Gallagher | STUDENT HEALTH & SPECIAL RISK

Berklee College of Music
Internship Student Health Insurance Plan Enrollment Form

(Please Print)

Student Name_____ _____ _____
Last First Initial

Home Address_____ _____ _____ _____
Street City State Zip Code

Berklee ID #_____ Male_____ Female_____ Date of Birth _____/_____/_____
MM DD YYYY

Phone Number_____ Email Address _____

Students must submit a Verification of Enrollment form from Berklee College of Music which indicates they are enrolled in a one-credit internship.

ENROLLMENT Please circle selected coverage.

Dates of Coverage	**Annual** (08/15/2021- 08/14/22)	**Spring** (01/1/22-08/14/22)	**Summer** (05/15/2022-08/14/2022)	**Total Premium**
Student	$2,699.00	$1,590.00	$704.00	
Deadline to Enroll	10/20/2021	1/30/2022	06/15/2022	
			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: _____

PAYMENT INSTRUCTIONS:

Charge to my (check one): ___ Visa ___ Master Card

Card Number: _____ Amount Charged: $_____ Expiration Date: _____

Print Name and Address of Card holder_____

Check or money order (International checks are not accepted)
Make check or money order payable to **Gallagher Student Health & Special Risk**. Mail enrollment form along with premium payment to:

Gallagher Student Health & Special Risk
P.O. Box 845663
Boston MA 02284-5663
Email: enrollmentteam@gallagherstudent.com

You must be eligible to enroll in the Plan in order for your enrollment to be accepted by us. If it is discovered that you do not meet the requirements, your premium will be refunded.

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