



Qualifying Event for Student Health Insurance

The Tulane-Sponsored Student Health Insurance Plan (T-SHIP) coverage is effective from August 19 through August 18 of each year. No changes may be made during the policy year unless a qualified family or employment status change occurs. This form must be completed within 30 days of the qualified status change. **Changes in coverage must be requested by April 30 of the policy year**; premium refunds will not be issued after that time.

Do not submit this form without the required documentation as a PDF.

Check	Qualifying Event	Documentation Required
	Loss of Health Insurance Coverage	Provide copy of the health insurance termination letter issued by your current insurance company.
	Marriage/Domestic Partner*	Provide copy of marriage or civil union certificate AND the new health insurance identification card.
	Acquiring new coverage through employment*	Provide proof of coverage letter showing effective date AND a copy of the new health insurance identification card, front and back.
	COVID-19	Provide copy of new health insurance identification card, front and back.
	Other	BEFORE SUBMITTING Contact Campus Health Insurance Specialist @ 504.988.6929

Date Current Coverage Ends (Qualifying Event): ____ / ____ / ____

Effective Date of Change in Coverage Requested: ____ / ____ / ____

Student Name: _____
First *Last / Family Name*

Include apt or box#
Mailing Address: _____ City: _____ State: _____ Zip: _____

Student TUID #: ____ 00 ____ Date of Birth: ____ / ____ / ____

Tulane email: _____@tulane.edu

Signature: _____ Date: _____

***Complete this section if you are acquiring new private health insurance coverage.**

- Copy of BOTH the front and back of the NEW insurance card.
- Name of the policy Subscriber: _____ D.O.B.: ____ / ____ / ____
- Subscriber Address: _____

*Send this completed form with all required documents to:
Campus Health Insurance Office ▪ healthins@tulane.edu*