

Benjamin Franklin Cummings Institute of Technology
Blue Cross Blue Shield – Student Health Insurance Plan
Qualifying Event Enrollment Form

A **qualifying life event** is a change in situation – such as an involuntary loss of coverage under another plan that makes you eligible to enroll in the student health insurance plan outside of the initial enrollment period.

Eligible students who have experienced a qualifying event may request to be enrolled in the Benjamin Franklin Institute of Technology Student Health Insurance Plan (SHIP) effective as of the date of the qualifying event.

STUDENT INFORMATION: *(ALL fields are required)*

Student ID _____ Last Name _____ First Name _____ MI _____ Gender _____
 Date of Birth ____ / ____ / ____ Email Address _____ Phone # _____ - _____ - _____
 Address _____
 City _____ State _____ Zip Code _____

First Day Without Coverage or Date of US Entry: _____

ENROLLMENT INSTRUCTIONS: Refer to the table below for eligible enrollment reasons, required documentation and applicable deadlines. **If your “Qualifying Event” is not listed below or the deadline has passed, you are not eligible to enroll at this time and must wait until the next policy period begins.**

Qualifying Event	Required Documentation	UHP must receive the completed enrollment form and appropriate documentation within:	Benjamin Franklin Institute of Technology University SHIP Effective Date
Loss of Other Coverage	Insurance document showing termination date	60 days following prior coverage termination	The date of prior coverage termination
Entry into U.S.	Passport showing identification and U.S. entry date	60 days following date of entry into the U.S.	The date of entry into the U.S.

EFFECTIVE DATE: The Student Health Insurance Plan will be made effective as of the first date you became or will become uninsured or the date you entered the US.

BENEFITS: Benefit information is available at www.universityhealthplans.com/BFIT

PAYMENT: The health insurance premium will be added to your student account after the enrollment form and required documentation is received. **To find out the amount that will be added to your student account, please contact University Health Plans.**

DELIVERY INSTRUCTIONS: Please return the completed form and supporting documentation by email to clambert@univhealthplans.com. You will receive an insurance ID card approximately 10 business days after your enrollment items are received

ID Card: Once your enrollment has been processed your BCBS ID card will be mailed to the address you provide on this form. You can access your BCBS Member ID at www.universityhealthplans.com/BFIT.

By signing below, you are requesting that Benjamin Franklin Institute of Technology enrolls you in the Student Health Plan and are authorizing Benjamin Franklin Institute of Technology to add the insurance premium amount to your student account. You will be responsible for paying the premium to Benjamin Franklin Institute of Technology. Benjamin Franklin Institute of Technology will verify your enrollment eligibility.

Student Signature: _____ **Date:** _____

If you have any questions, please contact:
University Health Plans at 800-437-6448 or info@univhealthplans.com