



**Berklee College of Music and Boston Conservatory at Berklee Student Health Insurance Plan
2021-2022 OPT Dependent Enrollment Form**

(Please Print)

Student Name _____
 Last _____ First _____ Initial _____
 Home Address _____
 Street _____ City _____ State _____ Zip Code _____
 Student ID # _____ Male _____ Female _____ Date of Birth _____ / _____ / _____
 MM DD YYYY
 Phone Number _____ Email Address _____

ENROLLMENT Please circle selected coverage.

Dates of Coverage	Annual (08/15/2021-08/14/2022)	Fall (08/15/21-12/31/22)	Spring (01/1/2022-08/14/2022)	Summer (05/15/2022-08/14/2022)	Premium Payment
Enrollment Deadline	9/30/2021	9/30/2021	2/28/2022	6/30/2022	Coverage Period Premium
Spouse	\$3,534.00	\$1481.00	\$2,067.00	\$894.00	
Child	\$1,768.00	\$745.00	\$1,038.00	\$453.00	
Children	\$2,495.00	\$1,056.00	\$1,468.00	\$646.00	
				Processing Fee	\$15.00
				Total Payment	

Please Note: Enrollment Forms will not be accepted after the deadline

Dependent coverage is available only when the student is also insured under this plan and cannot exceed coverage purchased by the student. Enrollment forms must be submitted within the designated deadline for the requested coverage period. In the event of a qualifying event (i.e. birth of child, marriage, loss of previous coverage.), this Dependent Enrollment form and payment must be received by Gallagher Student Health & Special Risk within 31 days of the qualifying event. There is premium is not prorated. Once a dependent is enrolled, coverage cannot be terminated unless the student loses eligibility.

List Dependent(s) to be insured below:

	First Name	M. I.	Last Name	Gender	Date of Birth

Notice to Students:

Coverage will be effective the first date of the Coverage Period when the correct premium is received by Gallagher Student Health & Special Risk by the Enrollment Deadline; Enrollment Forms will not be accepted after the Enrollment Deadline has passed. It is the student's responsibility for timely renewal payment. By signing below, the student acknowledges the following: 1) He/She has carefully read the brochure and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) Enrolled Student meets the eligibility requirements for this coverage as described in the brochure. 4) If it is later determined that the student is not eligible, the premium will be refunded. 5) Other than for eligibility reasons, the premium is not refundable.

Signature of Student: _____ Date: _____