki 'o tā ki he 1-866-260-2723.

Trukese (Chuukese)

En mei tongeni angei aninisin emon chon chiakku, ese kamo. Kose mochen kopwe kokkori 1-866-260-2723.

Turkish

Dil yardım hizmetleri size ücretsiz olarak sunulmaktadır. Lütfen 1-866-260-2723 numarayı arayınız.

Ukrainian

Послуги перекладу падаються вам безкоштовно. Дзвоніть за номером 1-866-260-2723.

Urdu

زبان کے حوالے سے معارنتی خدمات آپ کے لیے بلامعاوضہ دستباب ہیں۔ ہر ہ مہردانی 2723-866-260 اور کان کریں۔

Vietnames

Dịch vụ hỗ trợ ngôn ngữ, miễn phi, dành cho quý vị. Xin vui lòng gọi 1-866-260-2723.

Yiddish

שפראך הילף סערוויסעס זענען אוועילעבל פאר אייך פריי פון אפצאל. ביטע רופט 1-866-260-2723.

Yoruba

Isệ ìranlówó èdè ti ó jệ ófé, wá fún ó. Pe 1-866-260-2723.