

Gallagher | STUDENT HEALTH & SPECIAL RISK

Berklee College of Music Optional Practical Training (OPT) Student Health Insurance Plan 2021-2022 International Student Enrollment Form

Eligibility: Berklee students who are on Optional Practical Training (OPT) are eligible to enroll in this plan.

(Please Print) Student Name					
Last		First			Initial
Home Address					
Stro	eet		City	State	Zip Code
Berklee ID #		Male	Female	Date of Birth	MM DD YYYY
Phone Number	Email A	Address			

<u>REQUIRED DOCUMENTS</u>: Please attach a copy of one of the following documents to demonstrate eligibility.

- ----- Copy of Employment Authorization Document (OPT card) or;
- ----- Pages 1 and 2 of the student's most recent I-20. OPT dates are on page 2, above the travel signature.
- ----- OPT recommendation on a student's Form I-20

ENROLLMENT Please circle selected coverage.

Dates of Coverage	Annual (08/15/21- 08/14/22)	Fall (08/15/21-12/31/21)	Spring (01/1/22-08/14/22)	Summer (05/15/22-08/14/22)	Total Premium
Student	\$2,699.00	\$1,148.00	\$1590.00	\$704.00	
				Processing Fee	\$15.00
				Total Payment	

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 signing below, the student acknowledges the following: 1) He/She has carefully read the above eligibility and elects to enroll as indicated on this enrollment form. 2) Rates are not prorated other than as listed on this enrollment form. 3) 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:

Contact Gallagher Student Health & Special Risk toll free 1-800-391-8057 or by going to <u>www.gallagherstudent.com/Berklee</u> and clicking on the Customer Service link.