



Send completed form, required documentation, and premium payment to:

Academic HealthPlans, Inc.
P O Box 1605
Colleyville, TX 76034-1605

ENROLLMENT BY QUALIFYING EVENT

This form must accompany the Academic HealthPlans enrollment form.

Student Name (Last, First, MI)			Social Security Number
School Name			Policy Number
List Dependents to be Insured below	Sex	DOB MM/DD/YYYY	SSN
Spouse (Last, First, MI)	M F	___/___/___	___ - ___ - ___
Child (Last, First, MI)	M F	___/___/___	___ - ___ - ___
Child (Last, First, MI)	M F	___/___/___	___ - ___ - ___
Qualifying Event Date			
Student Signature		Date Signed	

Qualifying Event Information and Required Documentation

Identify the qualifying event which caused the loss of other medical coverage for you and your eligible dependents. You must submit the appropriate required documentation, proof of prior coverage, and this completed form. **Application for enrollment must be submitted within 31 days of the qualifying event.**

	Qualifying Event	Documentation Required
<input checked="" type="checkbox"/>	ANY	Letter of Creditable Coverage is required for any reason listed
<input type="checkbox"/>	Loss of eligibility (does not include loss due to failure to pay premiums or termination of coverage for cause) Cause of Loss _____ _____	Written documentation from the school or insurance company on school/company letterhead providing the names of the covered participants, date coverage ends and the reason for loss of eligibility.
<input type="checkbox"/>	Acquired a new dependent — spouse (and adding other previously eligible dependents)	Copy of marriage certificate
<input type="checkbox"/>	Acquired a new dependent — newborn (and adding other previously eligible dependents)	Copy of birth certificate for newborn
<input type="checkbox"/>	Acquired a new dependent — adoption/legal custody	Copy of adoption/custody documents

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Date Received	Date Approved/Denied and Reason	Effective Date
Eligibility Representative Signature		Date Signed