



## Florida A&M University Student Health Insurance 2016 – 2017 Qualified Late Enrollment Form

### INSTRUCTIONS

- This form must be completed by all students who are **(1)** registered for classes for the 2016-2017 academic year; and **(2)** subject to the [Name of College University] requirement for health insurance coverage.
- Complete only Section 1 if you wish to Enroll in the insurance as a Qualified Late Enrollee.
- If you have questions, call Consolidated Health Plans at (800) 633-7867.

**STUDENT INFORMATION:** *(ALL fields are required)*

Student Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Student ID#: \_\_\_\_\_ Gender: \_\_\_\_ Email Address: \_\_\_\_\_ Social Security Number #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Mailing Address: (Street Address) \_\_\_\_\_ Telephone #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) \_\_\_\_\_ Effective Dates of Coverage: \_\_\_\_\_

***For Qualified Late enrollees please attach a certificate of credible coverage or letter of termination.***

- I also certify that the information given by me to all questions on this enrollment form are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances.

Student's signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

*(Parent(s) must sign for students who are under age 18.)*

**Please check one of the following options:**

- Florida A&M University will add the pro-rated insurance premium to my tuition bill.
- I have enclosed the pro-rated premium amount of \$ \_\_\_\_\_ in the form of check or m/o payable to Consolidated Health Plans.
- I have enclosed the pro-rated premium amount of \$ \_\_\_\_\_ for my eligible dependent in the form of check or m/o payable to Consolidated Health Plans.

### Examples of Qualifying Life Events:

Person to be Enrolled	Reason for Late Enrollment	A copy of the following documentation is required	CHP must receive the completed enrollment form <u>and</u> appropriate documentation within:	The effective date of the new coverage will be:
Student	Termination of Prior Coverage	Insurance document showing the date of termination	31 days of following prior coverage termination	The date of prior coverage termination
Spouse	Termination of Prior Coverage	Insurance document showing the date of termination	31 days following prior coverage termination	The date of prior coverage termination
Spouse	Entry into U.S.	Identification page of passport and page with U.S. entry date stamp	31 days following date of entry into U.S.	The date of entry into the U.S.
Spouse	Marriage to Student	Marriage Certificate	31 days following date of marriage	The date of marriage
Child(ren)	Termination of prior coverage	Insurance document showing the date of termination	31 days following prior coverage termination	The date of prior coverage termination
Child(ren)	Birth	Birth Certificate, if available	31 days following date of birth	The date of birth
Child(ren)	Adoption	Official adoption papers showing date of adoption	31 days following adoption	The date of adoption

- All fully insured ACA compliant plans allow students and/or dependent to sign up for a Student Health Insurance Plan in the event of a qualifying event. If you have any questions in regard to whether or not you and/or your dependents are eligible to enroll late as a QLE; or if you have questions in regard to pro-rated premium amounts:
  - Please contact Consolidated Health Plan Customer Service at: (800) 633-7867 or; **Email at [customerservice@consolidatedhealthplan.com](mailto:customerservice@consolidatedhealthplan.com)**

**Please remit to:**  
**Consolidated Health Plans**  
**Attention: Wendy Tirrell, Account Manager**  
**2077 Roosevelt Avenue**  
**Springfield, MA 01104**