



Student Insurance Petition to Add Student ONLY Form

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE REVIEWED

Please print clearly to ensure accurate processing.

Date _____

Name of College or University _____

Student's Name _____ Student ID Number _____

Address _____ Gender Male Female
Street or P.O. Box City State Zip

Date of Birth _____ Telephone # _____ Email _____

Student Status: International / Domestic Class Level: Undergrad / Graduate
 Law/ Medical

Name of Individual Completing Form _____
(if other than student)

Relationship to Student _____

Students can only add coverage if there is a qualifying event. A qualifying event is defined as:

- ✓ Reaching the age limit of an another health insurance
- ✓ Loss of health insurance through a marriage or divorce
- ✓ Involuntary loss of coverage from an another health insurance

Please detail your extenuating circumstances explaining the reason you wish to enroll yourself:

I understand that this Petition is subject to the approval of Gallagher Koster and subject to the payment of any applicable premium.

If you are completing this petition as a result of losing coverage under your previous insurance carrier, for whatever reason, you must include a letter from your previous carrier confirming loss of coverage and indicating the last date of coverage. In order not to have a lapse in coverage, this petition must be received within 31 days of your last day of coverage. If this form is not received within 31 days of your last day of coverage, the effective date will be the date that this form is received at Gallagher Koster.

Signature of Person Completing Form _____ Date _____

Please complete form and return it **with a letter from your previous carrier confirming loss of coverage to:** Gallagher Koster, 500 Victory Road, Quincy, MA 02171 or fax 617-479-0860

To enroll your eligible dependent, download and complete a dependent enrollment form at:
www.gallagherkoster.com

To be completed by Gallagher Koster		
<input type="checkbox"/> Approved/	<input type="checkbox"/> Denied Date _____	Effective Date _____ Initials _____