

Brown University 2022–2023 Policy Year Student Health Insurance Leave of Absence Enrollment Form

POLICY: The University allows eligible students, who so elect, to continue enrollment under Brown's Student Health Insurance Plan (SHIP) while on an approved leave of absence for a maximum of one year

ELIGIBILITY REQ UIREMENTS:

- Student must have been previously insured in the Brown University's SHIP for the enrollment period immediately prior to taking the leave of absence
- Student must provide a copy of the leave of absence verification form signed by a dean or an advisor
- Student intends to return to the University and remain a degree-seeking candidate

PROCEDURE:

• Complete and submit this enrollment application with an approved copy of the leave of absence verification form to Gallagher Student Health & Special Risk by the enrollment deadline

(Please print)

Name		Brown Banner ID#			
(Last)	(First)	(Middle Initial)			
Address					
(Street)		(City)		(State)	(Zip Code)
Telephone ()	Date of Birth	/ /	Male	Female	
	Ν	IM / DD / YYYY			
Email Address					

	Annual (8/15/2022 to 8/14/2023)		
Enrollment Deadline:	August 31, 2022		
Premium Rate:	\$4,255		

Notice to Students:

This Enrollment Form must be received with payment by Gallagher Student Health & Special Risk on or before 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) He/She 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 eligibility, the premium is not refundable. (6) Student understands that they are only eligible to continue on Brown University's Student Health Insurance Plan for a maximum of one year while on a leave of absence. (7) Enrollment applications received after 8/31/2022 will not be processed.

Signature of Student:

Date:

PAYMENT INSTRUCTIONS:

Please return the completed enrollment form to Gallagher Student Health at <u>enrollmentteam@gallagherstudent.com</u>. To pay with Visa or MasterCard, you will receive an email following approval of your enrollment application with a link to our secure payment portal. Here you can enter your payment card information to pay for the insurance coverage you have selected.